

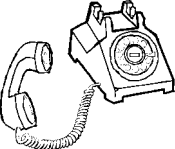
## SCHOOL READINESS HEALTH AND SAFETY CHECKLIST

**Provider:**  
**Address:**  
**Phone Number:**

**Date of Inspection:**  
**Number of children present:**

**Type of visit:** Technical Assistance - Opening New Home – Routine Visit - Other

**EMERGENCY INFORMATION AND PROCEDURES:**

Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	1. Provider has a land line telephone with a corded handset that is accessible at all times. Telephone number _____. 
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	2. Emergency numbers are posted by the telephone which includes; 911, poison control, hospital, fire, and police.
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	3. Provider has a current certification in Infant/Pediatric CPR. Date expires: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	4. Provider has a current certification in First Aid. Date expires: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	5. Provider has an emergency evacuation plan posted.
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	6. Provider conducts and records monthly fire drills with the children.
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	7. A First Aid Kit is on the premises containing: soap, band-aids, disposable non-porous gloves, cotton balls or applicators, adhesive tape, sterile gauze pads and rolls, thermometer, tweezers, pre-moistened wipes, scissors, current first aid resource book that includes CPR.
Yes <input type="checkbox"/> No <input type="checkbox"/> Need to improve <input type="checkbox"/> N/A <input type="checkbox"/>	8. Accident/Incident forms are completed and kept on file with parent's signature.

**CHILDREN'S RECORDS:**

9. Immunizations 10. Physicals 11. Release for Emergency Care

Name	Date of Birth	Immunizations	Physical	Emergency Medical Release	Child Present Y/N

C=Compliance NC=Non-Compliance (see Action Plan) NA=Non-Applicable (School Age)

**SUPERVISION:**

Yes    No    Need to improve    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12. There are no more than 5 children in the home; with no more than 3 under the age of two years.
Yes    No    Need to improve    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13. Children are supervised at all times. This is defined as children being within eyesight or hearing so the provider can respond to the child's needs in a reasonable amount of time.
Yes    No    Need to improve    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14. The provider has a back up plan (emergency person) if she cannot care for the child(ren). Name: _____
Yes    No    Need to improve    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15. In the absence of the caregiver, any person left with the child(ren) must be 18 years of age or older.

**BEHAVIOR MANAGEMENT:**

Yes    No    Need to improve    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. The provider does not use any form of discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.
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**ENVIRONMENT:**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	17. The provider has informed the parent in writing, if someone living in the home smokes.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	18. While children are in care, smoking is prohibited in the home, outdoor play areas, and vehicles when transporting children.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	19. Parents have been informed that there are pets in the home.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	20. All animals on the premises have current required vaccines.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	21. At all times, when children are in care, all firearms and weapons are unloaded, stored and locked in a location inaccessible to children. Ammunition is stored separately from firearms and out of sight and reach of children.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	22. A properly charged and operable fire extinguisher is in the home.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	23. Smoke detectors are in the home and are operable. At least one is on every floor.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	24. Safety plugs cover all exposed electrical outlets.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	25. A minimum of 4 foot high fencing is required if the outside play area is bordered by a road or street with a speed limit of more than 25 MPH and the play area is a minimum of 30 feet from the edge of a road or water hazard.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	26. The facility and equipment (inside and the outdoor play area) is clean and sanitary, free from rust, pest, and vermin and is in good repair.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	27. All doors leading to the outside are locked, while children are in care.

**ENVIRONMENT CONTINUED:**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	28. A 4 foot fence encloses the swimming pool area. All gates leading to the swimming pool area are locked while children are in care.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	29. There is a secure cover on the spa and it is locked at all times when children are in care.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	30. Infants through the age of twelve (12) months nap in individual cribs, port-a-cribs, or playpens with sides.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	31. Napping accommodations are sufficient for a child's comfort and health and have sufficient bedding.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	32. Young infants who are not capable of rolling over on their own sleep on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative position is authorized by the infant's physician. A note from the doctor must be on file. This is in accordance with the American Academy of Pediatrics guidelines.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	33. All potentially harmful items including cleaning supplies, flammable products, poisons, and toxic materials labeled "keep out of reach of children" are on a high shelf and kept out of reach of children. All areas are free from exposed wiring and sharp objects.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	34. Lighting, ventilation and temperature is adequate. The temperature ranges from 65 to 85 degrees Fahrenheit.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	35. Television, computer, and video game use is limited to 20 minutes, and programs/games are appropriate for children in care.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	36. There are age-appropriate books and toys for the children in the home.

**NUTRITION:**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	37. The provider serves nutritious meals, snacks, and offers drinking water throughout the day.
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**TRANSPORTATION:**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	38. Children are transported in federally approved child restraints.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	39. The provider has a valid driver's license.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	40. The provider has current vehicle liability insurance.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	41. The vehicle used for transporting children is in good working condition.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	42. The provider completes a visual sweep inspection upon arriving at a location and upon returning to the home to assure no child is left unattended in the vehicle.

**SANITATION:**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	43. The provider washes his/her hands before and after diaper changing.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	44. The provider washes his/her hands before food preparation.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	45. The diaper changing area has an impermeable (plastic) surface which can be cleaned with a sanitizing solution after each use.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	46. The provider disposes of soiled diapers in a covered container which is inaccessible to children.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Need to improve <input type="checkbox"/>	N/A <input type="checkbox"/>	47. The provider properly cleans all food preparation surfaces with appropriate cleaning and sanitizing solution.

Provider Signature \_\_\_\_\_

Date: \_\_\_\_\_

Provider Consultant Signature \_\_\_\_\_

Date: \_\_\_\_\_