

HOURLY CHILD CARE CENTER ANNOUNCED INSPECTION

Date: _____

Facility Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Director's Name: _____

Notes: _____

√	LEVEL	R430-60-	KEY WORDS	NOTES
	1	430-3-9(1)(e)	allow access to facility to ascertain rule compliance	
<i>PARENT AREA - OBSERVATION</i>				
	1,2	11(1)	sign-in and sign-out	
	3	13(1)(a)	evacuation routes	
	3	430-2-10(2)	post license	
	3	430-2-9(1)	license reflects changes	
<i>PARENT AREA - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i>				
	2	11(1)	What do you do when someone you don't know wants to pick up a child?	
<i>TELEPHONE - OBSERVATION</i>				
	1	13(1)(b)	working telephone	
	2	13(1)(c)	emergency phone numbers posted	
<i>INFANT AREA - OBSERVATION</i>				
	1	13(10)(b)	appropriate size furniture safety straps on high chairs	
	1	13(10)(h)	no walkers with wheels	
	2	13(15)	70 degrees at floor level	
	3	15(8)	baby food labeled with child's name	

√	LEVEL	R430-60-	KEY WORDS	NOTES
<i>INFANT AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	2	13(10)(c)	How often do you clean and sanitize toys?	
	2	15(10)	How do you feed infants who are not yet able to sit up and hold a bottle?	
	2	15(5)	How often do you wash, rinse and sanitize high chair trays ?	
	2	15(9)	How long do you keep infant formula and breast milk after a feeding or initiating a feeding?	
<i>DIAPER AREA - OBSERVATION</i>				
	1	13(5)(b)	separate from food areas	
	1,2	13(5)(d)	railing	
	2	13(5)(c)	hand sink with soap and hot and cold running water with changing surface within three feet	
	2,3	13(5)(d)	non-absorbent diapering surface sanitary diaper container	
	3	13(5)(a)	diaper changing procedures posted	
<i>CHILDREN INDOOR AREA - OBSERVATION</i>				
	1	5(3)	direct supervision	
	1,2,3	9(1)	ratios 1:12 with no children under age 2 1:8 with 3 children under age 2 1:6 with 4 children under age 2	
	1,2,3	430-2-4(4)(c)	maximum capacity	
	1,2	12(2)	35 square feet per child	
	1	13(2)	lighters and matches inaccessible	
	1,2	13(10)(f)	no indoor equipment over 3 feet	
	1,2,3	13(10)	equipment and furniture in good repair	
	1,2,3	13(10)(a)	equipment safety	
	1,2,3	13(10)(g)	debris, paint, wallpaper, plaster, walls, floors, ceilings, rugs	
	1,2,3	5(1)	licensee supervises program	

√	LEVEL	R430-60-	KEY WORDS	NOTES
	1	13(10)(b)	safety straps on high chairs	
	1	13(10)(d)	sharp objects, medicines, plastic bags, poisonous plants, chemicals	
	1	13(10)(f)	cushioning in 6 foot fall zone	
	2	13(10)(b)	age appropriate furniture	
	2,3	13(13)	adequate housekeeping	
	2	13(1)(a)	fire extinguishers inspected annually	
	2	13(10)(e)	electrical outlets	
	2	13(15)	between 72 and 85 degrees	
	2	12(1)	age-appropriate activities sufficient supplies available	
<i>CHILDREN'S INDOOR AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	2	9(2)	How many children under the age of 2 may be cared for when there are only 2 care givers?	
	2	9(3)	If you are the only care giver and there are no children under 2 in care, can you exceed the 1:12 ratio? If yes, by how many and for how long?	
	2	9(5)	When do you have children under 2 years of age in a separate area?	
	2	9(6)	When do you count staff children in ratios?	
<i>SLEEP AREA - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i>				
	2	13(16)	How often do you clean and sanitize mats and sleeping equipment?	
<i>BATHROOM - OBSERVATION</i>				
	2,3	13(8)	toilet paper liquid hand soap facial tissues single use paper towels or warm air hand dryers	
	1,2	13(11)	hot water not over 120 degrees	
	1,2	13(17)	number of toilets - 1:15 direct supervision when public bathrooms are used	

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	3	13(7)	hand washing procedures posted	
<i>BATHROOM - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	2	13(4)	How often do you clean and sanitize the toilets?	
	2	13(7)	What are your hand washing policies?	
	2	13(7)(a)	How long are hands washed?	
	2	13(7)(b)	How do you teach children proper hand washing and over see hand washing?	
	2	13(7)(c)	When do children and caregivers wash hands?	
<i>FIRST AID AND BODILY FLUIDS CLEAN-UP KIT - OBSERVATION</i>				
	2,3	13(9)	first aid kit and portable blood and bodily fluid clean- up kit	
<i>FIRST AID AND BODILY FLUIDS CLEAN-UP KIT - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF</i>				
	2	13(9)	When and how do you use the first aid kit? the bodily fluids clean-up kit?	
<i>FOOD AREA - OBSERVATION</i>				
	2	15(3)(b)	labeled with the child's name	
	2	15(1)	Food Service Sanitation Regulations local health department regulations	
<i>FOOD AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	2	15(7)	Are any children on special diets, formula, breast milk or food supplements? How do you obtain parental permission to for these?	
	2,3	15(6)	Do you serve meals and snacks? How often?	
	3	15(5)	On what do you serve children's food?	
	3	15(3)(a)	Do parents ever bring in food for all of the children? Is it home-made or store bought?	

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<i>ANIMALS - OBSERVATION</i>				
	1	14(1)(d)	not dangerous or aggressive	
	1,3	14(1)(a)	clean and in good health	
	3	14(1)(b)	confined or under control	
	3	14(1)(e)	not in food areas	
<i>ANIMALS - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	2	14(4)	How do children interact with reptiles?	
	3	14(2)	Who is responsible for the cleaning of animals and cages?	
<i>MEDICATION - OBSERVATION</i>				
	1,2	10(6)	secured from access to children	
	1,2	10(7)	refrigerated packaging and container	
	2	10(3)	medication release form:	
	2	10(3)(a)	name of medication	
	2	10(3)(b)	dosage	
	2	10(3)(c)	route of administration	
	2	10(3)(d)	times and dates to be administered	
	2	10(3)(e)	illness or conditions	
	2	10(3)(f)	parent signature	
	3	10(4)	medication records:	
	3	10(4)(a)	times, dates, and dosages	
	3	10(4)(b)	signature of initials of care giver who administered medication	
	3	10(4)(c)	errors in administration or adverse reactions	
	3	10(8)	return unused and out-of-date medications	

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<i>MEDICATION - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF</i>				
	1	10(5)	What would you do if a child has an adverse reaction to a medication or an error is made in the administration of a medication?	
	1,3	10(1)	Are you responsible for giving medications?	
	1,3	10(2)	If you give medications, what training have you had in the administration of medications?	
<i>OUTSIDE AREA - OBSERVATION</i>				
	1	12(3)	40 square feet per child	
	1	12(4)	gaps no larger than 3½ in	
	1,2	13(14)	entrances, exits, steps, and outside walkways	
	2	12(4)	4 ft fence or natural barrier	

√	LEVEL	R430-60-	KEY WORDS						NOTES						
PERSONNEL RECORDS															
SAMPLE				PERCENTAGES						S1	S2	S3	S4	S5	S6
Total #	Review	Missing	15	12	10	8	6								
1-6	All	1	93%	92%	90%	88%	83%								
7-12	6	2	87%	83%	80%	75%	67%								
13-20	8	3	80%	75%	70%	63%	50%								
21-40	10	4	73%	67%	60%	50%	33%								
41-60	12	5	67%	58%	50%	38%	16%								
61-80+	15	6	60%	50%	40%	25%	0%								
1		430-6(5)(3)	cleared BCI												
3		6(1)	orientation training												
3		6(7)	TB screening (within 2 wks)												
3		6(3)	First Aid and CPR												
3		7(2)(a)	documentation of cleared BCI												
3		7(2)(b)	in-service training records												
3		6(6)	date, topics, name, organization on training records												
3		9(4)	on call staff can arrive within 20 min												
PERSONNEL RECORDS															
SAMPLE				PERCENTAGES						S7	S8	S9	S10	S11	S12
Total #	Review	Missing	15	12	10	8	6								
1-6	All	1	93%	92%	90%	88%	83%								
7-12	6	2	87%	83%	80%	75%	67%								
13-20	8	3	80%	75%	70%	63%	50%								
21-40	10	4	73%	67%	60%	50%	33%								
41-60	12	5	67%	58%	50%	38%	16%								
61-80+	15	6	60%	50%	40%	25%	0%								
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3		6(7)	TB screening (within 2 wks)												
3		6(3)	First Aid and CPR												
3		7(2)(a)	documentation of cleared BCI												
3		7(2)(b)	in-service training records												
3		6(6)	date, topics, name, organization on training records												
3		9(4)	on call staff can arrive within 20 min												

√	LEVEL	R430-60-	KEY WORDS	NOTES
<i>TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF IS FURTHER CLARIFICATION IS NEEDED</i>				
	1	430-6-5(3)	Did you complete a BCI form when hired?	
	2	6(3)	Any staff alone in center: Do you have current First Aid and CPR?	
	2,3	6(1)	Did you complete orientation training before being alone with the children which included:	
	2	6(1)(a)	health and safety procedures and handling emergencies and accidents?	
	2	6(1)(c)	discipline?	
	2	6(1)(d)	reporting abuse?	
	2	6(1)(e)	releasing children?	
	3	6(1)(b)	job responsibilities?	
	2	6(4)	Have you received 10 hours of annual training which included:	
	2	6(4)(a)	accident prevention and safety?	
	2	6(4)(b)	positive guidance?	
	2	6(4)(c)	child development?	
	2	6(4)(d)	age appropriate activities?	
	2	6(5)	If you care for infants or toddlers, did your annual training include:	
	2	6(5)(a)	preventing Shaken Baby?	
	2	6(5)(b)	coping with crying babies?	
	2	6(5)(c)	preventing SIDS?	
	2	9(4)	Is there an on-call staff person who can arrive within 20 minute of being called?	
	3	6(7)	Have you been employed more than 2 weeks? Have you received a TB screening?	

√	LEVEL	R430-60-	KEY WORDS					NOTES						
CHILDREN RECORDS														
SAMPLE				PERCENTAGES					C1	C2	C3	C4	C5	C6
Total #	Review	Missing	15	12	10	8	6							
1-6	All	1	93%	92%	90%	88%	83%							
7-12	6	2	87%	83%	80%	75%	67%							
13-20	8	3	80%	75%	70%	63%	50%							
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41-60	12	5	67%	58%	50%	38%	16%							
61-80+	15	6	60%	50%	40%	25%	0%							
	2	7(1)	admission agreement:											
	2	7(1)(a)	child's name and nickname											
	2	7(1)(b)	parent's name and emergency phone number if not on site											
	2	7(1)(c)	attestation and health evaluation: (i)allergies and sensitivities (ii)medical conditions and current immunizations											
	2	7(1)(d)	name of child's physician											
	2	11(2)	permission for emergency medical treatment											
	2	11(2)	injuries and incidents reports											
SAMPLE				PERCENTAGES					C7	C8	C9	C10	C11	C12
Total #	Review	Missing	15	12	10	8	6							
1-6	All	1	93%	92%	90%	88%	83%							
7-12	6	2	87%	83%	80%	75%	67%							
13-20	8	3	80%	75%	70%	63%	50%							
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	2	7(1)(a)	child's name and nickname											
	2	7(1)(b)	parent's name and emergency phone number if not on site											
	2	7(1)(c)	attestation and health evaluation: (i)allergies and sensitivities (ii)medical conditions and current immunizations											
	2	7(1)(d)	name of child's physician											
	2	11(2)	permission for emergency medical treatment											
	2	11(2)	injuries and incidents reports											

√	LEVEL	R430-60-	KEY WORDS	NOTES
<i>OTHER RECORDS</i>				
	1	430-6(5)(1)	renewal BCI clearances	
	1,2,3	13(1)	written emergency and disaster plan	
	1,2,3	13(1)	fire and disaster drills	
	1	14(1)(c)	rabies records	
	2	13(3)	tobacco, alcohol, illegal substances or sexually explicit materials	
	3	R430-3-14(5)	copies of approved variances	
<i>POTENTIAL QUESTIONS THAT MAY BE ASKED OF DIRECTOR</i>				
	1	430-6-4(1)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did you obtain a written and signed statement attesting that person has not been convicted or a felony or misdemeanor or have s supported finding with DHS?	
	1	430-6-4(2)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, did that person count in ratios?	
	1	430-6-4(3)	Have you had to use an emergency caregiver who did not have a BCI clearance? If so, how did you ensure that person had minimum contact with the children?	
	1	430-6-6(7)	Have you or any covered individuals been arrested, charged or convicted or a crime?	
	1	8(3)	What type of discipline cannot be used?	
	1	8(3)(a)	corporal punishment	
	1	8(3)(b)	restraining by binding or tying	
	1	8(3)(c)	abusive, demeaning, or profane language	
	1	8(3)(d)	forcing or withdrawing food, rest, or bathroom	
	1	8(3)(e)	confining a child in a locked room	

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	1	13(18)	How do you ensure there are no firearms or weapons accessible to children?	
	2	14(3)	How do you inform parents of animals at the facility?	
	2	5(2)	How do you meet the qualifications to be the center's director?	
	2	6(2)	What are your minimum care giver qualifications?	
	2	11(4)	What is your policy concerning how long a child can cry before a parent is contacted?	
	2,3	13(12)	How do you ensure there are no insects, rodents, and other vermin on the premises?	
	3	5(1)(b)	Do you have policies and procedures for the health and safety of children?	
	3	5(1)(c)	Who is the director designee?	
	3	8(1)	Do you have rules of conduct for children, parents and staff?	
	3	430-2-8(1)	Has your ownership or controlling interest changed?	
	3	13(1)(b)	How would you keep Licensing informed if the center's phone number changes?	
	3	11(3)	What is your procedure for informing Licensing if a child needs emergency medical treatment? a fatality? hospitalization?	
	3	13(6)	What is your practice if a child's clothing becomes soiled with fecal material or urine?	

