

Off-Year Home Checklist

Providers Name:

Date:

Yes No n/a

1. Are there any new areas of your home used for Day Care?
If Yes, which areas: _____
2. Did you have a building inspection prior to using this area? (Submit Inspection report & new floor plan if applicable)
3. Did you have any fires or have to evacuate since your last license year?
4. Are there any changes in your household membership? (Additions, Removals, Child turning 13 yrs, etc.)
5. Has anyone in your household or employment been charged with or convicted of a misdemeanor, gross misdemeanor or felony, or been involved in any court services for any reason since your last licensing year? If yes, explain: _____
6. Has anyone in your household or employment received treatment or counseling for chemical dependency, alcohol, or drugs or other related issues since your last licensing year? If Yes, explain:

7. Has anyone in your daycare received treatment or counseling for chemical dependency, alcohol, or drugs related to issues since your last licensing year? If Yes, explain: _____
8. Are all Infants placed on their backs for sleep? _____
(If you answered "no" list the position, and have the physician's sleep directive form available for your licensor to view.)
9. Is clean, separate bedding provided for each child in care?
10. Does the sheet covering the mattress fit tightly so that it cannot be dislodged by pulling on the corner of the sheet, without causing it to dis-form/bunch the mattress?
11. Have you been conducting Monthly and Annual Crib inspections on all cribs accessible to children?
12. Do you place anything in the crib with an infant? If Yes, what?: _____
13. Do you use a monitor when sleeping infants? Audio or Visual? _____
14. Do you do in person checks on infants? If Yes, how often? _____
15. Do you swaddle infants? If so, do you have written parental consent using the appropriate form?
 Yes No
16. Do you have infants in care younger than 6 months that independently roll on to their stomachs?
If so, do you have 6 month rollover form on file? Yes No
17. Do you have secure gates or doors on all stairways? (Must use when caring for children between 6 and 18 months.)
18. Is water temperature 120 degrees or lower?
19. Is refrigerator temperature 40 degrees or lower?
20. Can lockable doors be unlocked from the outside with a readily available opening device?
21. Are single use wash clothes, towels and/or paper towels used by both the children and the provider?
22. Are you using a non-absorbent surface for diapering?

Yes No n/a

23. Do you have the proper Bleach disinfectant in place? What product do you use? _____
24. Are combustibile items (e.g. plastic, fabric & wood) 18 or more inches from a gas or fuel –oil heater or furnace?
25. Is your indoor and outdoor garbage inaccessible to infants and toddlers?
26. If you have any poisonous plants, are they inaccessible to infants and toddlers?
27. Are all firearms (including airsoft guns) unloaded, locked and stored in an inaccessible are to children?
(Ammunition must also be stored in a separate, locked area)
28. Do you have an operable flashlight, portable radio or television in your home?
29. Is your indoor air temperature at a minimum of 62 Degrees?
30. Do you have your license posted in a prominent location?
31. Do you use a wading pool or swimming pool? (circle which one is used)
If Yes, are permission slips signed? Yes No
32. Are all electrical outlets, accessible to children, covered or protected when not in use?
33. Are all hazardous items in your kitchen and bathrooms locked or inaccessible?
34. Are you on a food program? If yes, name of program: _____
35. Are all bottle and food items brought from home properly labeled with the child's name?
36. Do you use any substitutes to care for daycare children in your absence?
If yes Name of individual(s): _____
Do You Use a Substitute Tracking Form? Yes No
37. Do you have a smoke detector in working order installed in all required areas of your home?
38. Do you have carbon monoxide detectors within 10 feet of all sleeping areas?
39. Has your fire extinguisher been serviced and tagged this year? Date last serviced: _____
40. Is your fire Extinguisher in or near the kitchen or cooking area?
41. Do you or any of your Caregivers transport children 9 years old or younger?
If Yes, are all caregivers current in their CARS training? Yes No
42. Do you have your Emergency Preparedness Plan Completed?
Have you and all caregivers been training annually? Yes No
43. Do you have children in care with known allergies?
Do you have the appropriate Allergy Form on file? Yes No
Have you and all caregivers been trained annually? Yes No
44. Do you have a Sharps container to dispose of sharp items used for a child with special care needs?
If so, is the sharps container out of reach of children in care? Yes No
45. If you don't have a landline, is your cell phone accessible and charged at all times?

Yes No n/a

46. Do you take the following with you on all field trips?
 First Aid Kit Emergency Phone Numbers Admissions & Arrangement forms on each child.
of parents & child's physician & dentist

Does your First Aid Kit Include:

- | | | |
|---|--|--|
| <input type="checkbox"/> Sterile Compresses | <input type="checkbox"/> Scissors | <input type="checkbox"/> Disposable Gloves |
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Mild Liquid Soap | <input type="checkbox"/> Disposable Bags & Ties |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Oral/Surface Thermometer | <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> Ice/Cold Pack | <input type="checkbox"/> Current First Aid Manual
(Newer than 10 years old) | <input type="checkbox"/> Admission & Arrangement Forms |
| | | <input type="checkbox"/> Emergency Preparedness Plan |

47. Do you allow access to the parent or legal guardian at all times while their child is in care?
48. Do you have Well Water? If So, when was it last tested: _____
49. Do you have Liability Insurance? If so, what is the renewal date: _____
50. Do you have any children's parents receiving CCAP funds? If so, do you keep daily Attendance Records?
 Yes No
51. Do you have any pets? If so, list the pets that you have: _____
Are all Pets current on their rabies vaccinations? Yes No
52. Have you had a serious injury (needing medical attention) or death of a child in care since your last licensing visit? (Must be reported immediately) If Yes, date: _____
53. Have you had any suspected cases of physical or sexual abuse or neglect? (Must be reported immediately)

Date you viewed the SUID/AHT Videos:

List other staff that viewed the SUID/AHT Videos:

Name:	Date:
Name:	Date:

Do you want a change in your license classification? If so, please state change:

List any concerns you wish to talk about during your licensor's visit or any areas of the day care rules you'd like clarified:

Provider's Signature:	Date:
Co-Provider's Signature:	Date: