

**Health and Safety Monitoring Checklist  
Center Based Child Care & Preschool Programs**



Arrival time:	Departure time:	Visit date:
Licensing Field Specialist:		License #:
Program Name:	Phone:	Year of Building:
Address:		Insurance (2.3.9.7) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>General Operating Information</b>		
Any Outstanding Violations and/or variances? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Name of Staff who have an expedited variance:		
Water Testing:	Lead Water Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Bacterial Water Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Specialized Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Director has 6 hours of ASC Training?	UPK: <input type="checkbox"/> Yes <input type="checkbox"/> No
Terms/Conditions to the License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	License Capacity:

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**Staff: Child Ratios**

Room or Area	Age Group	# Staff	# Children	Ratios Met? (Y/N)	Activities/ Notes	Room or Area	Age Group	# Staff	# Children	Ratios Met? (Y/N)	Activities/Notes
<b>TOTALS</b>				<b>Group Sizes met?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TOTALS</b>				<b>Group Sizes met?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

By signing this report, I acknowledge that the report was discussed with me, or will be at the following agreed upon time:

\_\_\_\_\_.

Provider/Person-in-charge Signature \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Licensing Specialist Signature: \_\_\_\_\_

Date \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Overall Observations:

Indicators						Observations / Comments/ Notes	Plan of Improvement
<b>Prevention and control of infectious diseases (including immunizations) [CCDF]</b>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
5.1.2: General Health Exam							
5.1.4: VT Immunization Report (Note: 5.1.3 – requires children’s immunizations, Health Dept. verifies and shares report)							
5.2.1.1: Handwashing (adults and children)							
5.2.1.3: Handwashing (procedures)							
5.2.1.8: Staff assist children washing hands							
5.2.3.11: Correct diaper changing procedure followed							
5.3.1: Plan to manage communicable diseases							
5.3.2: Daily Health Check							
5.3.3.1: Exclusion of children from care							

Indicators						Observations / Comments/ Notes	Plan of Improvement
<b>Prevention of sudden infant death syndrome and use of safe sleeping practices [CCDF]</b>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed*	Not Applicable*		
*5.4.3.1: Opportunity for sleep or rest							
5.4.1.1: Cribs or equipment designed for sleep							
5.4.1.5: 15-minute checks & supervision while sleeping							
5.4.1.6: Nap Lighting – see child’s face and check on the child’s breathing							
*5.4.2.2: Infants on their backs to sleep							
5.4.2.3: Infants in cribs, no blankets, etc.							
5.4.2.4: Mattress with crib sheet							
5.4.2.5: No soft objects, loose bedding in cribs. No swaddling.							
5.4.2.6: Clothing for sleep. Remove bibs, etc.							
5.4.2.7: No positioning devices							

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5.4.2.8: No bottles in cribs. Pacifiers.							
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Indicators						Observations / Comments/ Notes	Plan of Improvement
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Administration of medication, consistent with standards for parental consent [CCDF]							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
5.6.1: Medication Policy							
5.6.2: Medication administration training							
*5.6.4: Parental consent for medication							
5.6.7: Meds administered documented							
5.6.5: Meds in original container							

Indicators						Observations / Comments/ Notes	Plan of Improvement
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Prevention and response to emergencies due to food and allergic reactions [CCDF]							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
5.6.11: Prescription rescue medication (inhalers, (epi) pen, and seizure medication) must be kept immediately accessible							
5.11.1.1: Policies and procedures related to food allergies							
5.11.8.4: Know and accommodate food allergies							
6.2.6.3: Position to see all children while they eat							
5.11.6.11: Foods for infants (safe consumption, reduce choking)							
Indicators						Observations / Comments/ Notes	Plan of Improvement
Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic [CCDF]							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
5.10.1.1: General safety; no hazards							
5.10.1.1.2 Choking hazards							

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5.10.1.1.3: Tipping Hazards							
5.10.1.8: Chipping, Peeling Paint; (IRC completed)							
5.10.3.1.3: Fence – protected from traffic and other hazards (such as bodies of water, animals, trains, etc.)							
5.10.3.1.6: Outdoor hazards/ inspection							
5.10.3.2.1: Outdoor play equipment safe							
5.10.3.3: Cushioning material							
5.10.5.1: Swimming - (Note: fencing)							
<b>Indicators</b>						<b>Observations / Comments/ Notes</b>	<b>Plan of Improvement</b>
<b>Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment [CCDF]</b>							

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Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
6.2.7.4 No form of inappropriate discipline or corporal punishment shall be used with children							

Indicators						Observations / Comments/ Notes	Plan of Improvement
<p><b>Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act [42 U.S.C. 5195a(a)(1)] The planning at the child care provider level <b>must include procedures for evacuation, relocation, shelter-in-place and lockdown, as well as training and drills for staff and volunteers, communications and reunification with families, continuity of operations, and accommodations for infants and toddlers, children with disabilities and children with chronic medical conditions.</b> [CCDF]</b></p>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
5.10.1.2.1: Fire Inspections/Fire Extinguisher							
3.4.6.1: Evacuation drill records							
3.7.1.1 Written Emergency Response Plan							

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3.7.1.2: Staff trained on the ERP							
3.7.2.2: Building evacuation drills							
3.7.3 Emergency Preparedness Training							

<b>Indicators</b>	<b>Observations / Comments / Notes</b>	<b>Plan of Improvement</b>
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<b>Handling and storage of hazardous materials and the appropriate disposal of biocontaminants [CCDF]</b>						
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Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable				
5.2.5: Precautions used when exposed to bodily fluids									
5.10.1.10.1: Poisonous, Toxic, Hazardous materials labeled & used safely									
5.10.1.10.3: Poisonous or toxic materials locked/ in a secure storage area									
5.10.1.10.4: Routine Cleaning Materials out of Reach									

<b>Indicators</b>	<b>Observations / Comments / Notes</b>	<b>Plan of Improvement</b>
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**Health and Safety Monitoring Checklist**  
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Appropriate precautions in transporting children [CCDF] <input type="checkbox"/> N/A (no transportation provided)							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable*		
*5.10.6.1.1: Vehicle(s) registered, inspected, and insured according to state law.							
5.10.6.2.1: Children under eight (8) properly secured in approved child restraint system							
5.10.6.6.1: Ensure written permission is obtained from parents prior to providing transportation							
5.10.6.6.2: No child shall ever be left unattended or unsupervised in a vehicle at any time.							
5.10.6.6.6: Procedure for accounting for all children transported.							
Indicators						Observations / Comments / Notes	Plan of Improvement
Pediatric first aid and cardiopulmonary resuscitation [CCDF]							

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Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
7.1.2.1: At least one person on site who is CPR/First Aid certified <sup>7</sup>							
7.1.2.2: Staff trained in CPR/First Aid in the first 3 months							
<b>Indicators</b>						<b>Observations / Comments/ Notes</b>	<b>Plan of Improvement</b>
<b>Recognition and reporting of child abuse and neglect [CCDF]</b>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
3.3.3: Legally required to report							
3.3.4: Policy on reporting abuse & neglect							
3.3.5: Staff trained on abuse & neglect							
<b>Indicators</b>						<b>Observations / Comments/ Notes</b>	<b>Plan of Improvement</b>
<b>Background Checks [CCDF]</b>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		

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	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
7.2.2 RCA new individuals and those with unsupervised access to kids							
2.3.9.3 New RCA every five years							
6.2.6.6 Not alone with children w/o fingerprints							

Indicators						Observations / Comments/ Notes	Plan of Improvement
<b>Healthy Relationships</b>							
Standard	In Compliance	Not In Compliance	Discussed Only	Not Observed	Not Applicable		
6.2.1.3: Ratios/Max Group Size [CCDF]							
6.2.6.1: Supervision of Pre-K and younger children; ensure visual supervision of children except as allowed in rules							
6.2.6.2 Supervision of school-aged children							



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**Children's Records Checklist**

<i>Required Component:</i>	File 1	File 2	File 3	File 4	File 5	File 6	File 7	File 8	File 9	File 10	Notes/ Comments
Current Form on file?											
First/Last Day of Attendance											
Days/Hours Attending											
Child's Full Name											
Birth Date											
Home Address/ Phone											
Home Language											
Parent/Guardian Full Name											
Address (if different)											
Parent/Guardian Home Phone											
Court Order in Effect (info)											
Emergency Contact Info (Name/Phone/Address)											
Authorized Pick-Up Info											
Name of Child's Doctor/ Phone											
Name of Child's Dentist/ Phone											
Child's well-care exam documentation											

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Child's Immunization record												
Infant Specific Info (if applicable) <ul style="list-style-type: none"> <li>• Feeding Instructions</li> <li>• Typical sleep schedule</li> <li>• Use a pacifier</li> </ul> Want to use in crib?												
Additional Info about Child Any special medical, developmental, emotional, or educational needs of the child including allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations												
Child's Education documentation (IEP, CIS One Plan, etc.)												
Written Parental Permission: <ul style="list-style-type: none"> <li>• Emergency Medical Care</li> <li>• Transportation</li> </ul> Swimming Activities												
Parent signature/ date <ul style="list-style-type: none"> <li>•</li> </ul>												

