

FAMILY CHILD CARE HOME I CHECKLIST



Nebraska Department of Health and Human Services Regulation and Licensure

<input type="checkbox"/> Provisional	<input type="checkbox"/> Operating	<input type="checkbox"/> Amend
Name of Provider	Address	City, State, Zip Code

CHILD CARE PROVIDER REQUIREMENTS

Provider:

	True	False	Not Applicable	Alternative Compliance Requested
1. I am at least 19 years of age	<input type="checkbox"/>	<input type="checkbox"/>		
2. I am providing the Department of Health and Human Services Regulation and Licensure a valid Social Security Number as verification of citizenship or lawful resident status in the United States	<input type="checkbox"/>	<input type="checkbox"/>		
3. I understand and am familiar with the Family Child Care Home I Standards.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. I have paid an initial license fee and will pay an annual fee	<input type="checkbox"/>	<input type="checkbox"/>		
5. Parents have access to their children at all times that their children are in care. I permit announced and unannounced visits by agency representatives during the hours of operation. I understand that denial of immediate and unrestricted access to the premises to agency representatives will be basis for suspension or revocation of my license. I understand that denial of immediate and unrestricted access to the licensed premises to parents will be basis for suspension or revocation of my license.....	<input type="checkbox"/>	<input type="checkbox"/>		
6. I assume responsibility for providing adequate and appropriate supervision at all times children are in attendance. Any designated substitute shall have the same responsibility for providing adequate and appropriate supervision. I assume ultimate responsibility for supervision.	<input type="checkbox"/>	<input type="checkbox"/>		
7. I insure that alcohol or controlled substances are not consumed in any area of the home designated for child care during the hours of operation. I and my designated substitute do not consume nor are under the influence of alcohol or controlled substances while providing care. I insure that controlled substances will not be in any area of the child care program	<input type="checkbox"/>	<input type="checkbox"/>		
8. My current license is prominently posted so that it is clearly visible to parents and others.	<input type="checkbox"/>	<input type="checkbox"/>		
9. I insure that the maximum number of children stated on my license is not exceeded at any time.	<input type="checkbox"/>	<input type="checkbox"/>		
10. I am not engaged in any other employment which interferes with the care of children	<input type="checkbox"/>	<input type="checkbox"/>		
11. A "Children's Record" is completed prior to enrollment, and kept current for each child in care	<input type="checkbox"/>	<input type="checkbox"/>		
12. I give parents placing a child(ren) in the Family Child Care Home I a Department Parent Handbook and retain the receipts on the premises. The receipts are available for review upon request.	<input type="checkbox"/>	<input type="checkbox"/>		
13. I notify the Department of Health and Human Services Regulation and Licensure of changes in address, household composition, children residing in the home, and days and hours of care.....	<input type="checkbox"/>	<input type="checkbox"/>		

- | | True | False | Not
Applicable | Alternative
Compliance
Requested |
|--|--------------------------|--------------------------|-------------------|--|
| 14. I notify the Department of Health and Human Services Regulation and Licensure within 24 hours or next business day when the following conditions occur within the child care program: The death of any child; any accident to children in care which requires hospitalization or treatment at a medical facility | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. I immediately file a report with the Child Abuse-Neglect Hotline (1-800-652-1999) and/or appropriate local law enforcement agency if I believe child abuse or neglect may be occurring in my family child care home, the child's home, or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | | |

Health Examinations:

- | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|
| 16. I am providing a completed "Health Information Report" or a report containing all information required in the Health Information Report current within six months. I shall have a Health Information Report completed every two years and retain on the premises | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--|--------------------------|

Substitutes and Household Members:

- | | | | | |
|---|--------------------------|--------------------------|--|--|
| 17. I notify the Department by completing an Application if there is a change in household members residing in the home | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18. I insure that substitute providers are at least 16 years of age | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19. I am providing the names of regularly identified substitute(s) on the Application. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20. I inform parents in advance of the planned use of a substitute provider, except in emergency situations | <input type="checkbox"/> | <input type="checkbox"/> | | |

BACKGROUND CHECKS

- | | | | | |
|---|--------------------------|--------------------------|--|--|
| 21. I agree to submit to the Department: | | | | |
| (a) An Application including the names of all persons residing in the home. Those persons age 13 and older shall be cleared against the Nebraska Child Abuse and Neglect Central Registry AND Nebraska Adult Protective Services Central Registry; (Age 18) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (b) Felony/Misdemeanor Statements for all household members age 19 and over; including any crimes for which a juvenile has been adjudicated as an adult | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (c) A completed Application and Felony/Misdemeanor statement when there is a change in household members residing in the home within ten days of the change. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22. I and my household members age 19 and older have provided the Department of Health and Human Services Regulation and Licensure a "Felony/Misdemeanor Statement" which includes the following information: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (a) Felony and/or misdemeanor arrests related to crimes against children; | | | | |
| (b) Misdemeanor tickets, other than traffic violations; | | | | |
| (c) Felony and/or misdemeanor convictions; | | | | |
| (d) Any pending criminal charge(s); and | | | | |
| (e) Current parole or probation status. | | | | |

This statement includes all law enforcement contacts, regardless of prosecution.

- | | True | False | Not
Applicable | Alternative
Compliance
Requested |
|---|--------------------------|--------------------------|-------------------|--|
| 23. I and my household members do not engage in or have a history of behavior injurious to or which may endanger the health or morals of children. (If false, please explain.) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24. I give the Department of Health and Human Services Regulation and Licensure permission to check my name and the names of substitutes and all household members age 13 and older against the Nebraska Child Abuse and Neglect Central Registry and permission to check my name and the names of substitutes and all household members age 18 and older against the Nebraska Adult Protective Services Central Registry. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25. I shall insure that any household members 13 and older appearing as a perpetrator of physical abuse/neglect on the Nebraska Child Abuse and Neglect Central Registry and/or Nebraska Adult Protective Services Central Registry and/or adjudication in adult or juvenile court shall not be on the premises during the hours of operation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26. I shall notify the Department of Health and Human Services Regulation and Licensure of any arrests, misdemeanor tickets other than traffic violations, pending criminal charges and/or any felony/misdemeanor convictions on myself and/or household members | <input type="checkbox"/> | <input type="checkbox"/> | | |

CHILD CARE PROVIDER TRAINING

Pre-Service Training:

27. I have completed preservice training in the areas of:
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Orientation to Child Care Licensure; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Cardiopulmonary Resuscitation (CPR); and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) First Aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provisional Year Training:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 28. I shall obtain a minimum of 12 hours of training in my first year of being licensed.
..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. I shall maintain written documentation of all training on the Family Child Care Home premises. Written documentation is available for review upon request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Annual In-Service Training:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. I shall obtain a minimum of 12 clock hours of in-service training annually | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I shall maintain written documentation of annual in-service training on the Family Child Care Home premises. Written documentation is available for review upon request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. I maintain current CPR and First Aid certification as long as I am licensed. A CPR card and First Aid certificate is available for review upon request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LICENSE CAPACITY AND CHILD/STAFF RATIO

- | | | | | |
|--|--------------------------|--------------------------|--|--|
| 33. I maintain compliance with child/staff ratios and capacity | <input type="checkbox"/> | <input type="checkbox"/> | | |
|--|--------------------------|--------------------------|--|--|

FACILITY

Overall:

	True	False	Not Applicable	Alternative Compliance Requested
34. At least 35 square feet of indoor space per child (excluding areas not designated for child care) is available	<input type="checkbox"/>	<input type="checkbox"/>		
35. At least 50 square feet of outdoor play space per child is available	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
36. All cleaning agents and poisons are kept in locked storage	<input type="checkbox"/>	<input type="checkbox"/>		
37. All rooms used for child care are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
38. All floors, walls, ceilings, and furniture are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
39. The facility is free of exposed lead-based paint surfaces which are flaking, peeling, or chipped.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
40. An operable telephone is available on the premises of the child care facility.	<input type="checkbox"/>	<input type="checkbox"/>		
41. Emergency telephone numbers are prominently posted	<input type="checkbox"/>	<input type="checkbox"/>		
42. Play materials, equipment, and furnishings are easily cleanable, kept clean and in good repair, have no sharp edges, and have no rusty or loose parts.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
43. Toys and objects with a diameter of less than one inch or less than one and one-half inches in length are used only under provider supervision with children who are below three years of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Buildings in which child care is being provided are constructed to prevent rodents from entering.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
45. Doors opening to the outside are self-closing (except for sliding doors), and all windows used for ventilation are screened	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
46. Heating, ventilating, and lighting facilities are adequate for the protection of the health of children.....	<input type="checkbox"/>	<input type="checkbox"/>		
47. Electrical outlets within the reach of children are covered with safety caps, ground fault interrupters, or have safety outlets installed	<input type="checkbox"/>	<input type="checkbox"/>		
48. Tornado drills are practiced with the children a minimum of four times per year from March through September. A written tornado safety plan and documentation of drills is available for review upon request	<input type="checkbox"/>	<input type="checkbox"/>		
49. Garbage and refuse is collected, stored, and disposed of in a manner which does not attract rodents or insects	<input type="checkbox"/>	<input type="checkbox"/>		
50. Grounds are kept neat and clean and free from rodents and accident hazards.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
51. Accident hazards (flammable materials, deep pools, farm and lawn equipment) are inaccessible. Potential accident hazards (uncovered wells, broken glass, boards containing nails and other debris) are eliminated.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

- | | True | False | Not
Applicable | Alternative
Compliance
Requested |
|---|--------------------------|--------------------------|-------------------|--|
| 52. Barnyard animals and/or fowl are not allowed in the outdoor play area | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 53. Smoking is prohibited in all areas of the home designated for child care during the hours of operation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 54. Parents of all enrolled children are informed if any household member, including myself, smoke in the home. Information is provided to parents before accepting a child into care. | <input type="checkbox"/> | <input type="checkbox"/> | | |

Bathrooms:

- | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|
| 55. A toilet which is conveniently located, clean, and in good repair is available to the children. | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 56. A sink with hot and cold running water and soap is available | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 57. Sinks and toilets are of a suitable height for children, or a safe stepstool or platform is provided. .. | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Water Supply:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 58. No common drinking container is used. Drinking water is provided by sanitary drinking fountains, or individual or disposable cups | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 59. The water temperature of the bathroom sink is at least 100 degrees Fahrenheit, but no greater than 120 degrees Fahrenheit | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 60. Drinking water from a private water supply system meets current standards set by the Nebraska Department of Health and Human Services Regulation and Licensure. Water sample test verification is submitted annually if not connected to a municipal system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. No open sewage discharge is on the child care premises | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Personal Care Items:

- | | | | | |
|--|--------------------------|--------------------------|--|--|
| 62. Common use of grooming items is prohibited | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 63. Individual towels and washcloths and facilities for their storage are available. Common use of towels and washcloths is prohibited | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 64. Waterproof storage is provided for storing soiled and/or wet clothing | <input type="checkbox"/> | <input type="checkbox"/> | | |

Water Safety:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| Please respond to questions 65 through 71 if you have an above-ground or in-ground swimming pool. If not, indicate Not Applicable | | | <input type="checkbox"/> | |
| 65. Above-ground and in-ground swimming pools are enclosed with a fence that is at least 4 feet high and the fence flush with the ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 66. Above-ground pools have non-climbable side walls that are 4 foot high or are enclosed with an approved fence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

	True	False	Not Applicable	Alternative Compliance Requested
67. When above-ground and in-ground pools are covered, the cover meets or exceeds the standards of the American Society for Testing and Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68. If children are allowed to use above-ground or in-ground swimming pools, the following conditions must be met:				
(a) Written permission from parents is available for review;	<input type="checkbox"/>	<input type="checkbox"/>		
(b) Equipment needed to rescue a child or adult is readily accessible; and	<input type="checkbox"/>	<input type="checkbox"/>		
(c) Compliance with all Nebraska Department of Health and Human Services Regulation and Licensure requirements regarding swimming pools.	<input type="checkbox"/>	<input type="checkbox"/>		
69. Children are accompanied and directly supervised during swimming and wading activities.	<input type="checkbox"/>	<input type="checkbox"/>		
70. Ratios are maintained with the use of above-ground or in-ground pools on the child care premises	<input type="checkbox"/>	<input type="checkbox"/>		
71. If the depth of the water is over 4 feet, a person who has satisfactorily completed an approved lifesaving course is on duty at all times the pool is in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72. Children are not allowed to use: natural bodies of water, hot tubs, spas, or saunas, and/or livestock tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. Wading pools are drained daily and inaccessible to children when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animals:				
74. If there are animals on the premises, the child care provider shall ensure that:				
A. All household pets are vaccinated and proof of current vaccination as documented by a veterinary clinic is kept on the child care premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. All animal waste is immediately removed from children's areas and properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75. No animals are allowed in the food preparation, food storage, or serving areas during food preparation and serving times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76. Animals which have bitten or attacked a person without provocation are not allowed on the child care premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Exotic or unusual animals are not on the child care premises during the hours of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

True
False
Not Applicable
Alternative Compliance Requested

Weapons:

78. Firearms, other potentially hazardous weapons, weapon accessories, and ammunition are kept in locked storage. Firearms are unloaded and ammunition is stored separately from firearms.

Fences:

79. Since there are unsafe areas such as drainage ditches, wells, holes, heavy machinery, railroad tracks, bodies of water, heavy street traffic, or other hazards in or near the outdoor play area, my outdoor play area is fenced

80. I accompany and supervise children under age two in fenced play areas. Children age two and older are supervised at all times in the fenced play area

81. I accompany and supervise children under age four in play areas not requiring a fence. Children age four and older are supervised at all times

FIRE SAFETY

82. I maintain fire safety approval

83. There are two unblocked exits approved by the State Fire Marshal from every floor on which child care is provided

84. Furnaces, fireplaces, wood-burning stoves and other heaters are inaccessible to children when in use.

85. All storage areas are free of excessive combustibles or highly flammable materials.

86. Bathroom and closet doors are designed so they can be unlocked from the outside

87. Fire drills are practiced with the children a minimum of six times per year in alternating months. A written evacuation plan and documentation of drills is available for review upon request.

88. An operating, properly mounted smoke detection equipment is available in child care areas.

CHILD HEALTH

First Aid Kit:

89. A first aid kit is available and inaccessible to children (tweezers, fever thermometer, soap, band-aids, gauze, tape, scissors, disposable latex gloves)

Medications:

90. I give or apply medication in accordance with the "5 Rights" as required in Nebraska Statutes 71-6718 through 6742, which include:

1. The right drug;
2. The right recipient;
3. In the right dose;
4. By the right route;
5. At the right time.

	True	False	Not Applicable	Alternative Compliance Requested
91. Parents or a licensed health care professional have determined if I am competent to give or apply medication.	<input type="checkbox"/>	<input type="checkbox"/>		
92. Since I give or apply medication, I do not disclose information about a child's medication unless such information is needed to protect the health or other children or staff.	<input type="checkbox"/>	<input type="checkbox"/>		
93. The use of a posted medication sign-in sheet does not violate #92 as I have advised the parent in writing that the parent has the option of using a private method of informing me of the child's medication needs.	<input type="checkbox"/>	<input type="checkbox"/>		
94. I give or apply medication, both prescription and non-prescription, only with prior written permission and written instructions from a parent. I shall comply with the instructions provided by the parent. Medication shall be in the original container, stored according to instructions, clearly labeled for a named child, and returned to the parent when no longer needed. The dosage will not exceed that which is printed on the label. Expired medication shall not be given or applied to a child and shall be returned to the parent. The preschool shall maintain a record as to the time and amount of medication given or applied.	<input type="checkbox"/>	<input type="checkbox"/>		
95. I report any errors in the giving or applying of medication to the parent.				
96. There is a written statement from a licensed health care professional who prescribed the medication allowing me to give medication when:				
1. Any prescription medication is given or applied as needed (PRN);	<input type="checkbox"/>	<input type="checkbox"/>		
or				
2. By a route other than oral, topical, inhalant, or instillation.	<input type="checkbox"/>	<input type="checkbox"/>		
97. I wash my hands before giving or applying any medication. If the handling of any bodily fluids is involved, I also wash hands after giving or applying that medication.	<input type="checkbox"/>	<input type="checkbox"/>		
98. All prescription and over the counter medications are kept locked storage. Separate locked storage is provided for medications requiring refrigeration.	<input type="checkbox"/>	<input type="checkbox"/>		
99. Over-the-counter lip balm, petroleum jelly, suntan lotion and diaper ointment is kept out of the reach of children	<input type="checkbox"/>	<input type="checkbox"/>		
100. A record is maintained as to the time and amount of medication given or applied.	<input type="checkbox"/>	<input type="checkbox"/>		

True

False

Outbreak of Communicable Diseases:

101. I notify parents of all enrolled children of a case of any communicable disease of any child in the program on the same day I am informed or observe the illness. Proper notification shall include...

- (a) Notification to parents of children in attendance. True False
- (b) Phone notification to parents of enrolled children who are not in attendance on that day. True False
- (c) Posting notice of the outbreak in a conspicuous place. True False

102. I notify my local health authority by phone of a case of a communicable disease the same day I am informed or observe the illness. I maintain a record of the date and time of such notifications which are available for review upon request..... True False

Isolation of Children Who are Ill:

103. In the case of more severe illness, I:

- (a) separate the child from other children; and True False
- (b) properly attend to the child's needs until arrangements are made for return to the child's home True False

Immunizations:

104. I maintain copies of children's immunization records. Copies are available for review upon request. True False

105. I comply with all Nebraska Department of Health and Human Services requirements regarding immunization status of all enrolled children..... True False

FOOD PREPARATION AND SERVING

Food Preparation Area:

106. All food preparation, serving and storage areas, equipment, and utensils are easily cleanable and in good repair..... True False Not Applicable

107. Dishes and utensils are properly cleaned, rinsed, sanitized, and air-dried True False

108. All perishable foods are stored in a covered container in an operating refrigerator with a maximum temperature of 40 degrees True False

109. Deep freezers which cannot be opened from the inside are locked or stored in a locked room. True False Not Applicable

110. No home-canned foods are served to children in care True False

111. Only pasteurized grade A milk and milk products are served to children. Dry milk and milk products are made from pasteurized milk and milk products True False

True
False
Not
Applicable
Alternative
Compliance
Requested

Meals and Snacks:

112. I serve the following number of meals and snacks when children are present:

- (a) 2 1/2 to 4 hours - one snack;
- (b) 4 to 8 hours - one snack and one meal;
- (c) 8 to 10 hours - two snacks and one meal;
- (d) 10 or more hours - two snacks and two meals

113. Each meal served includes servings from each of the food components: fluid milk, meat or meat alternates, vegetables and/or fruits, and bread or bread alternates. (Breakfast does not need to include a meat or meat alternative.)

114. Each snack served includes a serving from two of the above food groups

115. Fresh or raw fruits and vegetables are thoroughly washed with water prior to use

116. Weekly menus are provided to parents upon request

DAILY ACTIVITIES

Indoor/Outdoor Play:

117. I have knowledge of where each child in care is at all times

118. Enough age-appropriate play materials are available so that, at any one time, each child can play individually

119. I obtain written permission from parents to allow schoolage children to engage in activities outside the child care home without direct supervision

Naps and Rest Periods:

120. A regular rest period is made available for children as agreed upon between myself and the parent.

121. I provide clean beds, cribs, mats, washable sleeping bags, sofas, or cots for napping for each child over twelve months of age. The top level of bunk beds is not used for children below five years of age. Futons are not used for infants under 13 months. Waterbeds are not used for children under 36 months

True

False

Discipline:

122. Neither my substitute nor I use the following as a means of discipline:

- (a) Spanking, slapping, punching, shaking, striking with any inanimate object, handling roughly, or biting; True False
- (b) Denying food or forced napping; True False
- (c) Subjecting children to derogatory remarks about themselves or their families, abusive or profane language, yelling or screaming, threats of physical punishment..... True False

123. I do not punish any child for toilet training accidents or refusing to take medication True False

124. Discipline is administered only by myself or my designated substitute when parents are not present True False

Diapering and Toileting:

125. Children's diapers are changed when needed True False Not Applicable

126. Individual washcloths, towels, or disposable towelettes are used to cleanse children during diapering True False Not Applicable

127. I wash my hands thoroughly with soap and water after changing diapers and after helping children with toileting True False Not Applicable

128. Soiled diapers are properly disposed of and/or stored in airtight containers. True False Not Applicable

129. Potty chairs are not used or stored in eating and playing areas True False Not Applicable

130. When toilet training is conducted, toilet training is carried out in a manner agreed upon by the parent and myself True False Not Applicable

INFANT CARE

Please respond to questions 1 through 8 if you are currently providing care for ANY infant or intend to provide care to infants. If not, indicate Not Applicable Not Applicable

1. Emotional and physical needs of infants are met consistently and promptly. This includes:

- (a) Talking to, playing with, holding, and rocking infants, and providing them with the opportunity to explore outside of their cribs and/or playpens True False
- (b) Immediately investigating the cries of infants True False

2. Infants are fed according to a plan agreed upon by the parent(s) and myself. True False

3. Prepared formula is labeled with the appropriate child's name and stored in the refrigerator. Unused (prepared) formula is discarded after 48 hours True False

	True	False	Not Applicable	Alternative Compliance Requested
4. Infants under six months of age and those who are not yet able to hold their own bottles are held during bottle feeding	<input type="checkbox"/>	<input type="checkbox"/>		
5. Bottles are not propped and are removed from sleeping infants	<input type="checkbox"/>	<input type="checkbox"/>		
6. Infants who are capable of feeding themselves, but cannot sit in child-sized chairs at child-sized tables, are seated in high chairs with 3 point safety straps	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Only federally approved cribs and/or playpens are used for infants	<input type="checkbox"/>	<input type="checkbox"/>		
(a) Drop-side latches will securely hold sides in the raised position	<input type="checkbox"/>	<input type="checkbox"/>		
(b) Infants are not left unattended in cribs with the drop-side lowered	<input type="checkbox"/>	<input type="checkbox"/>		
(c) Bumper pads are provided for each crib in which a child under six months sleeps	<input type="checkbox"/>	<input type="checkbox"/>		
8. Cots, waterbeds, pillows, mats, futons, or cushions are not used for infants under 13 months of age.	<input type="checkbox"/>	<input type="checkbox"/>		

TRANSPORTATION:

Please respond to questions 1 through 6 if you are currently providing transportation or intend to provide transportation. If not, indicate Not Applicable

1. I possess a current and valid driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Parent's written permission to transport children is obtained	<input type="checkbox"/>	<input type="checkbox"/>		
3. The adult-child ratio is maintained while transporting children	<input type="checkbox"/>	<input type="checkbox"/>		
4. The seating capacity of the vehicle, as indicated by the vehicle manufacturer is not exceeded	<input type="checkbox"/>	<input type="checkbox"/>		
5. All doors are locked when the vehicle is in motion	<input type="checkbox"/>	<input type="checkbox"/>		
6. Age appropriate and individual safety restraints are used for each child transported	<input type="checkbox"/>	<input type="checkbox"/>		
(a) All Children under the age of five and weighing less than forty pounds being transported shall use a federally approved child passenger restraint system which is correctly installed;				
(b) All children under the age of sixteen and weighing forty or more pounds being transported shall use an occupant protection system.				
(c) Restraints are not required for children transported by public transportation or school bus.				

NOTE—Effective July 20, 2002, the following standard will apply:

- (a) All children up to the age of six riding in any vehicle must ride in a child restraint system that is appropriate for their size, age and weight and meets Federal Motor Vehicle Safety Standards.
- (b) Restraints are not required for children transported by public transportation or school bus.

OVERNIGHT CARE

True **False** **Not Applicable**
Alternative Compliance Requested

Please respond to questions 1 through 6 if you are currently providing overnight care or if you intend to provide overnight care. If not, indicate Not Applicable

1. Clean cots or beds for each child over 12 months of age, fitted with a firm, waterproof mattress are available. The top level of bunk beds is not used for children below five years of age

2. Infants under 13 months of age sleep only on federally approved cribs and/or playpens. Cots, pillows, mats, futons, or cushions are not used for infants under 13 months of age. Waterbeds are not used for children under 36 months of age

3. I am awake and alert to the needs of children until all children are asleep

4. I sleep within hearing distance of sleeping children

5. Operating, properly mounted, smoke detection equipment is available on all floors where children sleep. Wired smoke detection equipment is U.L. (Underwriters Laboratories) approved

6. I give each child a shower, tub, or sponge bath in a manner agreed between the parent and myself

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

(PROVISIONAL/OPERATING/AMEND)

Signature of Provider	Date
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