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
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-		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				



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)
			t	1	1			



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									
DDITIONAL NOTES/OBSE	RVATI	ONS:							