



Bureau of Child Development, Child Care Licensing Program

childcarelicensing.utah.gov

DWS FFN PROVIDER

INITIAL APPROVAL INSPECTION

| | | | |
|--------------------------|---|------------------|----------------------|
| Provider's Name: | Location Address: Provider's Home Child(ren)'s Home | Facility Number: | |
| Provider's Phone Number: | | Licensors(s): | |
| Provider's Email: | | | |
| Inspection Date: | Start Time: | End Time: | Attempted Inspection |

C - Compliance
NC - Noncompliance

| Noncompliant Findings Your application will be denied if you don't show compliance by: | First Follow-Up | Second Follow-Up | Third Follow-Up |
|--|-----------------|------------------|-----------------|
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |
| | C NC | C NC | C NC |

Number of noncompliant findings:

If the only noncompliant findings were missing documentation, you must submit the documentation to your licensor. Remember to have your name on all documents.

If you don't show compliance by the required date, your application will be denied and you won't be eligible to receive child care payments from the Department of Workforce Services (DWS).

Provider's Signature:

First Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

Second Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

Third Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

PROVIDER INFORMATION

When Care Will Be Provided:

DWS Customer Name:

DWS Customer Name:

Number of Children:

Number of Children:

Relationship:

Grandparent Aunt/Uncle Cousin
 Sibling Over Age 18 Friend/Neighbor

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Grandparent Aunt/Uncle Cousin
 Sibling Over Age 18 Friend/Neighbor

Children's Names and Ages:

Children's Names and Ages:

Notes (Include information from Sticky Notes):

BEFORE THE INSPECTION

Review the Sex Offender Registry and remind the provider those people cannot have unsupervised access to children. Have the provider sign the DWS Payment to Provider Terms and Conditions document.

Ask: ➤ Is the home sub-divided with renters and/or landlords living in other areas of the home?
 If the home is sub-divided, determine if the renters and/or landlords live in the same home as the provider.
 Living in the same home means the individuals:

- daily share a bathroom, kitchen, and/or living area with others in the home; or
- don't have a signed rental/lease agreement with the person who owns the home; or
- don't have a separate mailing address and mailbox (A Post Office Box is not a separate mailing address); or
- don't live in an area with a separate outside entrance and no interior doorway (inside the home) between the living areas; or
- could have unsupervised access to the children in care.

Do renters and/or landlords live in the same home as the provider ?

Yes No

Yes No

Explain the inspection process. Include in the explanation that:

- you will look in everything below 36 inches in accessible rooms
- you will look in everything below 36 inches and in everything above 36 inches from surfaces in the bathroom
- you will look to be sure there are no "extra" children or illegal items in inaccessible areas
- you will assess outdoor play areas and out buildings

INSPECTION

EXPLANATION OF HEALTH & SAFETY REGULATIONS

| C - Compliance NC - Noncompliance NA - Not Applicable | | | Compliance | | | Notes | | | | | | | | |
|---|---|--|------------------------|--------------------------|---|---|---|---|---|--|---|----|----|--|
| 1) a) i) | ask if needed | ➤ Are you at least 18 years old? | C | NC | NA | | | | | | | | | |
| 1) b) | ask ask | When care will be in the provider's home - ➤ Do the children live here? When care will be in the child(ren)'s home - ➤ Do you live here? | C | NC | NA | | | | | | | | | |
| 1) c) | ask if needed | If the provider lives in the same home as the child(ren) - ➤ Are you a sibling of the child(ren)? | C | NC | NA | | | | | | | | | |
| 1) d) | ask | ➤ Are you a parent of the child(ren) who will be in care for payment? | C | NC | NA | | | | | | | | | |
| 1) e) | ask | When care is in the child(ren)'s home - ➤ Is a parent of the child(ren), including a DWS customer working from home, here when care is provided? | C | NC | NA | | | | | | | | | |
| 3) a) i) ii) 3) b) i) ii) | ask calculate | All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care. ➤ Other than the children of the DWS customer(s), will there be any other children younger than 13 in the home when care is provided? If yes, how many? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">provider's home</th> <th style="width:50%;">child(ren)'s home</th> </tr> </thead> <tbody> <tr> <td>When all children in care are siblings who are related to the provider and there are no other children in care - no limit</td> <td>When all children in care are siblings and there are no other children in care - no limit</td> </tr> <tr> <td>When there are children in care who are not siblings who are related to the provider - no more than 8 children and no more than 2 of those children can be younger than 2-years-old</td> <td>When there are children in care who are not siblings - no more than 8 children and no more than 2 of those children can be younger than 2-years-old</td> </tr> <tr> <td>(License or RC required when there are more than 4 unrelated children in care.)</td> <td>(Only the children living in the home can be in care.)</td> </tr> </tbody> </table> | provider's home | child(ren)'s home | When all children in care are siblings who are related to the provider and there are no other children in care - no limit | When all children in care are siblings and there are no other children in care - no limit | When there are children in care who are not siblings who are related to the provider - no more than 8 children and no more than 2 of those children can be younger than 2-years-old | When there are children in care who are not siblings - no more than 8 children and no more than 2 of those children can be younger than 2-years-old | (License or RC required when there are more than 4 unrelated children in care.) | (Only the children living in the home can be in care.) | C | NC | NA | |
| provider's home | child(ren)'s home | | | | | | | | | | | | | |
| When all children in care are siblings who are related to the provider and there are no other children in care - no limit | When all children in care are siblings and there are no other children in care - no limit | | | | | | | | | | | | | |
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| (License or RC required when there are more than 4 unrelated children in care.) | (Only the children living in the home can be in care.) | | | | | | | | | | | | | |
| 4) a) | explain | When the children are indoors, you must be indoors supervising them. When the children are outdoors, you must be outdoors supervising them. The exception is school-age children. They can be outdoors when you are indoors if you can hear them. | C | NC | NA | | | | | | | | | |
| 7) b) i) | ask explain | ➤ Will you take the child(ren) off the premises (for example, to run errands or go to a park)? If yes - You must make the parents aware of this. | C | NC | NA | | | | | | | | | |
| 7) b) ii) | ask explain | ➤ Will you allow the child(ren) to leave the premises, such as to go to a neighbor's house or ride their bikes on the street? If yes - You must make the parents aware of this. | C | NC | NA | | | | | | | | | |

| C - Compliance NC - Noncompliance NA - Not Applicable | | | Compliance | Notes |
|---|----------------|---|------------|-------|
| 4) b) | ask explain | <p>➤ Will there be infants in care? If yes - When they are sleeping, you must supervise them by having them sleep where you can see and hear them or by visually checking on them at least once every 15 minutes.</p> | C NC NA | |
| 5) g) ii) | explain | - You can never place them on their stomachs for sleeping. | C NC NA | |
| 5) i) | ask ask | <p>➤ Are there any animals that will be accessible to the (child)ren? If yes - ➤ Do they have a history of dangerous, attacking, or aggressive behavior?</p> | C NC NA | |
| 6) c) | explain | You must ensure that the children are not subjected to physical, emotional, or sexual abuse while in care. | C NC NA | |
| 6) d) | explain | If you witness or suspect abuse, neglect, or exploitation of the children, you must report it to Child Protective Services. | C NC NA | |
| 6) e) | ask | ➤ If needed, how do you discipline the child(ren)? It cannot be: | | |
| 6) e) i) | explain | - any form of corporal punishment that produces pain or discomfort. | C NC NA | |
| 6) e) ii) | explain | - restraining movement by binding, tying, or other form of restraint. | C NC NA | |
| 6) e) iii) | explain | - shouting at them. | C NC NA | |
| 6) e) iv) | explain | - any form of emotional abuse. | C NC NA | |
| 6) e) v) | explain | - forcing or withholding food, rest, or toileting. | C NC NA | |
| 6) e) vi) | explain | - by confining them in a closet, locked room, or other enclosure such as a box, cupboard, or cage. | C NC NA | |
| 7) a) | explain | The parents of the child(ren) must have access to all areas used for care. [NA when care is in the child(ren)'s home .] | C NC NA | |
| 8) c) | explain | Within 24 hours of its occurrence, you must notify us of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider and submit documentation within 5 days. | C NC NA | |
| 8) d) | explain | Within 48 hours of becoming aware of the conviction, you must notify us of any felony or misdemeanor conviction of a Covered Individual. | C NC NA | |
| 8) e) | explain | Within 10 calendar days of the change, you must notify us of any changes in your name, your telephone number, your child care schedule, and the children in care. | C NC NA | |

| DOCUMENTATION | | | | | | |
|---|----------------|---|------------|----|----|-------|
| C - Compliance NC - Noncompliance NA - Not Applicable | | | Compliance | | | Notes |
| | check database | Was the New Provider Orientation Test completed and submitted? | C | NC | NA | |
| 2) a) | observe | Do all Covered Individuals have current approved background screenings? When care will be in the provider's home : everyone age 12-years old and older who lives in the home When care will be in the child(ren)'s home : everyone 12-years-old and older who lives in the home except the DWS customer(s) and 12- to 17-year-old siblings of children for care | C | NC | NA | |
| Names of Covered Individual(s) and, when applicable, Expiration Date(s) of Background Screening(s): | | | | | | |
| 1) 1) g) | observe | Does the provider have a correctly completed Health and Safety Plan? | C | NC | NA | |
| 9) a) | observe | Does the provider have current First Aid certification? | C | NC | NA | |
| 9) b) | observe | Does the provider have current infant/child CPR certification from a class that included hands-on testing? | C | NC | NA | |
| 1) 1) h) | explain | At least 30 days before the expiration of your approval, you must complete and document at least 5 hours of ongoing training. The training must include the required topics. (Show the location of the technical assistance form.) | C | NC | NA | |
| 10) a) ii) | explain | You must keep a 3 year record of the dates and times each child was in care. (Show the location of the technical assistance form.) | C | NC | NA | |
| 10) a) iii) | explain | You must have documentation of current immunizations for each child who does not attend school. | C | NC | NA | |
| 9) d) | explain | You must conduct and document quarterly fire evacuation drills. (Show the location of the technical assistance form.) | C | NC | NA | |
| 9) e) | explain | You must conduct and document a yearly disaster drill. (Show the location of the technical assistance form.) | C | NC | NA | |

| INDOOR AND OUTDOOR | | | | | | |
|---|-----------------------|---|------------|----|----|-------|
| C - Compliance NC - Noncompliance NA - Not Applicable | | | Compliance | | | Notes |
| 5) b) | observe | Is the home, outdoor area, toys, and equipment maintained in a safe manner to prevent injury to the child(ren)? (This includes when melting wax, such as in a candle warmer, is accessible to children.) | C | NC | NA | |
| 5) c) | observe | Is there a working telephone? | C | NC | NA | |
| 5) d) | observe | Is there a working fire extinguisher? | C | NC | NA | |
| 5) e) | observe | Is there a working smoke detector on each floor of the home? | C | NC | NA | |
| 6) b) | observe | Is there a flushing toilet and a working hand washing sink? | C | NC | NA | |
| 5) f) | ask ask observe | <ul style="list-style-type: none"> ➤ Are there firearms on the premises? If yes - ➤ Are they loaded? - Are they in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock? | C | NC | NA | |
| 5) g) | ask observe | <ul style="list-style-type: none"> ➤ Will there be infants in care? If yes - Is there equipment designed for their sleep? | C | NC | NA | |
| 5) h) i) | observe | Are there prescription medications, over-the-counter medications, vitamins, or herbal supplements that would be accessible? | C | NC | NA | |
| 5) h) ii) | observe | Are there any empty refrigerators or freezers that would be accessible? | C | NC | NA | |
| 5) h) iii) | observe | Are there any exposed live electrical wires that would be accessible? | C | NC | NA | |
| 5) h) iv) | observe | Are there open containers of alcohol that would be accessible? | C | NC | NA | |
| 5) h) v) | observe | Are there illegal substances that would be accessible? | C | NC | NA | |
| 5) h) vi) | ask if not observed | <ul style="list-style-type: none"> ➤ Are there portable space heaters, fireplaces, or wood burning stoves that, when in use, would be accessible? | C | NC | NA | |

| C - Compliance NC - Noncompliance NA - Not Applicable | | | | Compliance | Notes |
|---|---------|---|--|---------------|-------|
| 5) h) vii) | observe | Are there any of the following accessible toxic substances? ammonia anti-freeze bleach (undiluted) corroded batteries drain cleaners energy shots fertilizer with weed killer florescent light tubes gasoline gunpowder gun solvent hydrocarbons insecticide insect repellent iodine jewelry cleaner kerosene laundry detergent pods lighter fluid | linseed oil liquid correction fluids model glue nail glue nail polish remover/other solvents containing acetone paint thinner pesticides rubber cement rubbing alcohol silicone spray spray paint super glue Tiki Torch Fuel tile grout sealer turpentine vinyl adhesive remover water sealant WD-40 weed killer windshield washer fluid | C NC NA | |
| 5) h) viii) | observe | Are there poisonous plants that would be accessible? | | C NC NA | |
| 5) h) ix) | observe | Are there open flames that would be accessible? | | C NC NA | |
| 6) a) | observe | Is there a clean and sanitary environment for the child(ren)? | | C NC NA | |

OUTDOOR (N/A when there is no outdoor area)

| C - Compliance NC - Noncompliance NA - Not Applicable | | | Compliance | Notes |
|---|---------------------------------|--|---------------|-------|
| 5) j) i) (1) | observe | Are there unanchored swings and/or large metal slides that would be accessible? | C NC NA | |
| 5) j) i) (2) | observe measure if needed | Are there raised decks or balconies or open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 inches by 5 inches that would be accessible? | C NC NA | |
| 5) j) l) (3) | observe | Are there motor vehicles on blocks that would be accessible? | C NC NA | |
| 5) j) i) (4) | observe | Are there rebar or metal rods less than 36 inches long sticking up from the ground or out of walls that would be accessible? | C NC NA | |
| 5) j) ii) | observe | Is there stationary play equipment over hard surfaces such as cement or asphalt that would be accessible? | C NC NA | |
| 4) e) | observe ask | <ul style="list-style-type: none"> ➤ Is there a trampoline? If yes ➤ How will you supervise children when they are on the trampoline? | C NC NA | |
| 4) c) | ask ask | <ul style="list-style-type: none"> ➤ Will you use wading pools? If yes ➤ How will you supervise children in the wading pool? | C NC NA | |
| 4) d) | observe ask | <ul style="list-style-type: none"> ➤ Is there a swimming pool that's not emptied after each use? If yes ➤ How will you supervise children when they are in the swimming pool? | C NC NA | |
| 5) j) iii) | observe ask | <ul style="list-style-type: none"> Is there equipment? If yes ➤ How will you ensure equipment be used in a safe manner to prevent injury to the child(ren)? (Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.) | C NC NA | |
| Yes No If yes, background screenings for all Covered Individuals who live in the same home as the provider were assessed and all areas occupied by individuals who live in the same home as the provider were assessed. | | | | |