| Arrival ti | me: | | | Departure time: | | | | | | Visit date: |
|--------------------|-----------|---------------|----------------------|-----------------------------------|-------------------------|---------------|---------------|-------------------------|--------------------------------|-------------------|
| Licensin | g Field | Specialist | i: | | | | | | | License #: |
| Program Address | | 1 | | | | | Pho | ne: | | Year of Building: |
| | | | | Ger | neral Operati | ng Informa | ation | | | |
| Any Outs | standing | Violation | s and/or va | riances? 🗌 Yes 🗌 No 🛛 Com | ments: | | | | | |
| Specializ | ed Chilo | d Care: [|]Yes N | No Director has 6 hours of ASC | training? | | IRC Con | npliance | e Report: 🗌 Yes 🗌 | No Comments: |
| Terms/C | ondition | s to the L | icense: 🗌 ` | Yes 🗌 No Comm | ients: | | | | | License Capacity: |
| | | | | | Indica | ators | | | | |
| | | | | | Staff: Chil | ld Ratios | | | | |
| Room or Area | # Staff | # Children | Ratios Met? (Y/N) | Activities/ Notes | Room or Area | # Staff | # Children | Ratios Met? (Y/N) | | Activities/Notes |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| тоти | ALS | | | Group Sizes met? □ Yes □ No | ΤΟΤΑ | LS | | | Group Sizes met? ☐ Yes ☐ No | |
| By signiı | ng this r | eport, I ac | knowledge | that the report was discussed wit | th me, or will k | be at the fol | lowing ag | reed up | oon time: | · |
| Provider | /Person- | -in-charge | Signature_ | | | | _ Date: | | Printed Name: | |
| Licensin | g Specia | alist Signa | ture: | | | | | | Date | |
| Email: | | | | | Phone N | lumber: | | | | |
| Overall (| Observat | tions: | | | | | | | | |
| | | | | | | | | | | |



| | Observations/ Comments/ Notes | Plan of Improvement | | | | | |
|--|----------------------------------|------------------------|-------------------|-----------------|----------------|--|--|
| Prevention and control of infectio | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 4.2 Child File | | | | | | | |
| 13.5 Exclusion due to illness | | | | | | | |
| 13.6 Exclusion criteria policies | | | | | | | |
| 13.7 Handwashing requirements (staff and children) | | | | | | | |
| 13.8 Handwashing requirements (staff only) | | | | | | | |
| 4.3: Immunizations | | | | | | | |

| | I | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|----------------------------------|------------------|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Administration of medication, co | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| *13.18 Parental permission | | | | | | | |
| 13.20 Labeling of medications | | | | | | | |



| 13.21 Medication records | | | | |
|---|--|--|--|--|
| 13.22 Permission for OTC medication | | | | |
| 10.4 Staff trained on appropriate use of emergency devices and medications for enrolled children that have such (EpiPen, etc.) | | | | |

| | I | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|--------------------------------|------------------|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Prevention and response to eme | rgencies due | e to food and a | Illergic react | ions [CCDI | 7] | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 15.6 Food Allergy Action Plan | | | | | | | |
| 15.7 Alternative snacks | | | | | | | |

| | | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|--|------------------|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Building and physical premises | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| *11.27 Essential Maintenance Practices (IRC complete) | | | | | | | |
| 11.28 Lead exposure | | | | | | | |
| 11.8 Facility conditions | | | | | | | |



| 11.9 Facility grounds | | | | |
|--|--|--|--|--|
| 12.10 Inspect playground | | | | |
| 12.13 Outside equipment in good repair | | | | |
| 12.14 Cushioning material | | | | |
| 12.1 General hazards | | | | |

| | I | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|---|---|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Emergency preparedness and re or a man-caused event (such as under section 602(a)(1) of the Ro U.S.C. 5195a(a)(1)] The planning evacuation, relocation, shelter-in volunteers, communications and accommodations for infants and medical conditions. [Co | violence at a bert T. Staffo at the child o place and lo reunificatio | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 10.8 Emergency Response Plan addresses variety of emergencies | | | | | | | |
| 10.9 Evacuation drills | | | | | | | |
| 10.10 Staff Awareness of Emergency Response Plan development; updated annually | | | | | | | |
| 10.11 Staff and parents informed | | | | | | | |



| | | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|---|------------------|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Handling and storage of hazardo [CCDF] | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 11.11 Surfaces | | | | | | | |
| 12.5 Storing hazardous materials | | | | | | | |
| 13.1 Universal precautions | | | | | | | |

| | | Observations/ Comments/ Notes | Plan of Improvement | | | | |
|---|------------------|----------------------------------|------------------------|-----------------|----------------|--|--|
| Appropriate precautions in trans [CCDF] | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| *17.1: Written permission | | | | | | | |
| 17.2: Vehicle registered, inspected and insured | | | | | | | |
| 17.5: Children in vehicles shall not be left unsupervised or unattended | | | | | | | |
| 17.9: Seatbelts and safety seats | | | | | | | |
| 3.10.b.: Permission to release to transportation service | | | | | | | |

| DEPARTMENT FOR CHILDREN & FAMILIES | AGENCY OF HUMAN SERVICES DEPARTMENT FOR CHILDREN & FAMILIES | \sim | VERMONT |
|------------------------------------|--|--------|---------|
|------------------------------------|--|--------|---------|

| - | | ndicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
|---|------------------|----------------------|-------------------|-----------------|----------------|----------------------------------|------------------------|
| Pediatric first-aid and pediatric c | ardiopulmor | ary resuscita | tion (CPR) | [CCDF] | | _ | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 5.27 CPR and First Aid training (at least one person) | | | | | | - | |
| 5.40 First Aid and CPR training up to date | | | | | | - | |
| | <u> </u> | Indicators | | | | Observations/ Comments/ Notes | Plan of Improvement |
| Recognition and reporting of chi | ld abuse and | l neglect. [CC | DF] | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 9.2 Inappropriate discipline | | | | | | | |
| 4.10 Child Abuse Hotline Accessible | | | | | | | |
| 4.11 Mandated reporting | | | | | | - | |
| 4.12 Reporting suspected abuse and neglect | | | | | | - | |
| 4.13 Policy for reporting abuse and neglect | | | | | | - | |
| 4.14 Training for reporting abuse and neglect | | | | | | - | |
| 4.15 No retaliation for reporting abuse and neglect | | | | | | | |

| | Observations/ Comments/ Notes | Plan of Improvement | | | | | |
|--|----------------------------------|------------------------|-------------------|-----------------|----------------|--|--|
| Fire safety standards [CCDF] | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 18.31 Meets state and local ordinances (afterschool only) | | | | | | | |

| | Observations/ Comments/ Notes | Plan of Improvement | | | | | |
|---|----------------------------------|------------------------|-------------------|-----------------|----------------|--|--|
| Background Checks [CCDF] | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 5.11 RCA new individuals and those with unsupervised access to kids | | | | | | | |
| 18.43.a. New RCA every five years | | | | | | | |
| 5.14 Not alone with children w/o fingerprints | | | | | | | |

| | Observations/ Comments/ Notes | Plan of Improvement | | | | | |
|---|----------------------------------|------------------------|-------------------|-----------------|----------------|--|--|
| Healthy Relationships and Addit | | | | | | | |
| Standard | In Compliance | Not In Compliance | Discussed Only | Not Observed | Not Applicable | | |
| 5.31 Health and safety orientation [CCDF] | | | | | | | |



| 6.2 Group size [CCDF] | | | | |
|---|--|--|--|--|
| | | | | |
| 6.3 Staff/child ratio [CCDF] | | | | |
| | | | | |
| | | | | |
| 13.4 Drinking water readily available | | | | |
| in indoor and outdoor areas | | | | |
| throughout the day | | | | |
| 8.3 Materials shall be varied, age- | | | | |
| appropriate and available in sufficient | | | | |
| quantity | | | | |
| 4.1 Records/documents up to | | | | |
| date/accessible | | | | |
| 4.4 Attendance | | | | |
| H.H.M.Chudhloc | | | | |
| | | | | |
| 18.77: 6 months up to date BFIS | | | | |
| | | | | |
| 7.1 Supervision | | | | |
| | | | | |
| | | | | |
| 7.5 Staff outside present and | | | | |
| interacting with children | | | | |
| 11.3 Cleanliness, safe environment | | | | |
| 11.5 Cleaniness, sale environment | | | | |
| | | | | |
| 8.11 Welcoming environment; staff | | | | |
| shall be available and responsive to | | | | |
| children at all times and use | | | | |
| respectful language | | | | |
| 8.16 Materials and experiences | | | | |
| reflect diversity found in society | | | | |
| | | | | |
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| Name | Position Title | Date of Hire | Qualified? | Fingerprint Expiration Date | Current Pediatric First Aid & CPR Training (5.39, 5.40) | Health & Safety Orientation Documentation (5.31) | 15 hrs. Annual ongoing (Including Health & Safety Training) (5.35, 5.35, 5.36) | Mandated Reporter documentation on file (4.11) |
|------|----------------|--------------|------------|--------------------------------|--|---|---|--|
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| Children's Records Checkli | | | | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------------|
| Required Component: | 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 Immunization record | | | | | | | | | | | |
| 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.) | | | | | | | | | | | |

| | | | | | | | | | AGENCY OF HUMAN SERVICES CERMONT |
|---|-------|------|--|---|---|---|---|---|----------------------------------|
| | | | | 1 | 1 | 1 | 1 | 1 | |
| Written Parental Permission: Emergency Medical Care Transportation Swimming Activities | | | | | | | | | |
| Parent signature/ date | | | | | | | | | |
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| DDITIONAL NOTES/OBSE | RVATI | ONS: | | | | | | | |