

Monitoring Checklist for Informal Providers Receiving Subsidy



Arrival time:	Departure time:	Visit date:
Consultant name:		Phone #:
Informal Caregiver Name:		Informal Caregiver #: INF-
Street Address:		
City, State, Zip Code, County:		
Enrollment Date: / /		90 days from Enrollment: / /
<input type="checkbox"/> N/A – Informal Caregiver was dismissed or no longer provides care for CAPS subsidy		

CAPS Missing Informal Provider Documents as of MM/DD/YYYY

The following information is needed to complete the caregiver’s record with the CAPS program.
Please send to CAPS.InformalProvider@dec.al.ga.gov within 10 days.

Proof of SSN <input type="checkbox"/>	Proof of Identification <input type="checkbox"/>	Enrollment package for CBC <input type="checkbox"/>	CBC for all over 18 years <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>	CPR Certificate <input type="checkbox"/>
Annual Updates	W-9 <input type="checkbox"/>	Enrollment Affidavit <input type="checkbox"/>	Childcare Provider Agreement <input type="checkbox"/>	No Documents Needed <input type="checkbox"/>	

Staff: Child Ratio:

Children Present			Other Children Living in Home (under 17 years old)		
Relationship	Name	Age	Relationship	Name	Age
Unrelated	1.				
Unrelated	2.				
Related	3.				
Related	4.				
Related	5.				
Related	6.				
Additional children					
Additional children					
Additional children					
Additional children					
			Activities/ Notes		

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Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p>Supervision <input type="checkbox"/> No children present</p> <ul style="list-style-type: none"> • Provider physically present with the children and properly supervising; seated within arm’s length away from children 3 years and under during mealtime? <input type="checkbox"/> Yes <input type="checkbox"/> No • Provider alert and able to intervene to prevent injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p>Bathrooms</p> <ul style="list-style-type: none"> • Is there a working toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p>Children’s Records</p> <ul style="list-style-type: none"> • Arrival/Departure records signed by the parent or authorized representative (CAPS Policy 12.4.6.1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 		
<p>Criminal Background Checks</p> <ul style="list-style-type: none"> • CBC results on file for provider and any resident 17 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there anyone with only a national fingerprint check conducted by DECAL? <input type="checkbox"/> Yes <input type="checkbox"/> No • If so, is this person supervised by staff with a Comprehensive Background check? <input type="checkbox"/> Yes <input type="checkbox"/> No • CBC one-day letter left on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____</p> <p>Non-core Standard total(s): _____</p>		

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Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p>Diapering <input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit</p> <p>• Clean, nonporous diapering surface? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<p>Discipline <input type="checkbox"/> None observed</p> <p>• Appropriate disciplinary actions observed? <input type="checkbox"/> Yes <input type="checkbox"/> No= 1 Point</p> <p>If no, explain-----></p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<p>Health & Hygiene <input type="checkbox"/> Not observed during visit</p> <p>• Is there running water at the residence, soap and paper towels available? <input type="checkbox"/> Yes <input type="checkbox"/> No= 1 Point</p> <p>• Provider wash hands after toileting/diapering & before & after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No= 1 Point</p> <p>• Children wash hands after toileting/diapering & before & after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No= 1 Point</p> <p>If no, explain-----></p>		
<p>Medication <input type="checkbox"/> N/A (No medication dispensed)</p> <p>• Stored medication inaccessible to children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p> <p>• Written permission from parent/guardian to dispense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p> <p>• Document in writing when medication is dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p> <p>If no, explain-----></p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____</p> <p>Non-core Standard total(s): _____</p>		

Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p><u>Physical Plant</u></p> <ul style="list-style-type: none"> • Is there a working smoke detector at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Is there a working fire extinguisher at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are the heaters and fire places safely covered at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • If there are weapons in the home, are weapons (guns, hunting knives, related accessories, etc.) locked and out of reach of children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are flame producing items (matches, lighters, lighted candles, etc.) out of reach of children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are all tobacco items (cigarettes, cigars, etc.) out of reach of children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Is the electricity on/working at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there a working phone at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No • If animals are at the residence, are they secured safely away from children? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are hazardous materials (cleaning supplies, etc.) stored securely away from children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are electrical outlets (at the child’s level) covered? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p><u>Playgrounds/Equipment</u> <input type="checkbox"/> N/A (no playground or equipment) <input type="checkbox"/> Not observed during visit</p>		
<ul style="list-style-type: none"> • Outdoor play area free of serious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Fence/barrier around outdoor play area? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____</p>		
<p>Non-core Standard total(s): _____</p>		

Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p><u>Policies and Procedures:</u> Does the program have a written policy regarding the following</p> <ul style="list-style-type: none"> • The exclusion of children with contagious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No • Notification of parents in the event their child becomes ill while at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No • The notification of all parents of enrolled children when a reportable contagious illness is present in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No • The prevention of and response to food and allergic reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency preparedness and response? <input type="checkbox"/> Yes <input type="checkbox"/> No • The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Recognition and reporting of child abuse and neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No • Has the provider reported serious injuries/incidents within 24 hours or the next work day? (Suspected child abuse or neglect, any notifiable communicable disease, any death of a child while in care of the program or serious incident/injury requiring professional medical attention). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 		
<p><u>Safe Sleep</u> <input type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Is there a clean sleep/rest area for each child? <input type="checkbox"/> Yes <input type="checkbox"/> No • If cribs are required, do they meet CPSC/ASTM requirements? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Cribs clear of objects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Each crib has a firm, tight fitting mattress without gaps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Each crib has an individual, tight fitting sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are infants placed on their back to sleep in an appropriate crib? If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p><u>Swimming & Water-Related Activities</u> <input type="checkbox"/> N/A (no pool/no swimming activities)</p> <ul style="list-style-type: none"> • Pool area adequately fenced and secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are swimming areas accessible, are there child protected locks and/or other devices to keep children safe? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____</p> <p>Non-core Standard total(s): _____</p>		

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<p>Transportation <input type="checkbox"/> N/A (no transportation provided)</p> <ul style="list-style-type: none"> • Written permission to transport from parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency medical information for each child on vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Proper restraints used when transporting children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Children left unattended on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Provider have current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p>Staff Training</p> <ul style="list-style-type: none"> • Provider first aid and CPR Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No • Provider obtain First Aid and CPR training within 90 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Provider obtain Health & Safety Orientation Certificate within 90 days of employment? • Does provider receive on-going training? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point If yes, list type of training: <ul style="list-style-type: none"> ○ ○ ○ 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____</p>		
<p>Non-core Standard total(s): _____</p>		

Staff Profile Record

Verification of Health & Safety Orientation Certificate and CPR/First Aid N/A – within 90 days: __/__/____

Adults Living in the home (17 years old and over)		Criminal Record Check			Health & Safety Training			
First Name	Last Name	CRC Expiration Date	CRC Determination	CRC Letter on file	Current First Aid Training	Current CPR Certificatio n	Health & Safety Orientation Certificate	10 hours annual ongoing Health & Safety Training
		__/__/____						
		__/__/____						
		__/__/____						
		__/__/____						
		__/__/____						
		__/__/____						
		__/__/____						

Federal law requires that programs receiving federal funds have a satisfactory criminal background check determination on file based on a national fingerprint background check.

Compliance Enforcement Worksheet

Violation Class (A, B, C, D)	Violation Level			
	I 0-2 points	II 3-5 points	III 6-10 points	IV 11+ points
D (10 points per indicator) <ul style="list-style-type: none"> • Extreme Harm • Imminent Danger 			I3 - D	D
C (6 points per indicator) <ul style="list-style-type: none"> • High Risk 			I2-D C-III	I3-D C-IV
B (2 points per indicator) <ul style="list-style-type: none"> • Medium Risk 	P1-P3 B-I	P2-P3 B-II	I1-I2 B-III	I2-D B-IV
A (1 point per indicator) <ul style="list-style-type: none"> • Low Risk • CCDF Non-core 	P1-P2 A-I	P1-P3 A-II	P2-P3 A-III	I1-I2 A-IV

Prevention Action Category	Intermediate Action Category (includes Prevention Actions)	Dismissal Action Category
Prevention 1 (P1)	Intermediate 1 (I1)	Dismissal (D)
Technical assistance	Corrective action plan	Dismissal
Prevention 2 (P2)	Office conference	Disqualification
Citation	Intermediate 2 (I2)	
Plan of improvement	Fine (level 1 or 2)	
Prevention 3 (P3)	Intermediate 3 (I3)	
Warning Letter	Per violation fine (level 1 or 2)	

No Violations Observed _____ Core Standard total(s): _____ Non-core Standard total(s): _____ Combined total: _____ Highest Severity: _____

Informal Provider Signature _____

Printed Name _____

Date _____

Consultant Signature _____

Date _____

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Staff: Child Ratios							
Observe # of children during visit & Informal Provider's documentation;							
<p>Staffing: The total number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay. If the relative care is for more than six related children for pay (as described by Child Care Services licensing rules), they are required to obtain a license from DECAL</p> <p>If the non-relative cares for more than two unrelated children for pay, s/he is required to obtain a license from DECAL.</p>	If no children are present	Never	N/A	N/A	Ratio citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Ratio citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury
Supervision							
Observe for adequate supervision, Informal Provider is physically present in the area and able to supervise all children.							
<p>Children shall be supervised at all times. "Supervision" means that the Informal Provider is physically present in the area where children are being cared for and is providing watchful oversight to the children. The Informal Provider must be alert, and able to respond promptly to the needs and actions of the children being supervised.</p>	If no children are present	Never	If Informal Provider observed not circulating; Short term limited visibility (i.e., room dark at naptime) *If TA documented on previous visit, move to Low Risk	Brief break in watchful oversight (excluding adult restroom breaks or stepping away to answer the door) Staff not seated with children during mealtime.	Supervision citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution (i.e., children sleeping behind a closed door, Informal Provider going outside without the children, leaving the children alone, or going to a different level of the Home); No Adult present to supervise children	Supervision citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Comprehensive Background Checks							
Review all CRC's for Informal Provider, Employees, Provisional Employees, and other adults residing in the Home							
<p>Every staff member with direct care responsibilities must have a Satisfactory Comprehensive Background Check Determination before the individual may supervise any child independently. A staff member with a preliminary fingerprint clearance must be supervised by a staff member with a Satisfactory Comprehensive Background Check Determination. No staff member with an Unsatisfactory Records Check Determination may be present at the home when any child is present for care.</p>	Never	Never	<p>A Resident will be turning 17 years old; A new Resident is entering Home Advise of process to obtain CBCs with citation</p>	N/A	<p>*No Records Check Determination Completed *Has National Fingerprint Check but Satisfactory Comprehensive Records Check Determination not completed or has not begun process AND staff person is not supervised by a person with comprehensive records check. *Records Check Clearance date on Comprehensive Records Check Determination older than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date,</p>	<p>*Knowledge of a committed crime with or without Satisfactory Comprehensive Records Check Determination completed.</p>	<p>Incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
					but there was a lapse of employment from the industry greater than 180 days (6 months) or longer.		
Diapering Areas and Practices							
Inquire about procedures or observe actual diaper change							
Diapering surface should be clean and non-porous	If no diapered children are currently enrolled	Informal Provider does not provide care for diapered children	Turn textured side over for a smooth surface; Disinfectant not used according to manufacturer's instructions *If TA documented on previous visit, move to Low Risk	Changing pad has tears/non-smooth surface; Surface not properly disinfected;	There is evidence of isolated illness and confirmed lack of proper disinfection	There is evidence of widespread illness due to lack of proper disinfection (by CDC or HD)	Incident resulting in death, extreme or permanent injury
Discipline							
Observe Providers interactions with children, ask about and review policy if children are napping or not present							

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				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p>Disciplinary actions shall not be detrimental to physical or mental health</p>	Never	Never	<p>Observing inappropriate discipline methods: making a child face the wall for time out, a 4 y/r old standing in timeout for 5 min. instead of 4, children under 2 in timeout instead of redirection, behavior charts posted that use marks, colors, etc. by children's names *If TA documented on previous visit, move to Low Risk</p>	<p>Misuse or inappropriate use of time out or redirection; Staff encourages or does not intervene when a Parent disciplines their child within sight and/or hearing of other children; Staff convey understanding of discipline rules and report previous use of inappropriate discipline, such as popping a child's hand</p>	<p>Disciplinary action detrimental to child's physical or mental health which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution</p>	<p>Disciplinary action detrimental to child's physical health OR was seriously detrimental to a child's mental health with an incident and/or injury requiring professional medical attention</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Staff shall not: See disciplinary technique below for sanction level</p>							
<p>Physically/sexually abuse a child; Engage in sexually overt conduct in the presence of any child</p>	Never	Never	N/A	N/A	N/A	Physical abuse	<p>Sexual abuse OR incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p>Inflict corporal/physical punishment</p>	<p>Never</p>	<p>Never</p>	<p>Corporal punishment by a Parent (not employed by the facility) of their own child to any body part (popping on hand, buttocks, legs) not within sight/hearing of other children</p>	<p>N/A</p>	<p>Corporal punishment to any body part (popping on hand, buttocks, legs, etc.) without a bruise or mark</p>	<p>Corporal punishment to any body part (popping on hand, buttocks, legs) with a bruise or mark</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Shake, jerk, pinch or roughly handle</p>	<p>Never</p>	<p>Never</p>	<p>N/A</p>	<p>N/A</p>	<p>Jerk, handle roughly, or pinch without a bruise or mark or injury; Shake a child five years or older without an injury</p>	<p>Jerk, handle roughly, or pinch with a bruise or mark or injury; Shake a child under five years old with or without an injury; Shake a child five years or older with an injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Verbally abuse or humiliate (includes use of threats, profanity or belittling remarks about a Child or his family)</p>	<p>Never</p>	<p>Never</p>	<p>Tone of voice; Raised voice with negative implications; Mild threat to call Parent about behavior ("Do we need to call your mom?" or "You know what's going to happen when your mom gets here?") *If TA documented on previous visit, move to Low Risk</p>	<p>Raised voices with profanity or belittling remarks or threats; Use of profanity in general</p>	<p>Humiliating a child; Threatening physical harm; Screaming at a child, where child displays behavior demonstrating that he/she is afraid or upset</p>	<p>Extreme or repeated threats, humiliation or belittling remarks</p>	<p>N/A</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Isolate in a dark room, closet or unsupervised area	Never	Never	N/A	N/A	Isolation	Isolation with aggravating circumstances such as but not limited to the door being closed or the room being dark	Incident resulting in death, extreme or permanent injury
Use of mechanical or physical restraints or devices	Never	Never	N/A	N/A	Use of mechanical and/or physical restraints which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Use of mechanical and/or physical restraints with an incident and/or injury requiring professional medical attention OR restraints used for an egregious amount of time or there were egregious circumstances	Incident resulting in death, extreme or permanent injury
Use medication to control behavior	Never	Never	N/A	N/A	N/A	Use of medication for discipline and/or to control behavior, other than as prescribed by a physician	Incident resulting in death, extreme or permanent injury
Restrict unreasonably from going to the bathroom	Never	Never	N/A	Informal Provider fails to respond appropriately and/or timely to a child's request or need to toilet (Staff states, "You should have gone to the bathroom during the bathroom break and now you can't go.")	Child(ren) not allowed to go to the bathroom as punishment, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Child(ren) not allowed to go to the bathroom as punishment with an incident and/or injury requiring professional medical attention OR was not allowed to go for an egregious amount of time	N/A

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p align="center">Punishing toileting accidents</p>	<p align="center">Never</p>	<p align="center">Never</p>	<p align="center">N/A</p>	<p>Informal Provider uses an appropriate form of discipline as punishment immediately following a toileting accident (a 3 year old is put in time out for 3 minutes following a toileting accident)</p>	<p>Informal Provider uses an inappropriate form of discipline as punishment immediately following a toileting accident (a child is made to stand in the corner facing the wall following a toileting accident or a child was forced to clean up their own accident)</p>	<p>Restriction/punishment for bathroom accidents with an incident and/or injury requiring professional medical attention OR with aggravating circumstances</p>	<p align="center">Incident resulting in death, extreme or permanent injury</p>
<p align="center">Force-feed or withhold feeding regularly scheduled meals/snacks</p>	<p align="center">Never</p>	<p align="center">Never</p>	<p align="center">N/A</p>	<p>Feeding of a child was intentionally delayed but still occurred during the current meal or snack service</p>	<p>Feeding of a child was delayed but still occurred after the current meal or snack but before the next meal or snack; Child was compelled to eat with no incident or injury</p>	<p>Child(ren) physically force fed (a child's mouth is held and made to eat) which resulted in a serious incident and/or injury requiring professional medical attention; Food withheld (and not given to child for the entire day or for all meals or snack services)</p>	<p align="center">Incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Force or withhold naps	Never	Never	Telling child(ren) that they must lay in a particular position on the mat or cot *If TA documented on previous visit, move to Low Risk	Force or withhold naps with no physical contact	Physically force/withhold naps without an incident or injury	Physically force naps with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Allow Children to discipline or humiliate other Children	Never	Never	Informal Provider requires child(ren) to report the bad behavior of other child(ren) *If TA documented on previous visit, move to Low Risk	Informal Provider allows and/or encourages child(ren) to humiliate other child(ren) (name calling, belittling remarks, threats, use of profanity, etc.)	Informal Provider allows and/or encourages child(ren) to physically discipline each other with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Informal Provider allows and/or encourages child(ren) to physically discipline each other with an incident and/or injury requiring professional medical attention OR discipline with aggravating circumstances	Incident resulting in death, extreme or permanent injury
Confine a Child for disciplinary purposes to equipment	Never	Never	N/A	Child(ren) confined for discipline without an incident or injury	Child(ren) confined for discipline which resulted in an incident and/or injury with no medical attention or with medical attention as a precaution; Child(ren) confined for discipline for an extended amount of time	Child(ren) confined for discipline with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
Medications							
View stored medication; Review samples of medication documentation							

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p>Authorization: Specific written authorization from the Child's physician or Parent to dispense prescription or nonprescription medication to Child</p> <p>Storage: Medication stored as authorized/instructed and inaccessible to children</p> <p>Dispensing records: Include Child's name, name of medication, date(s) and time(s) administered, name of person administering</p>	<p>If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible</p>	<p>If Informal Provider does not administer any medication</p>	<p>If planning to dispense medication in the future; Isolated instance of incomplete paperwork other than missing parent signature *If TA documented on previous visit, move to Low Risk</p>	<p>Authorization: Medication is on site with no medication authorization, but not dispensed Storage: Medication not stored as authorized/instructed OR medication accessible but not handled or ingested by a child (located in cubbies, drawer, etc.) Records: Incomplete dispensing documentation: not documenting date(s)/time(s) dispensed, name of person or medication etc.</p>	<p>Authorization: Dispensed medication without authorization with no adverse reaction; Medication not dispensed as authorized Storage: Medication handled with no incident or injury Records: Dispensed medication not documented at all with no incident or injury</p>	<p>Authorization: Dispensed medication without authorization with an adverse reaction; Medication dispensed to the wrong child Storage: Child ingested and/or handled medication with an incident and/or injury Records: Dispensed medication not documented at all with an incident and/or injury (i.e., over medicating a child)</p>	<p>Incident resulting in death, extreme or permanent injury</p>
Physical Plant: Hazards							
Evaluate for accessible hazards throughout home							
<p>Hazardous materials (cleaning supplies, tobacco, etc.) stored securely away from children</p>	<p>Never</p>	<p>Never</p>	<p>Hazards in a room currently not in use for child care but potentially accessible to children; Isolated minor hazards: brooms, dustpans, toothpaste, etc. *If TA documented on previous visit, move to Low Risk **Soap that says "Keep Out of Reach of</p>	<p>Hazards accessible with or without being handled by a child (plastic grocery bags, aerosol cans, items that say "Keep Out of Reach Children" etc.)</p>	<p>Serious/dangerous hazards handled by a child OR easily ingestible hazards (open container) that are accessible with or without being handled by a child which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution (cup</p>	<p>Hazards accessible and handled or ingested with an incident and/or injury requiring professional medical attention</p>	<p>Incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
			Children" never moves higher unless an incident and/or injury occurs		of bleach on a shelf, sharp knife lying on a table, 3 gallon bucket of water)		
Weapons, (guns, hunting knives, related accessories, etc.) locked and out of reach of children	Never	If there are no firearms in the Home	If planning to have a firearm in the future	N/A	N/A	Weapons that are not safely stored or are accessible	Incident resulting in death, extreme or permanent injury
Working smoke detector and fire extinguisher at the residence	Never	Never	Smoke detector beeping indicating new batteries are required; Fire extinguisher on same level but more than 30 feet from the kitchen	No operable smoke detector on each floor of the Home; Fire extinguisher accessible to children	No smoke detector in Home; No fire extinguisher in Home; Inoperable fire extinguisher (empty or needing to be recharged)	No smoke detector or fire extinguisher with a fire in the Home	Incident resulting in death, extreme or permanent injury
Flame producing items (matches, lighters, lighted candles, etc.) out of reach of children	Never	Never	N/A	N/A	Flame producing items accessible to children	Flame producing items accessible to children that results in an incident and/or injury	Incident resulting in death, extreme or permanent injury
Heaters and fire places safely covered at the residence	Never	If there are none in the Home	If present in the Home, but not in use	N/A	Heater and heating equipment accessible and in use which may or may not have resulted in an incident and/or injury with no medical	Heater and heating equipment accessible and in use with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
					attention or with medical attention as precaution		
Playgrounds							
<p>Observe playgrounds for cleanliness/hazards; playground equipment for hazards/anchoring; fencing for hazards/height (measure); measure depth of fall zones under equipment</p>	<p>Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area. Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained to assure continuing resiliency.</p> <p>Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.</p>						
<p>Play areas protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the Department; Fencing material shall not present a hazard to children</p>	<p>If severe weather in the area, assess the playground from the perimeter or window. If severe weather alert issued, document on the checklist.</p>	<p>Never</p>	<p>IF NO FENCE/BARRIER, request Supervision Plan. TA -Not completely enclosed and child(ren) did not leave premises; TA - Isolated minor fencing issue in a limited area: small gap (less than 3.5 inches wide and no entrapment or escape hazard; Isolated</p>	<p>Cite under HAZARDS - Minor fencing hazards: loose wires, bolts measuring over 2 threads, rust, splintering wood, potential impalement hazard, exposed sharp prongs, nails or screws, fence not secured, etc. Potential entrapment hazard (gap that measures between 3.5 - 9 inches)</p>	<p>N/A</p>	<p>Cite under SUPERVISION Actual entrapment occurs, with an incident and/or injury with no medical attention or with medical attention as a precaution OR Child left premises due to: fence not completely enclosed, gate open, fence not four feet high; Cite under HAZARDS -</p>	<p>Incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
			damage to fence and hazardous area made inaccessible to children Fence not four feet high;			Entrapment or fence hazards with an incident and/or injury requiring professional medical attention	
Climbing & swinging equipment that are not portable shall be securely anchored	If severe weather in the area, assess the playground from the perimeter or window. If severe weather alert issued, document on the checklist.	If there is no climbing or swinging equipment required to be anchored	If adding non-portable playground equipment that would need anchoring	Non-portable equipment anchored but not stable	Non-portable equipment not anchored which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Non-portable equipment not anchored with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
Outside play area shall be free of hazards such as, sharp edges of concrete or non-play equipment, broken glass, debris, open drainage ditches, holes, stagnant water, etc.	If severe weather in the area, assess the playground from the perimeter or window. If severe weather alert issued, document on the checklist.	Never	Isolated minor hazards: small amount of trash/debris, minimal roots or yard debris. Mops or brooms outside of high traffic area; If one inch or less of standing water is observed *If TA documented	Widespread minor hazards: tripping hazards, yard debris, trash/debris; Presence of nests of and/or biting ants/stinging insects; Mops, brooms, or rakes accessible or in high traffic area; Standing water without a drowning hazard (1-2 inches); Tools/equipment in an enclosed but	Dangerous playground hazards: lawn mowers, tools, discarded equipment or appliances; Children accessed nests of and/or biting ants/stinging insects; Standing water with a drowning hazard (2 inches or	Playground hazards with an incident and/or injury requiring professional medical attention (exposed nail causing an impalement/puncture injury, bitten by ants/stinging insects, exposed root causing	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
			on previous visit move to Low Risk	unlocked shed (not accessed by children); With no incident or injury	more); With or without an incident and/or injury with no medical attention or with medical attention as a precaution	broken arm, etc.)	
Climbing & swinging equipment that are not portable shall have a resilient surface beneath the equipment and fall zones which is adequately maintained to assure continuing resiliency	If severe weather in the area, assess the playground from the perimeter or window. If severe weather alert issued, document on the checklist.	If there is no climbing or swinging equipment requiring resilient surfacing beneath and in fall zones	Compacted resilient surfacing; Portable equipment is observed on a hard surface and can be moved during the visit; Isolated grass growing in resilient surfacing	Inadequate amount of resilient surface: Climbing equipment under 5 feet tall (more than 0 inches but less than 3 inches); Climbing equipment that is 5 feet or greater in height or swinging equipment (more than 0 inches but less than 6 inches); Inadequate fall zones	No resilient surface with no incident or injury	No/inadequate resilient surface with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
**NOTE: Resilient surfacing is NOT required under infant/toddler bucket swings or infant/toddler swings that require the child to be buckled in	A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)						
Observe or inquire about all infant sleep safety practices; Observe cribs used for sleeping infants	A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant. Staff shall place an infant to sleep on the infant's back in a crib unless the Informal Provider has been provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. Safe Sleep Environment. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed						

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
	toys, or other soft items. Staff shall not attach objects or allow objects to be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.						
Cribs that meet CPSC and ASTM safety standards are provided for each infant	Never	If Informal Provider does not serve infants	If planning to care for infants in the future; Noncompliant crib(s) not being used, located in an area not used for childcare and removed from facility during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) not being used, located in an area not used for childcare and unable to be removed from facility during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) in childcare area regardless of whether the crib is being used, which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution; Insufficient # of compliant cribs for # of enrolled infants which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Noncompliant crib(s) used with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p>Crib construction: Good repair and free of hazards; Stack cribs and cribs with drop sides not used</p>	Never	If Informal Provider does not serve infants	If planning to care for infants in the future	N/A	Crib(s) not in good repair and/or hazards are present without an incident or injury; Stack crib(s) or crib(s) with drop sides used, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib(s) not in good repair and/or hazards are present with an incident and/or injury requiring professional medical attention; Stack crib(s) or crib(s) with drop sides used with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
<p>Mattress: Firm, tight-fitting without gaps, at least 2 inches thick and covered with a waterproof, washable material; Disinfected before change of occupant</p>	Never	If Informal Provider does not serve infants	If planning to care for infants in the future; Noncompliant mattress not being used and located in an area not used for childcare	Mattress not two inches thick; Not covered with waterproof, washable material; Not disinfected before a change of occupant	Mattress is not tight-fitting or firm which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Mattress is not tight fitting or firm with incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
<p>Sheets: Individual and tight fitting and changed daily or more often as needed and prior to the change of an occupant</p>	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future; If Informal Provider serves infants, but none are currently enrolled and sheet(s) not tight-fitting on crib mattress; Isolated instance of a sheet not tight-fitting in an	Crib sheet is not changed daily or more often as needed; Crib sheet not changed prior to change of occupant	Crib sheet not tight-fitting and crib in use, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib sheet not tight-fitting with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
			unoccupied crib and the sheet can be changed during the visit *If TA documented on previous visit move to Low Risk				
<p>Staff shall place an infant to sleep on the infant’s back unless the Parent has provided a physician’s written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant’s back but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer’s guidelines and will not slide up around the infant’s face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Informal Provider has been provided a physician’s written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.</p>							
<p>Back to Sleep - Infant placed on back to sleep unless the Parent has provided a physician’s written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed</p>	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future	Physician's written statement missing specific instructions and/or time frames	Infant(s) not placed on back to sleep with no physician's written statement and no incident or injury	Infant(s) not placed on back to sleep with an incident and/or injury	Incident resulting in death, extreme or permanent injury
<p>Rolling Infant - When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant’s back but allow the infant to roll over into his/her preferred position and not re-position the infant</p>	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future	N/A	Infant(s) not allowed to roll over into their preferred position or repositioned without an incident or injury	Infant(s) not allowed to roll over into their preferred position or repositioned with an incident and/or injury	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Sleepers/Swaddling - Sleepers, sleep sacks and wearable blankets fit according to the manufacturer's guidelines and will not slide up around the infant's face; Swaddling shall not be used unless the Informal Provider has been provided a physician's written statement authorizing its use that includes instructions and a time frame for swaddling the infant	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future	Physician's written statement missing specific instructions and/or time frames	Sleepers, sleep sacks, and wearable blankets not used according to manufacturer's guidelines without an incident or injury; Swaddling used and no written physician's statement on file without an incident or injury	Sleepers, sleep sacks, and wearable blankets not used according to manufacturer's guidelines and do not fit appropriately with an incident and/or injury; Swaddling used and no physician's written statement on file with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Objects in Crib - No objects shall be placed or allowed on/in the crib with a sleeping infant	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future; Objects in or on an unoccupied crib	N/A	Objects in or on a crib with a sleeping infant (such as but not limited to: toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets, or other soft items) without an incident or injury	Objects in or on a crib with a sleeping infant (such as but not limited to: toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets, or other soft items) with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Objects Attached to Crib - No objects shall be attached to crib with a sleeping infant	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future; Objects attached to unoccupied crib	N/A	Objects attached to a crib with a sleeping infant (such as but not limited to: crib gyms, toys, mirrors and mobiles) without an incident or injury	Objects attached to a crib with a sleeping infant (such as but not limited to: crib gyms, toys, mirrors and mobiles) with an incident and/or injury	Incident resulting in death, extreme or permanent injury

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
The infant's sleeping area is to be comfortable for a lightly clothed adult within a temperature range of 65 to 85 degrees, depending on season; adequate lighting	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future	Sleeping area not comfortable due to the temperature not being within the required range without an incident or injury; Lighting not adequate which without an incident or injury	Sleeping area not comfortable due to temperature not being within the required range which resulted in an incident or injury with no medical attention or with medical attention as a precaution; Lighting not adequate which resulted in an incident or injury with no medical attention or with medical attention as a precaution	Sleeping area not comfortable due to temperature not being within the required range with an incident and/or injury requiring professional medical attention; Lighting not adequate with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
Wedges, other infant positioning devices and monitors shall not be used unless a Parent provides a physician's written statement that includes time frame for use	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future; Positioning device in unoccupied crib	Physician's written statement missing specific instructions and/or time frames	Wedge, positioning device, monitor used without a physician's written statement without an incident or injury	Wedge, positioning device, monitor used without a physician's written statement with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Infants shall not sleep in equipment other than safety-approved cribs, such as but not limited to, a car seat, bouncy seat, high chair or swing; Infants who arrive at the home asleep or fall asleep in such equipment, on the floor, or elsewhere shall be transferred to a safety approved crib	If Informal Provider serves infants, but none are currently enrolled and no sheets in use	If Informal Provider does not serve infants	If planning to care for infants in the future	N/A	Infant(s) allowed to sleep in equipment not approved for infant sleep without an incident or injury	Infant(s) allowed to sleep in equipment not approved for infant sleep with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Swimming Pools & Water-Related Activities	Observe swimming pool to determine if inaccessible; Observe swimming or ask Informal Provider about procedures						

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
<p>Pool area should be adequately fenced and secured If the swimming areas are accessible, child protected locks and/or devices should be used to keep children safe</p>	<p>If there is no pool on the premises</p>	<p>If there is no pool on the premises</p>	<p>If planning to provide swimming activities in the future; Wading pool without water is accessible; If children not outside and the gate to the pool is unlocked</p>	<p>Pool area accessible but not accessed by children (gate latched but not locked)</p>	<p>Swimming pool accessible and accessed by child(ren) but no child(ren) entered the water; Wading pool used for water related activities accessible with no incident or injury</p>	<p>Swimming pool accessible and/or wading pool used for water related activities accessible with an incident and/or injury; Any other swimming related incident and/or injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>
Transportation	Review driver's license and observe child restraints/ask Informal Provider about procedures						
<p>All children shall be secured in a child passenger restraining system or seat safety belt in accordance with applicable state and federal laws</p>	<p>If vehicle is not on site during the visit</p>	<p>Informal Provider does not provide transportation</p>	<p>If planning to provide transportation in the future; Vehicle is not currently in use</p>	N/A	<p>No restraints or improperly restrained in accordance with state and federal laws (torn or frayed seat belts in use) with or without an incident and/or injury with no medical attention or with medical attention as a precaution</p>	<p>No restraints or not restrained in accordance with state and federal laws with an incident and/or injury requiring professional medical attention</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Driver shall have a current driver's license</p>	<p>If Informal Provider does not provide transportation</p>	<p>Informal Provider does not provide transportation</p>	<p>If planning to provide transportation in the future</p>	N/A	<p>Driver does not have a driver's license and is providing transportation with no incident or injury</p>	<p>Driver does not have a driver's license with an incident and/or injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>

Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
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Written authorization for the child to receive emergency medical treatment shall be maintained in the vehicle	If documentation is inaccessible during visit	Informal Provider does not provide transportation	If planning to provide transportation in the future; Incomplete emergency medical information for less than 50% of transported children *If TA documented on previous visit, move to Low Risk	Incomplete emergency medical information for 50% or more of transported children; No emergency medical information for at least one transported child	Missing/incomplete emergency medical information for all children transported with no incident or injury	No emergency medical information on the vehicle with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Child(ren) shall never be left unattended in a vehicle	If not observed during the visit	Informal Provider does not provide transportation	If planning to provide transportation in the future	N/A	N/A	Child(ren) left on a vehicle unattended	Incident resulting in death, extreme or permanent injury
Additional Non-Core CCDF HEALTH & SAFETY STANDARDS							
Immunizations			Some immunization records	No Immunization records			
Appropriate Disposal of Bio contaminants				No Policies/Procedures on how to dispose of items containing body fluids			
Prevention of infectious Diseases				Health & Hygiene practices; Policies & Procedures			

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				Non-compliance =1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Policies and Procedures <ul style="list-style-type: none"> • Exclusion of Children with contagious illness; notification of parents in the event their child becomes ill while at the facility; • The notification of all parents of enrolled children when a reportable contagious illness is present in the facility? • The prevention of and response to food and allergic reactions? • Emergency preparedness and response? • The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding) • Recognition and reporting of child abuse and neglect? • Has the program reported serious injuries/incidents? 				If "No" is selected in any area, 1 point will be added to the Non-core standard overall			
Prevention & Response of Food and Allergic Reactions				No Policies and Procedures and no allergies documented for children that have allergies			
Emergency Preparedness and Response Planning				No Policies/Procedures for Emergency Preparedness or Response			

Health and Safety Core Standards Reference Chart for Informal Providers Receiving Subsidy



Health & Safety Core Standards for informal providers receiving subsidy	NE	NA	Technical Assistance	Low Risk	Medium Risk	High Risk	Extreme
				Non-compliance = 1 pt.	Non-compliance = 2 pts.	Non-compliance = 6 pts.	10 points - Potential CAPS Dismissal
Pediatric First Aid & CPR				All staff do not have First Aid & CPR within 90 days of employment			
Recognition & Reporting of Child Abuse				No Policies/Procedures for recognition or reporting of Child Abuse/Neglect			
Health & Safety Orientation Certificate				All Staff do not have Health & Safety Orientation Certificate within 90 days of employment			
Annual 10 hours of Health & Safety Training				All Staff have not obtained 10 hours of health & safety training annually			
Reporting Serious Injuries				Program did not report a serious injury			