



Health and Safety Monitoring Checklist for Informal Providers

Arrival Time:			Departure Time:			Visit Date:		
Consultant Name:						Consultant Phone Number:		
Informal Provider Name:						Informal Provider Number: INF-		
Street Address:								
City, State, Zip Code, County:								
Children Present			Other Children Living in Home (under 17 years old)					
Relationship	Name	Age	Relationship	Name	Age	Relationship	Name	Age
Unrelated								
Unrelated								
Related								
Related								
Related								
Related								
Additional Child								
Additional Child								
Additional Child								
Additional Child								
Activities/Notes:								

INDICATORS			Observations/Notes/Comments	Plan of Improvement
OVERCROWDING	YES	NO	The total number of children in care cannot exceed six. Of the children in care, no more than two can be related for pay.	
Is the Program overcrowded?				
SUPERVISION	YES	NO		
No children present?				
Provider physically present with the children?				
Provider alert and able to prevent injuries? If not, explain in the notes section.				
ACTIVITIES	YES	NO		
Provides a daily planned program with varied and developmentally appropriate practices?				
Provides individual attention?				
Does not engage in or allow others to engage in activities that are detrimental to child(ren)?				
BATHROOMS	YES	NO		
Does the provider have one (1) flush toilet and one (1) hand washing sink with running water for use?				
Is a bathroom located on each floor or adjacent to the program areas?				
Is the bathroom supplied with soap, toilet tissue, single-use towels or cloth towels used once between launderings?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
BATHROOMS	YES	NO		
Is the bathroom clean?				
CHILDREN'S RECORDS	YES	NO		
Complete and accurate file for each child including identifying information, parental information, emergency information, and immunization records?				
Children's records accessible for review?				
Arrival/Departure and Transportation (if applicable) records signed by a parent or authorized representative as detailed in CAPS policy?				
CRIMINAL BACKGROUND CHECKS	YES	NO		
CBC Results on file for Provider and any resident 17 years old or older?				
Is there anyone present with only a national fingerprint check conducted by DECAL?				
If so, is that person supervised by staff with a Comprehensive Background check?				
CBC one-day letter left on site?				
Ported appropriately, if needed?				
Evidence available on site for review?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
CRIMINAL BACKGROUND CHECKS	YES	NO		
Recheck completed for anyone requiring it?				
EQUIPMENT and TOYS	YES	NO		
All indoor and outdoor furniture, activities, and materials are: <ul style="list-style-type: none"> • Used in a safe and appropriate manner? • In accordance with the manufacturer's instructions? • Free from hazards? • Kept clean? • Placed to permit freedom of movement and minimize danger? • Secured if the equipment and furniture is of a weight and mass that could cause injury? 				
DIAPERING	YES	NO		
Not applicable/No diapering				
Not observed during visit				
Clean, nonporous diapering surface?				
DISCIPLINE	YES	NO		
None observed				
Appropriate disciplinary actions observed? If not, explain in the notes section.				
HEALTH and HYGIENE	YES	NO		
Not observed during visit				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
HEALTH and HYGIENE	YES	NO		
Is there running water at the residence? Are soap and paper towels available?				
Provider washes hands before and after eating, handling food, after toileting and diapering? If not, explain in the notes section.				
Children wash hands before and after eating, handling food, after toileting and diapering? If not, explain in the notes section.				
MEDICATION	YES	NO		
Not applicable/No medication dispensed				
Medication stored inaccessible to children?				
Written permission from parent/guardian to dispense medication?				
Document in writing when medication is dispensed? If not, explain in the notes section.				
PHYSICAL PLANT	YES	NO		
Is there a working smoke detector in the residence?				
Is there a working fire extinguisher in the residence?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
PHYSICAL PLANT	YES	NO		
Are the heaters and fire places safely covered in the residence (if applicable)?				
If there are weapons in the home, are weapons (guns, hunting knives, related accessories, etc.) locked and out of reach of children?				
Is flame producing items (matches, lighters, lighted candles, etc.) out of reach of children?				
Are all tobacco items (cigarettes, cigars, etc.) out of reach of children?				
Are hazardous materials (cleaning supplies, etc.) stored securely away from the children?				
PLAYGROUNDS	YES	NO		
Outdoor play area free of serious hazards?				
Fence/barrier around outdoor play area? If not, explain in the notes section.				
Equipment used in a safe manner? Age-appropriately? In good repair?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
POLICIES and PROCEDURES	YES	NO	Does the program have a written policy regarding the following:	
The exclusion of children with contagious illnesses?				
Notification of parents in the event their child becomes ill while in the home?				
Notification of all parents of enrolled children when a reportable contagious illness is present in the home?				
The prevention of and response to food and allergic reactions?				
Emergency preparedness and response?				
The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding, etc.)?				
Recognition and reporting of child abuse and neglect?				
Has the provider reported serious injuries/incidents within 24 hours or the next work day? (Suspected child abuse or neglect, any notifiable communicable disease, any death of a child while in care of the program or serious incident/injury requiring professional medical attention.)				
Behavior management and discipline policy including practices regarding the expulsion and suspension of enrolled children?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
POLICIES and PROCEDURES	YES	NO	Does the program have a written policy regarding the following:	
Prevention of shaken baby syndrome and abusive head trauma?				
Copy of the policies and procedures provided to parents?				
SAFE SLEEPING and RESTING	YES	NO		
No Infants (NA)				
Not observed during visit				
Is there a clean sleeping/resting area for each child?				
If cribs or other approved sleeping equipment are required, do they meet CPSC/ASTM requirements?				
Cribs clear of objects?				
Each crib has a firm, tight-fitting mattress without gaps?				
Each crib has an individual, tight-fitting sheet?				
Are infants placed on their backs to sleep in an appropriate crib?				
If not, explain in the notes section.				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
SAFE SLEEPING and RESTING	YES	NO		
Program provides a safe sleeping environment in accordance with AAP, CPSC, and ASTM, including the use of wearable blankets, obtaining physician authorization statement for swaddling?				
SWIMMING and WATER-RELATED ACTIVITIES	YES	NO		
No pool or swimming activities (NA)				
Pool area adequately fenced and secured?				
Are swimming areas accessible? Are there child protected locks and/or other devices to keep children safe?				
Staff:Child ratios in over two (2) feet of water adequate? LOW MEDIUM HIGH EXTREME				
Supervision of children in over two (2) feet of water adequate? LOW MEDIUM HIGH EXTREME				
TRANSPORTATION	YES	NO		
No transportation provided (NA)				
Written permission to transport from parent/guardian?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
TRANSPORTATION	YES	NO		
Emergency medical information for each child on vehicle?				
Proper child restraints used when transporting children?				
Current driver's license?				
Children properly supervised and not left unattended on the vehicle?				
FIELD TRIPS	YES	NO		
Program has permission in advance for any field trips taken?				
List of participants on the field trip? List of participants left at the Informal home?				
Emergency medical information on each child available on the field trip?				
REQUIRED REPORTING	YES	NO	The provider reported to the Department within 24 hours or the next work day the following:	
Suspected child abuse, neglect or deprivation? Reported to the local county DFCS?				
Communicable diseases? Reported to the local county Health Department?				

INDICATORS			Observations/Notes/Comments	Plan of Improvement
REQUIRED REPORTING	YES	NO	The provider reported to the Department within 24 hours or the next work day the following:	
Death?				
Serious illness or injury that requires medical attention?				
Fire?				
Structural disaster?				
Any emergency that requires relocation of children?				
Any employee or resident that acquired a criminal record?				
STAFF TRAINING	YES	NO		
Provider obtained pediatric first aid and pediatric CPR training within 45 days of employment?				
Provider obtained written orientation of the program prior to employment?				
Provider obtained Health & Safety Orientation Certification within 90 days of employment?				

INDICATORS			Observations/Notes/Comments			Plan of Improvement				
STAFF TRAINING		YES	NO							
Does the provider receive on-going annual training of at least 10 hours to include the following: <ul style="list-style-type: none"> • Two hours of developmentally appropriate language and literacy training? • Two hours of child development and/or health and safety training? • No more than two hours of business related topics training? 										
Adults Living in the Home (17 years of age and over)			Criminal Record Check			Health and Safety Training				
First Name	Last Name		CRC Expiration Date	CRC Determination	CRC Letter on File	Current Pediatric First Aid Training	Current Pediatric CPR Training	Health & Safety Orientation Certificate	10 hours annual ongoing Health & Safety Training	
Federal law requires that programs receiving federal funds must have a satisfactory criminal background check determination on file based on a national fingerprint background check.										