Early Childhood National Centers

NATIONAL CENTER ON
Early Childhood Health and Wellness

CARING FOR OUR CHILDREN BASICS: PROGRAM REVIEW TOOL

for Center-Based Programs and Family Child Care Homes

Introduction

Center-based programs and family child care homes protect the health and safety of children in their care. This is hard work, so it's essential to have a good plan.

This Program Review Tool lists the minimum health and safety standards for child care settings outside of the home. It covers 8 practical content areas from *"Caring for Our Children Basics."* The tool is a fillable PDF, so you can update it over time.

Use the tool to:

- Assess your current health and safety practices.
- Identify where practices should be stronger.
- Develop strategies and plans for professional development.

Once the "basics" are met, your center-based program or family child care home can continue to strengthen health and safety practices by consulting *"Caring for Our Children, 3rd Edition*," which has more standards and explanations for why each standard is important.

About "Caring for Our Children Basics"

"Caring for Our Children Basics" was developed by child development, health, and safety experts working in and outside of government, with leadership from the Office of Child Care, Office of Head Start, Office of the Deputy Assistant Secretary for Early Childhood Development, and the Maternal and Child Health Bureau/Health Resources and Services Administration (HRSA). It is based on *"Caring for Our Children: National Health and Safety Performance Standards;* 3rd Edition*,"* developed by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, with funding from the Maternal and Child Health Bureau/ HRSA.

Instructions

The form is a fillable PDF, so you can add more detail over time. The instructions are:

1. Read the standard.
2. Evaluate if your center-based program or family child care home meets the standard. (Note: Nearly every standard applies to all settings. The few that apply only to family child-care homes are marked with an icon .)
3. Use “Next Steps” to add notes or action items.

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Staffing						
1.1.1.1-1.1.1.5 Ratios for Centers and Family Child Care Homes						
Appropriate ratios are kept during all hours of program operation.	☐	☐	☐	☐	☐	
Children with special health care needs or who require more attention due to certain disabilities have additional staff on-site.	☐	☐	☐	☐	☐	
In center-based care, child-provider ratios are consistent with the guidelines outlined in *CFOC Basics*.	☐	☐	☐	☐	☐	
In family child care homes, the provider's own children under the age of 6, as well as any other children in the home temporarily requiring supervision, are included in the child: provider ratio.	☐	☐	☐	☐	☐	
In family child care settings where there are mixed age groups that include infants and toddlers, a maximum ratio of 6:1 is maintained and no more than two of the children are 24 months or younger.	○	☐	☐	☐	☐	
In family child care homes if all children in care are 3 years old, a maximum ratio of 7:1 is preserved.	☐	☐	☐	☐	☐	
In family child care homes if all children in care are 4 to 5 years of age, a maximum ratio of 8:1 is maintained.	☐	☐	☐	☐	☐	

	Child Care Centers
Age	**Maximum Child: Provider Ratio**
≤ 12 months	4:1
13-23 months	4:1
24-35 months	4:1-6:1
3-year-olds	9:1
4- to 5-year-olds	10:1

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
1.2.0.2 Background Screening						
All caregivers/teachers and staff in early care and education settings (in addition to any individual age 18 and older, or a minor over age 12 if allowed under State law and if a registry/database includes minors, residing in a family child care home) have undergone a complete background screening upon employment.	☐	☐	☐	☐	☐	
Background screenings are conducted once at least every five years after employment.	☐	☐	☐	☐	☐	
Background screenings are conducted as expeditiously as possible and completed within 45 days after hiring.	☐	☐	☐	☐	☐	
Caregivers/teachers and staff do not have unsupervised access to children until screening has been completed.	☐	☐	☐	☐	☐	
Consent to background investigation has been obtained for employment consideration.	☐	☐	☐	☐	☐	
The comprehensive background screening includes the following criteria:						
a. A search of the State criminal and sex offender registry or repository in the State where the child care staff member resides, and each State where such staff member resided during the preceding 5 years;	☐	☐	☐	☐	☐	
b. A search of State-based child abuse and neglect registries and databases in the State where the child care staff member resides, and each State where such staff member resided during the preceding 5 years; and	☐	☐	☐	☐	☐	
c. A Federal Bureau of Investigation fingerprint check using Next Generation Identification.	☐	☐	☐	☐	☐	
Directors/programs review employment applications to assess relevancy of any issue uncovered by the complete background screening, including any arrest, pending criminal charge, or conviction, and use this information in employment decisions in accordance with state laws.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
1.4.1.1/1.4.2.3 Pre-Service Training/Orientation						
Before or during the first three months of employment, training and orientation are provided that detail health and safety issues for early care and education settings including, but not limited to the following training topics:						
• typical and atypical child development;	☐	☐	☐	○	○	
• pediatric first aid and CPR;	☐	☐	☐	☐	☐	
• safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID);	☐	☐	☐	☐	☐	
• poison prevention;	○	○	○	☐	☐	
• shaken baby syndrome and abusive head trauma;	☐	☐	☐	☐	☐	
• standard precautions;	☐	☐	☐	☐	☐	
• emergency preparedness;	☐	☐	☐	☐	☐	
• nutrition and age-appropriate feeding;	☐	☐	☐	☐	☐	
• medication administration; and	☐	☐	☐	☐	☐	
• care plan implementation for children with special health care needs.	☐	☐	☐	☐	☐	
Caregivers/teachers complete training before administering medication to children. See *Standard 3.6.3.3* for more information.	☐	☐	☐	☐	☐	
All directors or program administrators and caregivers/teachers document receipt of training.	☐	☐	☐	☐	☐	
Providers should not care for children unsupervised until they have up-to-date documentation of *satisfactory training* in:						
• pediatric first aid and CPR;	☐	☐	☐	☐	☐	
• safe sleep practices, including risk reduction of Sudden Infant Death Syndrome/Sudden Unexplained Infant Death (SIDS/SUID);	☐	☐	☐	☐	☐	
• standard precautions for the prevention of communicable disease;	☐	☐	☐	☐	☐	
• poison prevention;	☐	☐	☐	☐	☐	
• prevention of shaken baby syndrome/abusive head trauma.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
1.4.3.1 First Aid and CPR Training for Staff						
All staff members involved in providing direct care to children have up-to-date documentation of satisfactory completion of training in pediatric first aid and current certification in pediatric CPR.	☐	☐	☐	☐	☐	
Records of successful completion of training in pediatric first aid and CPR are maintained in the personnel files of the facility.	☐	☐	☐	☐	☐	
1.4.4.1/1.4.4.2 Continuing Education for Directors, Caregivers/ Teachers in Centers, and Family Child Care Homes						
Directors and caregivers/teachers have completed intentional and sequential education/professional development in child development programming and child health, safety, and staff health based on individual competency and any special needs of the children in their care.	☐	☐	☐	☐	☐	
1.4.5.2 Child Abuse and Neglect Education						
Caregivers/teachers are educated on child abuse and neglect to establish child abuse and neglect prevention and recognition strategies for children, caregivers/teachers, and parents/guardians.	☐	☐	☐	☐	☐	
This education addresses physical, sexual, and psychological or emotional abuse and neglect. Caregivers/teachers are mandatory reporters of child abuse or neglect.	☐	☐	☐	☐	☐	
Caregivers/teachers are trained in compliance with their state's child abuse reporting laws.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Program Activities for Healthy Development						
2.1.1.4 Monitoring Children's Development/Obtaining Consent for Screening						
Programs have a process in place for age-appropriate developmental and behavioral screenings for all children at the beginning of enrollment in the program.	○	○	○	○	○	
Behavioral screenings are conducted at least yearly thereafter, and as developmental concerns become apparent to staff and/or parents/ guardians. Providers either choose to conduct screenings themselves; partner with a local agency/ health care provider/specialists who would conduct the screening; or work with parents in connecting them to resources to ensure that the screening occurs.	○	○	○	☐	☐	
The screening process consists of parental/guardian education, consent, and participation as well as connection to resources and support, including the primary health care provider, as needed.	☐	☐	☐	☐	☐	
Results of screenings are documented in child records.	☐	☐	☐	☐	☐	
2.1.2.1/2.1.3.1 Personal Caregiver/ Teacher Relationships for Birth to Five-Year-Olds						
Programs have implemented relationship-based policies and program practices that promote consistency and continuity of care especially for infants and toddlers.	☐	☐	☐	☐	☐	
Early care and education programs provide opportunities for each child to build emotionally secure relationships with a limited number of caregivers/ teachers.	☐	☐	☐	☐	☐	
The program is prepared for children with special health care needs who may require additional specialists to promote health and safety and to support learning.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
2.2.0.1 Methods of Supervision of Children						
In center-based programs, caregivers/teachers directly supervise children under age 6 by sight and sound at all times.	☐	☐	☐	☐	☐	
In family child care settings, caregivers directly supervise children by sight or sound. When children are sleeping, caregivers may supervise by sound with frequent visual checks.	☐	☐	☐	☐	☐	
Developmentally appropriate child-to-staff ratios are met during all hours of operation, and safety precautions for specific areas and equipment are followed.	☐	☐	☐	☐	☐	
Children under the age of 6 are never inside or outside by themselves.	☐	☐	☐	☐	☐	
2.2.0.4 Supervision Near Water						
Constant and active supervision is maintained when any child is in or around water.	☐	☐	☐	☐	☐	
During swimming and/or bathing where an infant or toddler is present, the ratio is always one adult to one infant or toddler.	☐	☐	☐	☐	☐	
During wading and/or water play activities, the supervising adult is within an arm's length providing "touch supervision."	☐	☐	☐	☐	☐	
Programs ensure that all pools have drain covers that are used in compliance with the Virginia Graeme Baker Pool and Spa Safety Act.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
2.2.0.8 Preventing Expulsions, Suspensions, and Other Limitations in Services						
Programs have a comprehensive discipline policy that includes developmentally appropriate social-emotional and behavioral health promotion practices as well as discipline and intervention procedures that provide guidance on what caregivers/teachers and programs should do to prevent and respond to challenging behaviors.	☐	☐	☐	☐	☐	
Programs ensure all caregivers/teachers have access to pre- and in-service training on such practices and procedures.	☐	☐	☐	☐	☐	
Practices and procedures are clearly communicated to all staff, families, and community partners, and implemented consistently and without bias or discrimination.	☐	☐	☐	☐	☐	
Preventive and discipline practices are used as learning opportunities to guide children's appropriate behavioral development.	☐	☐	☐	☐	☐	
Programs have established policies that eliminate or severely limit expulsion, suspension, or other exclusionary discipline (including limiting services); these exclusionary measures are used only in extraordinary circumstances where there are serious safety concerns that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
2.2.0.9 Prohibited Caregiver/Teacher Behaviors						
The following behaviors are prohibited:						
a. The use of corporal punishment\ including, but not limited to: i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; iv. Exposing a child to extremes of temperature.	☐	☐	☐	☐	☐	
b. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;	☐	☐	☐	☐	☐	
c. Binding, tying to restrict movement, or taping the mouth;	☐	☐	☐	☐	☐	
d. Using or withholding food or beverages as a punishment;	☐	☐	☐	☐	☐	
e. Toilet learning/training methods that punish, demean, or humiliate a child;	☐	☐	☐	☐	☐	
f. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;	☐	☐	☐	☐	☐	
g. Any abuse or maltreatment of a child;	☐	☐	☐	☐	☐	
h. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;	☐	☐	☐	☐	☐	
i. Any form of public or private humiliation, including threats of physical punishment (1);	☐	☐	☐	☐	☐	
j. Physical activity/outdoor time taken away as punishment;	☐	☐	☐	☐	☐	
k. Placing a child in a crib for a time-out or for disciplinary reasons.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Health Promotion and Protection						
3.1.3.1 Active Opportunities for Physical Activity						
Programs promote developmentally appropriate active play for all children, including infants and toddlers, every day.	☐	☐	☐	☐	☐	
Children have opportunities to engage in moderate to vigorous activities indoors and outdoors, weather permitting.	☐	☐	☐	☐	☐	
3.1.4.1 Safe Sleep Practices and SIDS Risk Reduction						
All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP).	☐	☐	☐	☐	☐	
Cribs are compliant with current U.S. Consumer Product Safety Commission (CPSC) and ASTM International safety standards. See *Standard 5.4.5.2* for more information.	☐	☐	☐	☐	☐	
3.1.5.1 Routine Oral Hygiene Activities						
Caregivers/teachers promote good oral hygiene through learning activities including the habit of regular tooth brushing.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.2.1.4 Diaper Changing Procedure						
Programs follow and post the following diaper changing procedure:						
Step 1: Before bringing the child to the diaper changing area, perform hand hygiene and bring supplies to the diaper changing area. Step 2: Carry/bring the child to the changing table/surface, keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child. Step 3: Clean the child's diaper area. Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine. Step 5: Put on a clean diaper and dress the child. Step 6: Wash the child's hands and return the child to a supervised area. Step 7: Clean and disinfect the diaper - changing surface. Dispose of the disposable paper liner if used on the diaper changing surface in a plastic-lined, hands-free, covered can. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home. Step 8: Perform hand hygiene and record the diaper change, diaper contents, and/or any problems.	☐	☐	☐	☐	☐	
Caregivers/teachers never leave a child unattended on a table or countertop.	☐	☐	☐	☐	☐	
A safety strap or harness is not used on the diaper changing table/surface.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.2.2.1 Situations that Require Hand Hygiene						
All staff, volunteers, and children abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):						
d. Upon arrival for the day, after breaks, or when moving from one group to another.	☐	☐	☐	☐	☐	
e. Before and after: • Preparing food or beverages; • Eating, handling food, or feeding a child; • Brushing or helping a child brush teeth; • Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; • Playing in water (including swimming) that is used by more than one person; and • Diapering.	☐	☐	☐	☐	☐	
f. After: • Using the toilet or helping a child use a toilet; • Handling bodily fluid (mucus, blood, vomit); • Handling animals or cleaning up animal waste; • Playing in sand, on wooden play sets, and outdoors; and • Cleaning or handling the garbage.	☐	☐	☐	☐	☐	
Situations or times that children and staff need to perform hand hygiene are posted in all food preparation, diapering, and toileting areas.	☐	☐	☐	☐	☐	
3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting						
Programs follow a routine schedule of cleaning, sanitizing, and disinfecting.	☐	☐	☐	☐	☐	
Cleaning, sanitizing, and disinfecting products are not used in close proximity to children, and adequate ventilation is maintained during use.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.2.3.4 Prevention of Exposure to Blood and Body Fluids						
Early care and education programs have adopted the use of *Standard Precautions*, developed by the CDC, to handle potential exposure to blood and other potentially infectious fluids.	☐	☐	☐	☐	☐	
Caregivers and teachers have been educated regarding Standard Precautions before beginning to work in the program and annually thereafter.	☐	☐	☐	☐	☐	
For center-based care, training complies with requirements of the Occupational Safety and Health Administration (OSHA).	☐	☐	☐	☐	☐	
3.4.1.1 Use of Tobacco, Alcohol and Illegal Drugs						
Directors, caregivers, volunteers, and staff are not impaired due to the use of alcohol, illegal drugs or prescription medication during program hours.	☐	☐	☐	☐	☐	
Tobacco, alcohol, and illegal drug use are prohibited on the premises (both indoor and outdoor environments) and in any vehicles used by the program at all times.	☐	☐	☐	☐	☐	
In family child care settings, tobacco and alcohol are inaccessible to children.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.4.3.1 Emergency Procedures						
Programs have a procedure for responding to situations when an immediate emergency medical response is required.	☐	☐	☐	☐	☐	
Emergency procedures are posted and readily accessible. Child-to-provider ratios are maintained , and additional adults may need to be called in to maintain the required ratio.	☐	☐	☐	☐	☐	
Programs have developed contingency plans for emergencies or disaster situations when it may not be possible to follow standard emergency procedures.	☐	☐	☐	☐	☐	
All providers and/or staff are trained to manage an emergency until emergency medical care becomes available.	☐	☐	☐	☐	☐	
3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation						
Programs have a written policy for reporting child abuse and neglect because caregivers/teachers are mandated reporters of child abuse and neglect.	☐	☐	☐	☐	☐	
The written policy specifies that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect will report directly to the child abuse reporting hotline, child protective services, or the police, as required by state and local laws.	☐	☐	☐	☐	☐	
3.4.4.3 Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma						
All programs have a policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma.	☐	☐	☐	☐	☐	
All caregivers/teachers who are in direct contact with children, including substitute caregivers/teachers and volunteers, have received training on: • preventing shaken baby syndrome and abusive head trauma; • recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; • strategies for coping with a crying, fussing, or distraught child; and • and the development and vulnerabilities of the brain in infancy and early childhood.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.4.5.1 Sun Safety Including Sunscreen						
Caregivers/teachers ensure sun safety for themselves and children under their supervision by • keeping infants younger than six months out of direct sunlight; • limiting sun exposure when ultraviolet rays are strongest; and • applying sunscreen with written permission of parents/guardians.	☐	☐	☐	☐	☐	
Sunscreen manufacturer instructions are followed.	☐	☐	☐	☐	☐	
3.4.6.1 Strangulation Hazards						
Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, are not accessible to children in early care and education programs.	○	○	○	○	○	
3.5.0.1 Care Plan for Children with Special Health Care Needs						
Children who meet the criteria of being defined as children with special health care needs in an early care and education setting should have an up-to-date Routine and Emergent Care Plan.	☐	☐	☐	☐	☐	
The Routine and Emergent Care Plan is completed by their primary health care provider with input from parents/ guardians.	☐	☐	☐	☐	☐	
The Routine and Emergent Care Plan is included in their on-site record and readily accessible to those caring for the child.	○	○	○	○	○	
Community resources are used to ensure adequate information, training, and monitoring is available for early care and education staff.	○	○	○	○	○	
Caregivers undergo training in pediatric first aid and CPR that includes responding to an emergency for any child with a special health care need.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.6.1.1 Inclusion/Exclusion/Dismissal of Children						
The program notifies parents/guardians immediately when children develop new signs or symptoms of illness, especially for emergency or urgent issues.	☐	☐	☐	☐	☐	
Staff notifies parents/guardians of children who have symptoms that require exclusion, and parents/guardians remove children from the early care and education setting as soon as possible.	☐	☐	☐	☐	☐	
For children whose symptoms do not require exclusion, verbal or written notification is sent to the parent/guardian by the end of the day.	☐	☐	☐	☐	☐	
The program identifies conditions which require exclusion but which do not require a primary health care provider visit before re-entering care.	☐	☐	☐	☐	☐	
When a child becomes ill, but does not require immediate medical help, the caregiver/ teacher determines whether or not the illness:						
a. Prevents the child from participating comfortably in activities;	☐	☐	☐	☐	☐	
b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;	○	○	○	○	○	
c. Poses a risk of spread of harmful diseases to others;	○	○	○	○	○	
d. Causes a fever and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, and diarrhea)	○	○	○	○	○	
If any of the listed criteria are met, the child is removed from direct contact with other children and monitored and supervised by a staff member known to the child until dismissed to the care of a parent/guardian, primary health care provider, or other person designated by the parent. The local or state health department will be able to provide specific guidelines for exclusion.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
3.6.1.4 Infectious Disease Outbreak Control						
During the course of an identified outbreak of any reportable illness at the program, a child or staff member is excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual.	☐	☐	☐	☐	◯	
The child or staff member is readmitted only when the health department official or primary health care provider who made the initial determination decides that the risk of transmission is no longer present.	☐	☐	☐	☐	☐	
Parents/guardians are notified of any determination.	☐	☐	☐	☐	☐	
3.6.3.1/3.6.3.2 Medication Administration and Storage						
The administration of medicines at the facility is limited to:						
a. Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/ guardian. Prescription medication is labeled with: • the child's name; • date the prescription was filled; • name and contact information of the prescribing health professional; • expiration date; • medical need; • instructions for administration, storage and disposal; • and name and strength of the medication.	☐	☐	☐	☐	☐	
b. Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include: • the child's name; • dosage; • relevant warnings as well as specific; • and legible instructions for administration, storage; • and disposal	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Programs never administer a medication that is prescribed for one child to another child.	☐	☐	☐	☐	☐	
3.6.3.1/3.6.3.2 Medication Administration and Storage cont.						
Programs document that the medicine/ agent was administered to the child as prescribed.	☐	☐	☐	☐	☐	
Medication is not used beyond the date of expiration. Unused medications are returned to the parent/guardian for disposal.	☐	☐	☐	☐	☐	
All medications, refrigerated or unrefrigerated, have child-resistant caps, are stored away from food at the proper temperature, and are inaccessible to children.	☐	☐	☐	☐	☐	
3.6.3.3 Training for Caregivers/Teachers to Administer Medication						
Any caregiver/teacher who administers medication has completed a standardized training course that includes skill and competency assessment in medication administration.	☐	☐	☐	☐	☐	
The course is repeated according to state and/or local regulation and taught by a trained professional. Skill and competency are monitored whenever an administration error occurs.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Nutrition and Food Service						
4.2.0.3 Use of U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP) Guidelines						
Programs serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the USDA CACFP as referenced in *7 CFR 226.20*.	☐	○	○	☐	☐	
4.2.0.6 Availability of Drinking Water						
Clean, sanitary drinking water is readily accessible in indoor and outdoor areas throughout the day.	☐	☐	☐	☐	☐	
On hot days, infants receiving human milk in a bottle are given additional human milk, and those receiving formula mixed with water are given additional formula mixed with water.	☐	☐	☐	☐	☐	
Infants are not given water, especially in the first six months of life.	☐	☐	☐	☐	☐	
4.2.0.10 Care for Children with Food Allergies						
Each child with a food allergy has a written care plan that includes:						
a. Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;	☐	☐	☐	☐	☐	
b. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan includes specific symptoms that would indicate the need to administer one or more medications.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
4.2.0.10 Care for Children with Food Allergies cont.						
Based on the child's care plan and prior to caring for the child, caregivers/ teachers should receive training for, demonstrate competence in, and implement measures for:						
a. Preventing exposure to the specific food(s) to which the child is allergic;	☐	☐	☐	☐	☐	
b. Recognizing the symptoms of an allergic reaction;	☐	☐	☐	☐	☐	
c. Treating allergic reactions.	○	○	○	○	○	
On field trips or transport out of the early care and education setting, caregivers/ teachers carry:						
• the written child care plan	○	○	○	○	○	
• a mobile phone	○	○	○	○	○	
• the proper medications for appropriate treatment if a child develops an acute allergic reaction.	○	○	○	○	○	
The program notifies the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food, even if a reaction did not occur.	☐	☐	☐	☐	☐	
The program contacts the emergency medical services system immediately whenever epinephrine has been administered.	☐	☐	☐	☐	☐	
Each child's food allergies are posted prominently in the classroom and/or wherever food is served, with permission of the parent/guardian.	☐	☐	☐	☐	☐	
4.3.1.3 Preparing, Feeding, and Storing Human Milk						
Programs develop and follow procedures for the preparation and storage of expressed human milk that ensures the health and safety of all infants, as outlined by the Academy of Breastfeeding Medicine *Protocol #8*; Revision 2010, and prohibits the use of infant formula for a breastfed infant without parental consent.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
4.3.1.3 Preparing, Feeding, and Storing Human Milk cont.						
The bottle or container is properly labeled with the infant's full name and date; and is only given to the specified child.	☐	☐	☐	☐	☐	
Unused breast milk is returned to parent in the bottle or container.	☐	☐	☐	☐	☐	
4.3.1.5 Preparing, Feeding, and Storing Infant Formula						
Programs have developed and follow procedures for the preparation and storage of infant formula that ensures the health and safety of all infants.	☐	☐	☐	☐	☐	
Formula provided by parents/guardians or programs are received in sealed containers.	☐	☐	☐	☐	☐	
The caregiver/teacher follows the parent or manufacturer's instructions for mixing and storing of any formula preparation. If instructions are not readily available, caregivers/teachers obtain information from the World Health Organization's Safe Preparation, Storage and Handling of Powdered Infant Formula *Guidelines*.	☐	☐	☐	☐	☐	
Bottles of prepared or ready-to-feed formula are labeled with the child's full name, time, and date of preparation.	☐	☐	☐	☐	☐	
Prepared formula is discarded daily if not used.	☐	☐	☐	☐	☐	
4.3.1.9 Warming Bottles and Infant Foods						
Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If a caregiver chooses to warm them, or a parent requests they be warmed:						
• under running, warm tap water; • using a commercial bottle warmer; • stove top warming methods, or slow-cooking device; • or by placing them in container of warm water.	☐	☐	☐	☐	☐	
Bottles are never warmed in microwaves.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
4.3.1.9 Warming Bottles and Infant Foods cont.						
Warming devices are not accessible to children.	☐	☐	☐	☐	☐	
4.5.0.10 Foods that Are Choking Hazards						
Caregivers/teachers do not offer foods that are associated with young children's choking incidents to children under 4 years of age.	☐	☐	☐	☐	☐	
Food for infants are cut into pieces ¼ inch or smaller.	☐	☐	☐	☐	☐	
Food for toddlers are cut into pieces ½ inch or smaller to prevent choking.	☐	☐	☐	☐	☐	
Children are supervised while eating, to monitor the size of food and that they are eating appropriately.	☐	☐	☐	☐	☐	
4.8.0.1 Food Preparation Area Access						
Access to areas where hot food is prepared is only permitted when children are supervised by adults who are qualified to follow sanitation and safety procedures.	☐	☐	☐	☐	☐	
4.9.0.1 Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules						
The program conforms to applicable portions of the *FDA Food Code* and all applicable state and local food service rules and regulations for centers and family child care homes regarding safe food protection and sanitation practices.	○	○	○	○	○	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Facilities, Supplies, Equipment, and Environmental Health						
5.1.1.2 Inspection of Buildings						
Existing and/or newly constructed, renovated, remodeled, or altered buildings are inspected by a building inspector to ensure compliance with applicable state and local building and fire codes before the building can be used for the purpose of early care and education.	☐	☐	☐	☐	☐	
5.1.1.3 Compliance with Fire Prevention Code						
Programs comply with a state-approved or nationally recognized fire prevention code, such as the *National Fire Protection Association (NFPA) 101: Life Safety Code*.	☐	☐	☐	☐	☐	
5.1.1.5 Environmental Audit of Site Location						
An environmental audit is conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised.	☐	☐	☐	☐	☐	
A written report that includes any remedial action taken is kept on file. The audit includes assessments of:						
a. Potential air, soil, and water contamination on program sites and outdoor play spaces;	☐	☐	☐	☐	☐	
b. Potential toxic or hazardous materials in building construction, such as lead and asbestos; and	☐	☐	☐	☐	☐	
c. Potential safety hazards in the community surrounding the site.	☐	☐	☐	☐	☐	
5.1.6.6 Guardrails and Protective Barriers						
Guardrails or protective barriers, such as baby gates, are provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30-inch vertical distance to fall.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets						
All accessible electrical outlets are "tamper-resistant electrical outlets" that contain internal shutter mechanisms to prevent children from sticking objects into receptacles.	☐	☐	☐	☐	☐	
In settings that do not have "tamper-resistant electrical outlets," outlets have "safety covers" that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. Only "Safety plugs" which cannot be easily removed from outlets by children and do not pose a choking risk are used.	☐	☐	☐	☐	☐	
5.2.4.4 Location of Electrical Devices near Water						
No electrical device or apparatus accessible to children is located where it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.	☐	☐	☐	☐	☐	
5.2.8.1 Integrated Pest Management						
Programs adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations.	☐	☐	☐	☐	☐	
5.2.9.1 Use and Storage of Toxic Substances						
All toxic substances are inaccessible to children and are not used when children are present.	☐	☐	☐	☐	☐	
Toxic substances will only be used as recommended by the manufacturer and stored in the original labeled containers.	☐	☐	☐	☐	☐	
The telephone number for the poison control center is posted and readily accessible in emergency situations.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
5.2.9.5 Carbon Monoxide Detectors						
Programs meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary.	☐	☐	☐	☐	☐	
Detectors are tested monthly, and testing is documented.	☐	☐	☐	☐	☐	
Batteries are changed at least yearly.	○	○	○	○	○	
Detectors are replaced according to the manufacturer's instructions.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
5.3.1.1/5.5.0.6/5.5.0.7 Safety of Equipment, Materials, and Furnishings						
Equipment, materials, furnishings, and play areas are sturdy, safe, in good repair, and meet the recommendations of the *CPSC*.	☐	☐	☐	☐	☐	
At a minimum, programs attend to the following safety hazards:						
d. Openings that could entrap a child's head or limbs;	☐	☐	☐	☐	☐	
e. Elevated surfaces that are inadequately guarded;	☐	☐	☐	☐	☐	
f. Lack of specified surfacing and fall zones under and around climbable equipment;	☐	☐	☐	☐	☐	
g. Mismatched size and design of equipment for the intended users;	☐	☐	☐	☐	☐	
h. Insufficient spacing between equipment;	☐	☐	☐	☐	☐	
i. Tripping hazards;	☐	☐	☐	☐	☐	
j. Components that can pinch, sheer, or crush body tissues;	☐	☐	☐	☐	☐	
k. Equipment that is known to be of a hazardous type;	☐	☐	☐	☐	☐	
l. Sharp points or corners;	☐	☐	☐	☐	☐	
m. Splinters;	☐	☐	☐	☐	☐	
n. Protruding nails, bolts, or other parts that could entangle clothing or snag skin;	☐	☐	☐	☐	☐	
o. Loose, rusty parts;	☐	☐	☐	☐	☐	
p. Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;	☐	☐	☐	☐	☐	
q. Strangulation hazards (e.g., straps, strings, etc.);	☐	☐	☐	☐	☐	
r. Flaking paint;	☐	☐	☐	☐	◯	
s. Paint that contains lead or other hazardous materials; and	☐	☐	☐	☐	☐	
t. Tip-over hazards, such as chests, bookshelves, and televisions.	☐	☐	☐	☐	☐	
Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters are not accessible to children.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device						
The facility provides at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the child care program, in each vehicle used when transporting children, and on field trips.	☐	☐	☐	☐	☐	
While transporting children, drivers are not operating a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.	☐	☐	☐	☐	☐	
5.4.5.2 Cribs and Play Yards						
Before purchase and use, cribs and play yards are in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR *1219, 1220, and 1500*—Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.	☐	☐	☐	☐	☐	
Programs only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as *defined by the American Academy of Pediatrics*.	☐	☐	☐	☐	☐	
Each crib is labeled and designated for the infant's exclusive use.	☐	☐	☐	☐	☐	
Cribs and mattresses are thoroughly cleaned and sanitized before assignment for use by another child.	☐	☐	☐	☐	☐	
Infants are not placed in the cribs with items that could pose a strangulation or suffocation risk.	☐	☐	☐	☐	☐	
Cribs are placed away from window blinds or draperies.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
5.5.0.8 Firearms						
Center-based programs do not have firearms or any other weapon on the premises at any time.	☐	☐	☐	☐	☐	
If present in a family child care home, parents are notified and firearms are unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children.	☐	☐	☐	☐	☐	
Parents/guardians are informed about the firearms policy.	☐	☐	☐	☐	☐	
5.6.0.1 First Aid and Emergency Supplies						
The facility maintains up-to-date first aid and emergency supplies in each location in which children are cared.	☐	☐	☐	☐	☐	
The first aid kit or supplies are kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children.	☐	☐	☐	☐	☐	
When children leave the facility for a walk or to be transported, a designated staff member brings a transportable first aid kit.	☐	☐	☐	☐	☐	
A transportable first aid kit is in each vehicle that is used to transport children to and from the program.	☐	☐	☐	☐	☐	
First aid kits or supplies are restocked after each use.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Play Areas/Playgrounds and Transportation						
6.1.0.6/6.1.0.8/6.3.1.1 Location of Play Areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water						
The outdoor play area is enclosed with a fence or natural barriers.	☐	☐	☐	☐	☐	
Fences and barriers do not prevent the supervision of children by caregivers/teachers. If a fence is used, it is in good condition and conforms to applicable local building codes in height and construction.	☐	☐	☐	☐	☐	
These areas have at least two exits, with at least one being remote from the buildings.	☐	☐	☐	☐	☐	
Gates are equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it.	☐	☐	☐	☐	☐	
The openings in the fence and gates are no larger than 3 ½ inches. The fence and gates are constructed to discourage climbing.	☐	☐	☐	☐	☐	
Outside play areas are free from unsecured bodies of water. If present, all water hazards are inaccessible to unsupervised children and enclosed with a fence that is 4 to 6 feet high or higher and comes within 3 ½ inches of the ground.	☐	☐	☐	☐	☐	
6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment						
Equipment used for climbing are not placed over, or immediately next to, hard surfaces not intended for use as surfacing for climbing equipment.	☐	☐	☐	☐	☐	
All pieces of playground equipment are placed over a shock-absorbing material that is either the unitary or the loose-fill type extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria are not to be used. This standard applies whether the equipment is installed outdoors or indoors. Programs follow *CPSC guidelines* and ASTM International Standards F1292-13 and F2223-10.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment						
The indoor and outdoor play areas and equipment are inspected daily for basic health and safety, including, but not limited to:						
a. Missing or broken parts;	☐	☐	☐	☐	☐	
b. Protrusion of nuts and bolts;	☐	☐	☐	☐	☐	
c. Rust and chipping or peeling paint;	☐	☐	☐	☐	☐	
d. Sharp edges, splinters, and rough surfaces;	☐	☐	☐	☐	☐	
e. Stability of handholds;	☐	☐	☐	☐	☐	
f. Visible cracks;	☐	☐	☐	☐	☐	
g. Stability of non-anchored large play equipment (e.g., playhouses);	☐	☐	☐	☐	☐	
h. Wear and deterioration	☐	☐	☐	☐	☐	
i. Vandalism or trash	○	○	○	○	○	
Any problems are corrected before the playground is used by children.	☐	☐	☐	☐	☐	
6.3.2.1 Lifesaving Equipment						
Each swimming pool more than six feet in width, length, or diameter is provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment is long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access.	○	○	○	○	○	
Caregivers/teachers are trained on the proper use of this equipment.	☐	☐	☐	☐	☐	
Children are familiarized with the use of the equipment based on their developmental level.	☐	☐	☐	☐	☐	
6.3.5.2 Water in Containers						
Bathtubs, buckets, diaper pails, and other open containers of water are emptied immediately after use.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
6.5.1.2 Qualifications for Drivers						
In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose has the following:						
a. A valid driver's license that authorizes the driver to operate the type of vehicle being driven;	☐	☐	☐	☐	☐	
b. A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles records;	☐	☐	☐	☐	☐	
c. No use of alcohol, drugs, or any substance that could impair abilities before or while driving;	☐	☐	☐	☐	☐	
d. No tobacco use while driving;	☐	☐	☐	☐	☐	
e. No medical condition that would compromise driving, supervision, or evacuation capability;	☐	☐	☐	☐	☐	
f. Valid pediatric CPR and first aid certificate if transporting children alone.	☐	☐	☐	☐	☐	
The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection are kept on file in the facility.	☐	☐	☐	☐	☐	
6.5.2.2 Child Passenger Safety						
When children are driven in a motor vehicle other than a bus, all children are transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations.	○	○	○	○	☐	
The child is securely fastened, according to the manufacturer's instructions.	☐	☐	☐	☐	☐	
The child passenger restraint system meets the federal motor vehicle safety standards contained in *49 CFR 571.213* and carry notice of compliance.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
6.5.2.2 Child Passenger Safety cont.						
Child passenger restraint systems are installed and used in accordance with the manufacturer's instructions and secured in back seats only.	☐	☐	☐	☐	☐	
Car safety seats are replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.	☐	☐	☐	☐	☐	
If the program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:						
a. The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction;	☐	☐	☐	☐	☐	
b. The wheelchair occupant should be secured by a three-point tie restraint during transport;	☐	☐	☐	☐	☐	
c. At all times, school buses should be ready to transport children who must ride in wheelchairs;	☐	☐	☐	☐	☐	
d. Manufacturers' specifications should be followed to assure that safety requirements are met.	☐	☐	☐	☐	☐	
6.5.2.4 Interior Temperature of Vehicles						
The interior of vehicles used to transport children for field trips and out-of-program activities is maintained at a temperature comfortable to children.	☐	☐	☐	☐	☐	
All vehicles are locked when not in use.	☐	☐	☐	☐	☐	
Head counts of children are taken before and after transporting to prevent a child from being left in a vehicle, and children are never left in a vehicle unattended.	○	○	○	○	○	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
6.5.3.1 Passenger Vans						
Early care and education programs that provide transportation for any purpose to children, parents/guardians, staff, and others avoid the use of 15-passenger vans.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Infectious Disease						
7.2.0.1 Immunization Documentation						
Programs require that all parents/guardians of enrolled children provide written documentation of receipt of immunizations appropriate for each child's age.	☐	☐	☐	☐	☐	
Infants, children, and adolescents are immunized as specified in the *"Recommended Immunization Schedules for Persons Aged 0 Through 18 Years,"* developed by the Advisory Committee on Immunization Practices of the CDC, the AAP, and the American Academy of Family Physicians.	☐	☐	☐	☐	☐	
Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule receive the required immunizations, unless contraindicated or for legal exemptions.	☐	☐	☐	☐	☐	
7.2.0.2 Unimmunized Children						
If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements is kept on file.	☐	☐	☐	☐	☐	
If immunizations are not to be administered because of the parents'/ guardians' religious or philosophical beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian is kept on file.	☐	☐	☐	☐	☐	
Parents/guardians of an enrolling or enrolled infant who has not been immunized due to the child's age are informed if/when there are children in care who have not had routine immunizations due to exemption.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
7.2.0.2 Unimmunized Children cont.						
The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations provides documentation of a scheduled appointment or arrangement to receive immunizations.	☐	☐	☐	☐	☐	
Children who are in foster care or experiencing homelessness as defined by the *McKinney-Vento Act* receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations is initiated upon enrollment and completed as soon as possible.	☐	☐	☐	☐	☐	
If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the health department is consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.	☐	☐	☐	☐	☐	
7.2.0.3 Immunization of Caregivers/Teachers						
Caregivers/teachers are current with all immunizations recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the CDC as shown in the *"Recommended Adult Immunization Schedule"* in the following categories:						
a. Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection); and	☐	☐	☐	☐	☐	
b. Recommended if a specific risk factor is present.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
7.2.0.3 Immunization of Caregivers/Teachers cont.						
If a staff member is not appropriately immunized for medical, religious, or philosophical reasons, the program has the required written documentation of the reason.	☐	☐	☐	☐	☐	
If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department is consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
Policies						
9.2.4.1 Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents						
The program has a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers.	☐	☐	○	☐	☐	
Caregiver/teacher and staff training procedures are included.	☐	☐	☐	☐	☐	
The management, documentation, and reporting of the following types of incidents are addressed:						
a. Lost or missing child;	☐	☐	☐	☐	☐	
b. Suspected maltreatment of a child (also see state's mandates for reporting);	☐	☐	☐	☐	☐	
c. Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;	☐	☐	☐	☐	☐	
d. Injuries to children requiring medical or dental care;	☐	☐	☐	☐	☐	
e. Illness or injuries requiring hospitalization or emergency treatment;	☐	☐	☐	☐	☐	
f. Mental health emergencies;	☐	☐	☐	☐	☐	
g. Health and safety emergencies involving parents/ guardians and visitors to the program;	☐	☐	☐	☐	☐	
h. Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program, even if the death occurred outside of early care and education hours;	☐	☐	☐	☐	☐	
i. The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
9.2.4.3/9.2.4.5 Disaster Planning, Training and Communication/Emergency and Evacuation Drills						
Early care and education programs consider how to prepare for and respond to emergency situations or natural disasters that may require evacuation, lock-down, or shelter-in-place and have written plans, accordingly.	☐	☐	☐	☐	☐	
Written plans are posted in each classroom and in areas used by children.	☐	☐	☐	☐	☐	
The following topics are addressed, including but not limited to: regularly scheduled practice drills, procedures for notifying and updating parents, and the use of the daily class roster(s) to check attendance of children and staff during an emergency or drill when gathered in a safe space after exit and upon return to the program.	☐	☐	☐	☐	☐	
All drills/exercises are recorded.	☐	☐	☐	☐	☐	
9.2.4.7 Sign-In/Sign-Out System						
Programs have a sign-in/sign-out system to track those who enter and exit the facility. The system includes name, contact number, relationship to facility (e.g., parent/guardian, vendor, guest, etc.), and recorded time in and out.	☐	☐	☐	☐	☐	
9.2.4.8 Authorized Persons to Pick Up Child						
Children are only released to adults authorized by parents or legal guardians whose identity has been verified by photo identification.	☐	☐	☐	☐	☐	
Names, addresses, and telephone numbers of persons authorized to pick up child are obtained during the enrollment process and regularly reviewed, along with clarification/documentation of any custody issues/ court orders. The legal guardian(s) of the child are also established and documented at this time.	☐	☐	☐	☐	☐	
9.4.1.12 Record of Valid License, Certificate, or Registration of Facility or Family Child Care Home						
Every facility and/or child care home has a valid license, certificate, or documentation of registration prior to operation as required by the local and/or state statute.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
9.4.2.1 Contents of Child Records						
Programs maintain a confidential file for each child in one central location on-site that is immediately available to the child's caregivers/teachers (who should have parental/guardian consent for access to records), the child's parents/guardians, and the licensing authority upon request.	☐	☐	☐	☐	☐	
The file for each child includes the following:						
a. Pre-admission enrollment information;	☐	☐	☐	☐	☐	
b. Admission agreement signed by the parent/guardian at enrollment;	○	○	○	○	○	
c. Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well care visit;	☐	☐	☐	☐	☐	
d. Health history completed by the parent/guardian at admission;	☐	☐	☐	☐	☐	
e. Medication record;	☐	☐	☐	☐	☐	
f. Authorization form for emergency medical care;	☐	☐	☐	☐	☐	
g. Results of developmental and behavioral screenings;	☐	☐	☐	☐	☐	
h. Record of persons authorized to pick up child;	☐	☐	☐	☐	☐	
i. Written informed consent forms signed by the parent/ guardian allowing the facility to share the child's health records with other service providers.	☐	☐	☐	☐	☐	
10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes						
Licensing inspectors or monitoring staff make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with regulations.	☐	☐	☐	☐	☐	
Additional inspections take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections does not include those inspections conducted for the purpose of investigating complaints.	☐	☐	☐	☐	☐	

Standard/ Description	Currently Meets?			Needs Improvement?		Next Steps
	YES	NO	N/A	YES	NO	
10.4.2.1 Frequency of Inspections for Child Care Centers and Family Child Care Homes cont.						
Complaints are investigated promptly, based on severity of the complaint.	☐	☐	☐	☐	☐	
States post results of licensing inspections, including complaints, on the internet for parent and public review.	☐	☐	☐	☐	☐	
Parents/guardians have easy access to licensing rules and are made aware of how to report complaints to the licensing agency.	☐	☐	☐	☐	☐	
Sufficient numbers of licensing inspectors are qualified to inspect early care and education programs and trained in related health and safety requirements among other requirements of the State licensure.	○	○	○	○	○	

Early Childhood National Centers

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