

Monitoring Checklist for License-exempt Providers Receiving Subsidy



Arrival time:	Departure time:	Visit date:
Consultant name:		Phone #:
Program name:		EX- _____ <i>(insert provider #)</i>
Exemption Category:	CAPS Funded <input type="checkbox"/>	EXMT- _____ <i>(insert category #)</i>
Street Address:		Phone:
City, Zip Code, State, County:		# of CAPS certificates (if applicable):
Administrator/Person-in-charge:		Present during visit: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this person typically on-site each day? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>General Operating Information *Complete this checklist AND an unlicensed program form</p>		
Is program currently operating?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
*Is program operating within approved guidelines?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<i>(i.e. ages served, hours/days of operation, etc.)</i>		
*Is program operating at approved location?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are signed parent acknowledgement forms on file for each child?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do parents receive a program handbook?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the email we have on file current?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you receiving communications from the Department?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the program accredited?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list accrediting agency: _____		

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Indicators												
<u>Staff: Child Ratios</u>												
Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/ Notes	Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/Notes	
TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of non-care staff present (clerical, janitorial, etc.):												
Staff:Child Ratios: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme												
Activities: <input type="checkbox"/> Yes <input type="checkbox"/> No												
NON-CORE CCDF Standards												
Indicators										Observations/ Comments/ Notes	Plan of Improvement	
<u>Supervision</u> <input type="checkbox"/> No children present • Staff members physically present with the children and properly supervising; seated within arm’s length away from children 3 years and younger during mealtime? <input type="checkbox"/> Yes <input type="checkbox"/> No AND • Staff 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												
<u>Bathrooms</u> • Supplies <input type="checkbox"/> Yes <input type="checkbox"/> No • Cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No • Number of Toilets: _____ • Number of Sinks: _____ • Bathrooms in or adjacent to activity areas? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain----->												
Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____												
Non-core Standard total(s): _____												
Indicators										Observations/ Comments/ Notes	Plan of Improvement	

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<p><u>Children's Records</u></p> <ul style="list-style-type: none"> • Sign in/out logs 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 • Are children's enrollment records maintained on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are children's immunization records maintained (CAPS only)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency contact information available for each child & readily accessible to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<p><u>Criminal Background Checks</u></p> <ul style="list-style-type: none"> • CBC results on file for all staff on-site? <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 staff 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 <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p><u>Diapering</u> <input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Clean, nonporous diapering surface with safety barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Sink with warm, running water adjacent to diapering area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Area not used for food preparation? <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><u>Discipline</u> <input type="checkbox"/> None observed</p> <ul style="list-style-type: none"> • Appropriate disciplinary actions observed? <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 • Written discipline policy? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Appropriate discipline policy? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point (not physically or emotionally harmful) • Policy communicated to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point If no, explain-----> 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p> <p>Non-core Standard total(s): _____</p>		
Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p><u>Health & Hygiene</u> <input type="checkbox"/> Not observed during visit</p>		

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<ul style="list-style-type: none"> • Sink(s), running water, soap and paper towels available? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Staff wash hands after toileting & before and after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Children wash hands after toileting & before and after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point <p>If no, explain-----></p>		
<p>Field Trips <input type="checkbox"/> N/A (no field trips provided)</p>		
<ul style="list-style-type: none"> • Written permission from parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No • List of participants? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency medical information for each child on vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>		
<p>Medication <input type="checkbox"/> N/A (No medication dispensed)</p>		
<ul style="list-style-type: none"> • Stored medication inaccessible to 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 • Written permission from parent/guardian to dispense? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Document in writing when medication is dispensed? <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>Physical Plant</p>		
<ul style="list-style-type: none"> • Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fire Marshal approval/annual fire inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No • Business license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Premises free of serious health & safety 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 <p>If no, explain-----></p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p> <p>Non-core Standard total(s): _____</p>		
Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p>Playgrounds/Equipment <input type="checkbox"/> N/A (no playground or equipment) <input type="checkbox"/> Not observed during visit</p>		

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<ul style="list-style-type: none"> • Outdoor equipment 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 • 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 If no, explain-----> 		
<p><u>Policies and Procedures:</u> Does the program have a written policy regarding the following <u>*NON-CORE CCDF Standards</u></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 program 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>*If “No” is selected in any area, 1 point will be added to the Non-core standard total for the indicator overall.</p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p> <p>Non-core Standard total(s): _____</p>		
Indicators	Observations/ Comments/ Notes	Plan of Improvement
<u>Safe Sleep</u> <input type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit		

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<ul style="list-style-type: none"> • CPSC/ASTM Crib in good repair for each infant? <input type="checkbox"/> Yes <input type="checkbox"/> No <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? <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 		
<u>Staff Training</u>		
<ul style="list-style-type: none"> • At least one staff person present on site and on field trips with current first aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No • All Staff obtain First Aid and CPR training within 90 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Staff trained in program policies and procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain-----> • All Staff obtain Health & Safety Orientation Certificate within 90 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Does staff receive on-going training? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point If yes, list type of training: ○ ○ ○ 		
Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____ Non-core Standard total(s): _____		
Indicators	Observations/ Comments/ Notes	Plan of Improvement
<u>Swimming & Water-Related Activities</u> <input type="checkbox"/> N/A (no pool/no swimming activities)		

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<ul style="list-style-type: none"> • Pool area adequately fenced & 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 • Lifeguard certified and present? (if pool is on site) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Enough staff to safely supervise swimmers and non-swimmers? <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 		
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Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____	Core Standard total(s): _____
Non-core Standard total(s): _____	

Indicators	Observations/ Comments/ Notes	Plan of Improvement
<u>Transportation</u> <input type="checkbox"/> N/A (no transportation provided)		

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<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 • Procedures in place to transport children safely? <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 vehicle(s) has an annual safety inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit • Each vehicle(s) is in good/safe condition, clean and free of hazardous items? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit • Documentation maintained of transportation which indicates that safety procedures are in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Additional staff provided to maintain adequate supervision during transportation? <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>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p> <p>Non-core Standard total(s): _____</p>		

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Staff Profile Record Currently involved in a CAPS funded program			DECAL Criminal Background Check			Health & Safety Training				
Name	Date of Birth	Date of Hire	CBC Expiration Date	CBC Determination	CBC Letter on file	H & S training required?	Current First Aid Training	Current CPR Certification	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.

Note: A satisfactory, comprehensive background check from DECAL will need to be completed by October 1, 2018.

NOTES/OBSERVATIONS:

Monitoring Checklist for License-exempt Providers Receiving Subsidy



By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS Program.

You have the right to refute any of the citations noted in this report with which you disagree. To refute a citation(s), e-mail the following information to CCSRefutations@dec.al.gov.

1. Facility name, exemption number and visit date.
2. Your name, title/relationship to the facility, e-mail address & up to two phone number(s) where you can be reached.
3. Specific standard(s) that you are refuting, along with your concerns or questions regarding the citation.
4. Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date of the visit to the facility.
5. Your refutation will be forwarded to the CCS Exemptions Unit manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 770-293-5977.

Any violation which subjects a child to injury or life-threatening situation or continued noncompliance may jeopardize participation in the CAPS program for eligible license-exempt programs (government-owned/operated facilities and day camps).

Director/Person-in-charge Signature _____

Printed name _____ Date _____

Specialist Signature _____ Date _____

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) • Extreme Harm • Imminent Danger			I3 - D	D
C (6 points per indicator) • High Risk			I2-D C-III	I3-D C-IV
B (2 points per indicator) • Medium Risk	P1-P3 B-I	P2-P3 B-II	I1-I2 B-III	I2-D B-IV
A (1 point per indicator) • 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: _____ Non-core Standard total: _____ Combined total: _____

Director/Person-in-charge Signature _____

Printed name _____ Date _____

Specialist Signature _____ Date _____

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Staff: Child Ratios</p> <p>Evaluate Staff: Child ratios based on a head count, ask ages to determine 20% (if applicable)</p> <p>Infants (less than 1 year old or Children who are under 18 mths & not walking) 1:6 One year olds (who are walking) 1:8 Two year olds 1:10 Three year olds 1:15 Four year olds 1:18 Five year olds 1:20 Six year olds & up 1:25</p>	<p>The Staff:child ratios for a mixed-age group shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.</p>						
<p>Required Staff: Child ratios and group size are maintained</p>	If no children are present	If children are grouped in <u>only</u> mixed age groups	If additional children arrive and program Staff immediately reconcile ratios (adequate Staff available in the building in order to immediately reconcile and comply with Staff: Child ratios)	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
<p>Mixed-age groups: Staff: Child ratio based on youngest age group that makes up more than 20% of the group</p>	If no children are present	If there are <u>no</u> mixed age groups	If additional children arrive and program Staff immediately reconcile ratios (adequate Staff available in the building in order to immediately reconcile and comply with Staff: Child ratios)	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							

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
Observe for adequate supervision, Staff members are physically present in the area and able to supervise all children.	Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children. The persons supervising in the child care area must be alert, and able to respond promptly to the needs and actions of the children being supervised.						
	If no children are present	Never	If Staff observed not circulating; Short term limited visibility (i.e., room dark at naptime or child behind cubbies) *If TA documented on previous visit, move to Low Risk	Brief break in watchful oversight (i.e. Staff steps over threshold of classroom, places something in hallway, or child briefly walks out of a supervised area without adult supervision and comes back); Staff responsible for two separate physical areas for a brief period of time or during nap time; 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	Supervision citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)(i.e. leaving a child on the playground for an extended period of time)	Incident resulting in death, extreme or permanent injury
Comprehensive Background Checks	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 a program when any child is present for care.						
Review all CRCs for Director, Employees, Provisional Employees, and others present in facility							
No actual and potential Director, Employee, and Provisional Employee with an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination may be present at a facility when any child is present for care	Never	Never	N/A	N/A	N/A	Unsatisfactory Fingerprint Records Check Determination OR Unsatisfactory Comprehensive Records Check Determination	Incident resulting in death, extreme or permanent injury

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Every Employee must have a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the facility. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.</p>	Never	Never	Advise of process to obtain CBCs with citation	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, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer.</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>
<p>Diapering Areas and Practices</p>	<p>A hand washing sink with running heated water shall be located adjacent to the diapering area. If diapers are changed on a diaper changing table/surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel. Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.</p>						
<p>Inquire about procedures or observe actual diaper change</p>							

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
A hand washing sink with running heated water shall be located adjacent to the diapering area	If no diapered children are currently enrolled	If program not licensed for diapered children	Diapered room not in use; Diaper changing station and/or sink made adjacent during visit; Diaper table is movable; Warm water not used *If TA documented on previous visit, move to Low Risk	Sink not adjacent to changing station; Warm water is not available	No operable sink in diapering room	N/A	N/A
The diapering surface shall be smooth, non-porous, and equipped with a guard rail or straps to prevent falls. Between each diaper change, surface shall be cleaned with a disinfectant and dried with a single-use disposable towel	If no diapered children are currently enrolled	If program not licensed 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; Missing rail(s) and/or safety strap(s) with no incident or injury	Missing rail(s) and/or safety strap(s) with an incident and/or injury with no medical attention or with medical attention as a precaution; There is evidence of isolated illness and confirmed lack of proper disinfection	Missing rail(s) and/or safety strap(s) with an incident and/or injury requiring professional medical attention; There is evidence of widespread illness due to lack of proper disinfection (by CDC or HD)	Incident resulting in death, extreme or permanent injury
The area used for diapering shall not be used for food preparation; It must be clear of formulas, food, food utensils and food preparation items	Never	If program not licensed for diapered children	N/A	Food and/or food preparation items in the diapering area (bottles/cups, etc. that children have used)	Food prepared in and/or served from the diapering area	There is evidence of spread of illness due to use of diapering area for food preparation, serving food and/or placement of food or food related items (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury
Discipline	Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.						
Observe teachers interactions with children, ask about and review policy if children are napping or not present							

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
	Never	Never	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	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	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	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	Incident resulting in death, extreme or permanent injury
Medications	Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. The program shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.						
Review Medication authorization/dispensation records on file.							
Parental authorization showing: Child's name, medication name, Rx # (if applicable), date(s) and time(s) to be given, dosage, Parent/Guardian signature & date authorizing	If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible	If program does not administer any medication	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	Incomplete paperwork: missing date(s), prescription name and/or number, dosage, time(s), etc.; Medication is on-site with no medication authorization, but not dispensed	Dispensed medication without authorization with no adverse reaction; Missing Parent/Guardian signature with no adverse reaction; Incorrect type/amount dispensed with no adverse reaction; Medication not dispensed as authorized	Dispensed medication without authorization with an adverse reaction; Missing Parent/Guardian signature with an adverse reaction; Incorrect type/amount of medication dispensed with an adverse reaction; Medication dispensed to the wrong child	Incident resulting in death, extreme or permanent injury

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Dispensing records showing: Date(s), time(s), amount administered, adverse reaction, staff initials</p>	<p>If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible</p>	<p>If program does not administer <u>any</u> 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>Incomplete dispensing record: not documenting adverse reaction(s) or not documenting N/A or None for no adverse reactions, missing date(s) or time(s) dispensed, initials, amount dispensed etc.</p>	<p>Dispensed medication not documented at all with <u>no</u> incident or injury</p>	<p>Dispensed medication not documented at all <u>with</u> an incident or injury (i.e., over medicating a child)</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Storage: Kept in a locked or inaccessible storage cabinet or container; separate from cleaning chemicals, supplies or poisons; refrigerated meds kept in leak-proof container</p>	<p>If medication has not been administered since last visit or since medication was last evaluated</p>	<p>If program does not administer <u>any</u> medication</p>	<p>If planning to dispense in the future</p>	<p>Medication stored with cleaning chemicals/supplies or poisons with <u>no</u> incident or injury; Medication accessible but <u>not</u> handled or ingested by a child (located in cubbies, drawer, etc.)</p>	<p>Medication handled with <u>no</u> incident or injury</p>	<p>Child ingested and/or handled medication <u>with</u> an incident and/or injury; Medication stored with cleaning chemicals/supplies or poisons <u>with</u> an incident and/or injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Physical Plant: Hazards</p>	<p>The construction of a new building or any planned structural changes to an existing program building shall obtain approval from the local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children. A program must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.</p>						
<p>Evaluate for accessible hazards throughout program</p>							

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
	Never	Never	Hazards in a room that are currently not in use for the day (after school room); Isolated minor hazards: brooms, dustpans, toothpaste, office supplies (stapler, white out), toilet brushes and plungers, etc. *If TA documented on previous visit, move to Low Risk **Soap that says "Keep Out of Reach of Children" never moves higher unless an incident and/or injury occurs	Hazards accessible with or without being handled by a child (plastic grocery bags, aerosol cans, items that say "Keep Out of Reach Children" etc.)	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 of bleach on a shelf, sharp knife lying on a table, 3 gallon bucket of water)	Hazards accessible and handled or ingested with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury
Playgrounds							
Observe playgrounds for cleanliness/hazards; playground equipment for hazards/anchoring; fencing for hazards/height (measure); measure depth of fall zones under equipment							

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Shall be at least four feet high, shall not be hazardous, shall be maintained, and any gate(s) shall be kept closed, except when entering or exiting</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 damage to fence and hazardous area made inaccessible to children Fence not four feet high;</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 - Entrapment or fence hazards with an incident and/or injury requiring professional medical attention</p>	<p>Incident resulting in death, extreme or permanent injury</p>

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Playground Equipment: Variety, age-appropriate, good repair, free from hazards, won't obstruct supervision of children. Resilient surfacing is adequately maintained beneath and in the fall zones of climbing and swinging equipment</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>Isolated minor hazards: small area of chipped paint or rust, a single missing pedal or hand grip, open "S" hooks, portable equipment damaged beyond use. *If TA documented on previous visit move to Low Risk</p>	<p>Minor hazards: rusted chains, large areas of chipped paint, missing handles, pedals, grips, broken equipment sectioned off to make it inaccessible to children; No variety of equipment present; Equipment is not age-appropriate with no injury; Supervision is obstructed with no injury. 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.</p>	<p>Accessible hazards which prohibit safe use of the equipment: sharp edges, worn/broken hardware, broken/ingestible pieces; Hazardous OR non age appropriate equipment with an incident and/or injury with no medical attention or with medical attention as a precaution; Supervision is obstructed with an incident and/or injury with no medical attention or with medical attention as a precaution; No resilient surface with no incident or injury.</p>	<p>Broken/hazardous/Non age appropriate equipment with an incident and/or injury requiring professional medical attention; Supervision is obstructed with an incident and/or injury requiring professional medical attention; No/inadequate resilient surface with an incident and/or injury requiring professional medical attention.</p>	<p>Incident resulting in death, extreme or permanent injury.</p>

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Playgrounds: kept clean, free from litter and hazards</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>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 on previous visit move to Low Risk</p>	<p>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 unlocked shed (not accessed by children); With <u>no</u> incident or injury</p>	<p>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 more); With or without an incident and/or injury with no medical attention or with medical attention as a precaution</p>	<p>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 broken arm, etc.)</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Safe Sleeping Safety Requirements</p>	<p>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.) 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.</p>						
<p>Observe or inquire about all infant sleep safety practices; Observe cribs used for sleeping infants</p>	<p>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.</p> <p>Staff shall place an infant to sleep on the infant’s back in a crib unless the program 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.</p> <p>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 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.</p>						

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



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Cribs that meet CPSC and ASTM safety standards are provided for each infant	Never	If program not licensed for 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
Mattress: Firm, tight-fitting without gaps, at least 2 inches thick and covered with a waterproof, washable material; Disinfected before change of occupant	Never	If program not licensed for 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

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Sheets: Individual and tight fitting and changed daily or more often as needed and prior to the change of an occupant</p>	<p>If program licensed for infants, but none are currently enrolled and no sheets in use</p>	<p>If program not licensed for infants</p>	<p>If planning to care for infants in the future; If program 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 unoccupied crib and the sheet can be changed during the visit *If TA documented on previous visit move to Low Risk</p>	<p>Crib sheet is not changed daily or more often as needed; Crib sheet not changed prior to change of occupant</p>	<p>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</p>	<p>Crib sheet not tight-fitting with an incident and/or injury requiring professional medical attention</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<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 program 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>							

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<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; 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 program asleep or fall asleep in such equipment, on the floor, or elsewhere shall be transferred to a safety approved crib</p>	<p>If program licensed for infants, but none are currently enrolled</p>	<p>If program is not licensed for infants</p>	<p>If planning to care for infants in the future</p>	<p>Physician's written statement missing specific instructions and/or time frames</p>	<p>Infant(s) not placed on back to sleep with no physician's written statement and no incident or injury; Infant(s) allowed to sleep in equipment not approved for infant sleep without an incident or injury</p>	<p>Infant(s) not placed on back to sleep with an incident and/or injury; Infant(s) allowed to sleep in equipment not approved for infant sleep with an incident and/or injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Objects in or attached to crib - No objects shall be placed or allowed in or attached to the crib with a sleeping infant</p>	<p>If program licensed for infants, but none are currently enrolled</p>	<p>If program is not licensed for infants</p>	<p>If planning to care for infants in the future; Objects in or on an unoccupied crib</p>	<p>N/A</p>	<p>Objects in or attached to a crib with a sleeping infant (such as but not limited to: toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets, other soft items, crib gyms, toys, mirrors and mobiles) without an incident or injury</p>	<p>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, other soft items, crib gyms, toys, mirrors and mobiles) with an incident and/or injury</p>	<p>Incident resulting in death, extreme or permanent injury</p>
<p>Swimming Pools & Water-Related Activities</p>	<p>Review the last swimming activity for parental permission and ratios; Ratios are based on the number of children who had proof that they could swim, If pool is located at the program, check that it is inaccessible; Review lifeguard certification</p>						
<p>All swimming & wading pools shall be inaccessible to children except during supervised activities</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>

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
Supervision in water <u>more</u> than two feet (requires lower Staff: Child ratios, lifeguard certification and verification of swimming distance) Proper ratios: Under 2 1/2 years: 1:2 2 1/2 to 4 years: 1:5 4 yrs & older who cannot swim a distance of 15 yds unassisted: 1:6 4 years & older who can swim a distance of 15 yds unassisted: 1:15	If haven't participated in swimming activities since last visit or since swimming was last evaluated	If no swimming activities are provided	If planning to provide swimming activities in the future	Incomplete/missing paperwork: no evidence of swim test or documentation of lifeguard certification missing (if program has pool on site)	No certified lifeguard and/or inadequate ratios/supervision with <u>no</u> incident or injury	No certified lifeguard and/or inadequate ratios/supervision <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury
Supervision in water <u>less</u> than two feet (requires ratios/supervision in accordance with normal Staff: Child ratios) Proper ratios: Infants (less than 1 year old & Children who are under 18 mths & not walking) 1:6 One yr olds (who are walking): 1:8 Two year olds 1:10 Three year olds 1:15 Four year olds 1:18 Five year olds 1:20 Six year olds & up 1:25	If haven't participated in swimming activities since last visit or since swimming was last evaluated	If no swimming activities are provided	If planning to provide swimming activities in the future	N/A	Inadequate ratios/supervision with <u>no</u> incident or injury	Inadequate ratios/supervision <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury
<p align="center">Transportation</p>	<p align="center">Check interior of vehicles; If vehicle is not onsite during visit, Specialist should discuss where vehicle is located and an appropriate time for it to be observed; Review a transportation or field trip passenger checklist, a sample of at least 4 emergency medical forms, and driver qualifications.</p>						
<p>Transportation ratios to be evaluated when home transportation evaluated (clarification - if large groups such as HS, Pre-K, children under 5 are transported, evaluate transportation ratios). Transportation ratios to be evaluated when more than 36 children are transported at one time</p> <p align="center">All children shall be secured in a child passenger restraining system or seat safety belt in accordance with applicable state and federal laws</p>							

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					attention or with medical attention as a precaution		
Transportation ratios must be maintained: Driver + 1 Staff when: 3 or more child(ren) under age 3; 7 or more children under age 5; 18 or more children under age 5; Driver + 2 Staff when: 8 or more children under age 3 More than 20 children under age 5	No additional staff person(s) required	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Additional required staff not present with no incident or injury	Additional required staff not present with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Ratios: More than 36 children five years and over: One additional Staff (in addition to driver and monitor) per 20 additional children transported required	If never transport more than 36 children on one vehicle at a time	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Transportation ratios not met with no incident or injury	Transportation ratios not met with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Transportation Plan: program & Passenger Information: Pick-up & delivery location & time, alternate delivery location, person authorized to receive the child, program name, driver, and phone number	If transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Isolated instances of incomplete paperwork other than load/unload *If TA documented on previous visit, move to Low Risk	Missing paperwork for more than 20% of transported children; Incomplete transportation paperwork: Missing program name, some children's pick-up or delivery information incomplete/missing, etc.	Missing/Incomplete paperwork with an incident and/or injury with no medical attention or with medical attention as a precaution	No passenger information/paperwork with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury

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<p>Emergency Medical Information: Maintained on vehicle for each child and includes: child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications, name and phone number of the child's doctor, the local medical facility that the program uses and the telephone numbers where the Parent(s) can be reached</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Incomplete emergency medical information for 20% or less of transported children *If TA documented on previous visit, move to Low Risk	Incomplete emergency medical information for more than 20% of transported children; No emergency medical information for at least one transported child	Missing/Incomplete emergency medical information for all transported children 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
<p>Child(ren) shall never be left unattended in a vehicle</p>	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	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
<p>Passenger Checklist: Complete checklist for each vehicle;</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; If using one checklist for multiple vehicles *If TA documented on previous visit, move to Low Risk	Unapproved transportation checklist being used resulting in missing components of documentation	No passenger checklist with or without an incident and/or injury with no medical attention or with medical attention as a precaution	No passenger checklist with an incident and/or injury that required professional medical attention	Incident resulting in death, extreme or permanent injury

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Passenger Checklist: - Checklist includes child's first and last name and children listed individually</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing/Incomplete checklist information: child(ren)'s complete name(s) OR each child not listed separately	N/A	N/A	N/A
<p>Passenger Checklist: - Checklist marked with mark or symbol to account for loading/ unloading at each location</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Blanks on the checklist for children that were absent *If TA documented on previous visit, move to Low Risk	N/A	Checklist without load/unload documented with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Checklist without load/unload documented with an incident and/or injury that required professional medical attention	Incident resulting in death, extreme or permanent injury
<p>Passenger Checklist: - Arrival/departure time(s) for each location</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing/Incomplete checklist information: arrival/departure time(s)	N/A	N/A	N/A
<p>Passenger Checklist: - Turned over to Director or Director's designated Staff person following completion of trip</p>	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Checklist not turned over to person in charge	N/A	N/A	N/A

Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<p>Checking the Vehicle - First Check:</p> <ul style="list-style-type: none"> - 1st check must be completed immediately upon unloading the last child - Staff should physically walk through the vehicle - Visually inspect all seat surfaces, seats, compartments, etc. - Staff person checking, signs checklist - Give the checklist to the 2nd designated Staff person 	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing documentation of a first check of the vehicle and/or no signature on form, but Consultant observed check completed	First check of vehicle not completed and/or no signature on form to verify vehicle was checked with no incident or injury	First required check of vehicle not completed/no signature on form to verify check with an incident and/or injury	Incident resulting in death, extreme or permanent injury
<p>Checking the Vehicle - Second Check:</p> <ul style="list-style-type: none"> - 2nd Staff person will check the vehicle as required - Staff should physically walk through the vehicle - Visually inspect all seat surfaces, seats, compartments, etc. - Staff person checking, signs checklist - Provides watchful oversight during vehicle inspection 	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing documentation of a second check of the vehicle and/or no signature on form, but Consultant observed check completed	Second check of vehicle not completed and/or no signature on form to verify vehicle was checked with no incident or injury; Second check of vehicle conducted and a child was found immediately during a seamless transition between the first and second check	Second required check of vehicle not completed/no signature on form to verify check with an incident and/or injury	Incident resulting in death, extreme or permanent injury
<p>Checking the Vehicle - No 2nd person available:</p> <ul style="list-style-type: none"> - Driver will check the vehicle as required - Report by phone to the Director or designated person in charge that check was completed - Document time and verification of phone contact on checklist - Sign checklist 	Transportation records not available for review	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Vehicle check reported by phone, but call not documented	No check of vehicle was completed and/or no signature of check or phone call documentation with no incident or injury	No check of vehicle was completed and/or no signature of check or phone call documentation with an incident and/or injury	Incident resulting in death, extreme or permanent injury

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
Child shall not be dropped off at any location if there is no one present authorized to receive Child	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	N/A	Child(ren) dropped off at location where there was no one present authorized to receive the child	Incident resulting in death, extreme or permanent injury
No child shall have to cross street in order to meet the vehicle or arrive at a destination	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Child must cross street in order to meet the vehicle or arrive at destination with no incident or injury	Child must cross street in order to meet the vehicle or arrive at destination with an incident and/or injury	Incident resulting in death, extreme or permanent injury
Additional Non-Core CCDF HEALTH & SAFETY STANDARDS							
Immunizations			Some or no immunization records				
Discipline				No written discipline policy			
Discipline				No appropriate discipline policy			
Discipline				Policy not communicated to staff			

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
<u>Policies and Procedures</u> <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 of infectious Diseases (Health & Hygiene Practices)				Sink(s), running water, soap and paper towels available			
Prevention of infectious Diseases (Health & Hygiene Practices)				Staff wash hands after toileting & before and after eating			
Prevention of infectious Diseases (Health & Hygiene Practices)				Children wash hands after toileting & before and after eating			
Pediatric First Aid & CPR				All staff do not have First Aid & CPR within 90 days of employment			

Health and Safety Core Standards Reference Chart for License-exempt Providers Receiving Subsidy



Health & Safety Core Standards for exempt programs receiving subsidy	NE	NA	Technical Assistance	Low Risk Non-compliance = 1 pt.	Medium Risk Non-compliance = 2 pts.	High Risk Non-compliance = 6 pts.	Extreme 10 points - Potential CAPS Dismissal
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			
Physical Plant				No Fire Marshal approval/annual fire inspection			