



# FDC Inspection Checklist

On-Site Provider Name:

Family Day Care Program Name:

## Building & Equipment – Section 417.3

|                      |           |   |                          |                          |                          |
|----------------------|-----------|---|--------------------------|--------------------------|--------------------------|
| 1.                   | 417.3 (a) | The floor plan is current and the space provided for children is adequate and reflective of regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                      |           |   | Yes                      | No                       |                          |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |
| 2.                   | 417.3 (b) | All rooms occupied by children are well lit and well ventilated and a temperature of at least 68 degrees Fahrenheit is maintained.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                      |           |   | Yes                      | No                       |                          |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |
| 3.                   | 417.3 (b) | For night care, there is sufficient light in each room for safe movement, supervision, and egress of children.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |           |   | N/A                      | Yes                      | No                       |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |
| 4.                   | 417.3 (c) | Adequate and age-appropriate sanitary bedding is provided for all children requiring a rest period. Resting/napping places are located in safe and draft-free areas with adequate space for safe movement and egress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |           |   | N/A                      | Yes                      | No                       |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |
| 5.                   | 417.3 (d) | The cribs used are the unstackable type.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |           |   | N/A                      | Yes                      | No                       |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |
| 6.                   | 417.3 (c) | For night care, each child is provided his/her own bed and sanitary bedding. Sleeping rooms are arranged separately for boys and girls for children age 3 or older.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |           |   | N/A                      | Yes                      | No                       |
| <i>Notes:</i>        |           |   |                          |                          |                          |
| <input type="text"/> |           |   |                          |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Building & Equipment – Section 417.3 (cont.)

|               |             |  |                          |                          |
|---------------|-------------|--|--------------------------|--------------------------|
| 7.            | 417.3 (e)   | Non-toxic paint and non-hazardous materials are used on room surfaces, toys, equipment, materials and furnishings that are accessible to children.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |
| 8.            | 417.3 (f)   | All concrete floors are covered with appropriate material. The facility is free of peeling/damaged paint/plaster.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |
| 9.            | 417.3 (g)   | The home has adequate indoor space for the comfort of children and accommodates a variety of developmentally appropriate activities.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |
| 10.           | 417.3 (h)   | There is adequate and accessible outdoor play space..  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |
| 11.           | 417.3 (i,j) | Toilets and potty chairs are located in rooms separate from those used for cooking, playing, sleeping or eating. A bathroom is not more than one floor level away from the program area. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |
| 12.           | 417.3 (k)   | Adequate and safe water supply and sewage facilities are available and comply with State and local laws. Hot and cold running water is available and accessible at all times..           | <input type="checkbox"/> | <input type="checkbox"/> |
|               |             |  | Yes                      | No                       |
| <i>Notes:</i> |             |  |                          |                          |
|               |             |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Building & Equipment – Section 417.3 (cont.)

|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 13. | 417.3 (l) | The residence is in compliance with applicable provisions of the New York State Uniform Fire Prevention and Building Code. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

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## Fire Protection – Section 417.4

|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 14. | 417.4 (a) | The facility is free of conditions, which may contribute to or create a fire hazard. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

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|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 15. | 417.4 (b) | Evacuation drills are conducted at least monthly during each shift of care and the records of these drills are kept on file. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

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|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 16. | 417.4 (c) | Operating smoke detectors are located on each floor in the home and outside each area where children are napping. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

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|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 17. | 417.4 (c) | Electric smoke detectors have battery powered back up, and there is a back-up system available for battery powered smoke detectors. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

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|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 18. | 417.4 (d) | Multi-purpose fire extinguishers approved for use in residences are maintained in good working order and are located in the kitchen and outside the furnace room in single-family dwellings. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

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# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Fire Protection – Section 417.4 (cont.)

|            |           |   |                          |                          |
|------------|-----------|---|--------------------------|--------------------------|
| <b>19.</b> | 417.4 (d) | All caregivers know how and when to use fire extinguishers. | <input type="checkbox"/> | <input type="checkbox"/> |
|            |           |   | Yes                      | No                       |

*Notes:*

|            |           |   |                          |                          |
|------------|-----------|---|--------------------------|--------------------------|
| <b>20.</b> | 417.4 (e) | Children are located on the same floor as the provider at all times, except to use a bathroom on another floor for a short period of time. Children are not located above the second floor of a single-family dwelling. | <input type="checkbox"/> | <input type="checkbox"/> |
|            |           |   | Yes                      | No                       |

*Notes:*

|            |           |  |                          |                          |
|------------|-----------|--|--------------------------|--------------------------|
| <b>21.</b> | 417.4 (f) | At least two alternate means of egress are accessible and remote from each other on all floors occupied by children. | <input type="checkbox"/> | <input type="checkbox"/> |
|            |           |  | Yes                      | No                       |

*Notes:*

|            |                |   |                          |                          |
|------------|----------------|---|--------------------------|--------------------------|
| <b>22.</b> | 417.4 (f)(1,3) | All means of egress are kept clear of any obstruction. Whenever the level below ground or the second floor of the residence is used for day care, the means of egress is either an interior or exterior stairway leading directly either to an exit door or to outside grounds. The second means of egress is a window, which is at least 24" in its smallest dimension and is adequate for the safe evacuation of children and adults. | <input type="checkbox"/> | <input type="checkbox"/> |
|            |                |   | Yes                      | No                       |

*Notes:*

|            |              |   |                          |                          |                          |
|------------|--------------|---|--------------------------|--------------------------|--------------------------|
| <b>23.</b> | 417.4 (f)(2) | When care is primarily on the second floor of a family day care home, both means of egress from the second floor are stairways. One stairway is interior and leads directly to the exit doors on the ground. One stairway is exterior and leads directly to the ground. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|            |              |   | N/A                      | Yes                      | No                       |

*Notes:*

|            |           |   |                          |                          |
|------------|-----------|---|--------------------------|--------------------------|
| <b>24.</b> | 417.4 (g) | Trash, garbage, and combustible material are not stored in furnace room or in areas accessible to children. If there is no separate, enclosed furnace room, trash must be kept at least 4 feet away from a furnace. | <input type="checkbox"/> | <input type="checkbox"/> |
|            |           |   | Yes                      | No                       |

*Notes:*



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Fire Protection – Section 417.4 (cont.)

|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 25. | 417.4 (h) | Wood or coal burning stoves, chimneys, fireplaces, and permanently installed gas space heaters are inspected and approved by local authorities. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

## Inside Safety – Section 417.5

|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 26. | 417.5 (a) | Suitable precautions have been taken to eliminate any safety hazards in areas accessible to the children. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 27. | 417.5 (b) | A written plan for the emergency evacuation of children is posted in a conspicuous place within the home, or is filed in a place in the home available to parents. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 28. | 417.5 (c) | Portable heating devices are not used in rooms accessible to children. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 29. | 417.5 (d) | Radiators and pipes are covered when located in rooms occupied by children. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

|     |               |  |                          |                          |                          |
|-----|---------------|--|--------------------------|--------------------------|--------------------------|
| 30. | 417.5 (f) (2) | Barriers to prevent children's access are in place around areas near fireplaces, wood or coal burning stoves, permanently installed gas space heaters, and other unsafe areas. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |               |  | N/A                      | Yes                      | No                       |

Notes:



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Inside Safety – Section 417.5 (cont.)

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 31. 417.5 (i) All electrical outlets are covered.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |
| 32. 417.5 (j) All hazardous materials are inaccessible to children. Any poisonous or toxic materials are safely stored in their original containers and are not a contaminant to foods or used in areas accessible by children.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |
| 33. 417.5 (k) Hazardous or poisonous plants in indoor and outdoor areas are not accessible to children.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |
| 34. 417.5 (l) Any pets or animals present at the home are in good health, show no sign of disease, and pose no threat to children.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |
| 35. 417.5 (m) There is a working phone available in the home. Call blocking is not used to block in-coming calls from parents or legal guardians of children in care, representatives of the Office or agents of the state or local government during the hours of operation of the child day care program. | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |
| 36. 417.5 (m) Emergency telephone numbers are posted by the telephone.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <i>Notes:</i>   |                          |                          |                          |
|   |                          |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Inside Safety – Section 417.5 (cont.)

|                 |   |                                 |                                 |                                |
|-----------------|---|---------------------------------|---------------------------------|--------------------------------|
| 37. 417.5 (n)   | Materials and play equipment used by the children are sturdy and free from rough edges and sharp corners.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 38. 417.5 (p)   | Clear glass panels are clearly marked to avoid accidental impact.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 39. 417.5 (p,q) | Windows less than 32" above the floor have safety grade glass and/or have protective barriers installed.  | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 40. 417.5 (q)   | Where child care is provided above the first floor all windows on the floors used for child care have protective barriers or locking devices installed. | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 41. 417.5 (r)   | There is an operable flashlight or battery-powered lantern in the child care area.  | <input type="checkbox"/><br>Yes |                                 | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 42. 417.5 (s)   | All doors are constructed to prevent children from being locked in.   | <input type="checkbox"/><br>Yes |                                 | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |
| 43. 417.5 (t)   | The following are inaccessible to children: handbags, backpacks, briefcases, plastic bags, small toys and objects.                                      | <input type="checkbox"/><br>Yes |                                 | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |   |                                 |                                 |                                |
|                 |   |                                 |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Inside Safety – Section 417.5 (cont.)

|     |           |   |                          |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|--------------------------|
| 44. | 417.5 (u) | Highchairs are stable and have safety straps. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | N/A                      | Yes                      | No                       |

Notes:

## Outside Safety – Section 417.5

|     |           |  |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|
| 45. | 417.5 (e) | Porches, decks, and stairs have adequate means to prevent children from falling. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | Yes                      | No                       |

Notes:

|     |               |  |                          |                          |                          |
|-----|---------------|--|--------------------------|--------------------------|--------------------------|
| 46. | 417.5 (f) (1) | There are sufficiently high and secured barriers to prevent children’s access to any swimming pool, drainage ditches, wells, ponds or other bodies of open water on or adjacent to any other unsafe, dangerous or hazardous area or devices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |               |  | N/A                      | Yes                      | No                       |

Notes:

|     |           |   |                          |                          |
|-----|-----------|---|--------------------------|--------------------------|
| 47. | 417.5 (g) | No spa pools, hot tubs, or fill and drain wading pools are used by the day care children. When a residential or non-public swimming pool is used the provider has received Office approval for use. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |   | Yes                      | No                       |

Notes:

|     |           |  |                          |                          |                          |
|-----|-----------|--|--------------------------|--------------------------|--------------------------|
| 48. | 417.5 (h) | Public swimming pools and adjacent area used by children are constructed, maintained, staffed and used in such a way as will safeguard the lives and health of children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |           |  | N/A                      | Yes                      | No                       |

Notes:

|     |               |   |                          |                          |                          |
|-----|---------------|---|--------------------------|--------------------------|--------------------------|
| 49. | 417.5 (n) (o) | Outdoor play equipment is sturdy, free of rough edges, and installed in a safe location and maintained properly. Only children for whom it is developmentally appropriate use such equipment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |               |   | N/A                      | Yes                      | No                       |

Notes:



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Transportation – Section 417.6

|               |       |  |                          |                          |                          |
|---------------|-------|--|--------------------------|--------------------------|--------------------------|
| 50.           | 417.6 | Children are transported in compliance with any DMV, DOT, and OCFS laws and regulations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|               |       |  | N/A                      | Yes                      | No                       |
| <i>Notes:</i> |       |  |                          |                          |                          |
|               |       |  |                          |                          |                          |

## Program – Section 417.7

|               |           |  |                          |                          |
|---------------|-----------|--|--------------------------|--------------------------|
| 51.           | 417.7 (a) | There is an established daily schedule of appropriate routines and activities within each shift of care. If night care is provided, the schedule includes appropriate bedtime preparation activities such as a routine of good personal hygiene practices. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |           |  | Yes                      | No                       |
| <i>Notes:</i> |           |  |                          |                          |
|               |           |  |                          |                          |
| 52.           | 417.7 (b) | Children receive developmentally appropriate instruction to enable them to protect themselves from abuse and maltreatment.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |           |  | Yes                      | No                       |
| <i>Notes:</i> |           |  |                          |                          |
|               |           |  |                          |                          |
| 53.           | 417.7 (c) | Children are provided with a developmentally appropriate program and a sufficient quantity and variety of materials which are designed to meet the individual needs of all children in care.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |           |  | Yes                      | No                       |
| <i>Notes:</i> |           |  |                          |                          |
|               |           |  |                          |                          |
| 54.           | 417.7 (d) | All children are allowed freedom of movement in a developmentally appropriate environment to develop large motor skills.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |           |  | Yes                      | No                       |
| <i>Notes:</i> |           |  |                          |                          |
|               |           |  |                          |                          |
| 55.           | 417.7 (e) | Children are allowed to choose between quiet and active play.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |           |  | Yes                      | No                       |
| <i>Notes:</i> |           |  |                          |                          |
|               |           |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Program – Section 417.7 (cont.)

|                   |  |                          |                          |
|-------------------|--|--------------------------|--------------------------|
| 56. 417.7 (f)     | Daily supervised outdoor play is provided for the children except during bad weather or because a health care provider has otherwise ordered no such play.   | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |
| 57. 417.7 (g)     | Confining infants in any space such as a crib or playpen for longer than 30 minutes is prohibited unless the infants are asleep. Leaving children in a high chair for longer than 15 minutes is prohibited except at meals and snack time. | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |
| 58. 417.7 (h) (j) | Appropriate rest and quiet periods are provided so children can sit quietly or lie down to rest. For children unable to nap, time and space is provided for quiet play. Children are not forced to rest for long periods of time.          | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |
| 59. 417.7 (i)     | Sleeping and napping arrangements are made in writing between the parent and provider.   | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |

## Supervision – Section 417.8

|                   |  |                          |                          |
|-------------------|--|--------------------------|--------------------------|
| 60. 417.8 (a)     | Children are appropriately supervised at all times.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |
| 61. 417.8 (a) (1) | Direct visual contact is maintained except when there is prior written parental approval for a child to sleep or nap in another room, with doors open, a caregiver on the same floor, and an electronic monitor is in use. | <input type="checkbox"/> | <input type="checkbox"/> |
|                   |  | Yes                      | No                       |
| <i>Notes:</i>     |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Supervision – Section 417.8 (cont.)

|                                       |   |  |                                 |                                |
|---------------------------------------|---|--|---------------------------------|--------------------------------|
| <b>62.</b> 417.8 (a)(1)               | For night care, prior written parental approval from all parents is obtained for provider to sleep with the children. If not, provider stays awake and checks on children every 15 minutes.                     | <input type="checkbox"/><br>N/A                                | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |
| <b>63.</b> 417.8 (a) (2)              | Direct visual contact is maintained except when children who are able to toilet independently use a bathroom on another floor for a short period of time.   | <input type="checkbox"/><br>Yes <input type="checkbox"/><br>No |                                 |                                |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |
| <b>64.</b> 417.8 (a)(3)               | There is prior written parental approval for school-age children to be outside of direct supervision but still on family day care property. Caregiver must physically check on these children every 15 minutes. | <input type="checkbox"/><br>N/A                                | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |
| <b>65.</b> 417.8 (a)(4)               | For providers meeting the requirements for non-public and residential pools there is prior written parental approval for children to participate in residential pool activities.                                | <input type="checkbox"/><br>N/A                                | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |
| <b>66.</b> 417.8 (a)(4) (i)           | There is a plan for the adequate and appropriate supervision of children using the pool as well as for those children not using the pool.   | <input type="checkbox"/><br>N/A                                | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |
| <b>67.</b> 417.8 (a)(4) (i,ii)        | Any person supervising children in pools is able to swim and possesses a current American Red Cross CPR certification or its equivalent.  | <input type="checkbox"/><br>N/A                                | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/> |   |  |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Supervision – Section 417.8 (cont.)

|               |               |  |                          |                          |
|---------------|---------------|--|--------------------------|--------------------------|
| 68.           | 417.8 (b)     | The person that is left in sole charge of the children is 18 years of age or older.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |
| 69.           | 417.8 (c)     | The provider is the primary caregiver.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |
| 70.           | 417.8 (c) (1) | When a substitute or alternate provider is used for short-term, non-recurring absences, the parents are notified.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |
| 71.           | 417.8 (c) (2) | Only an alternate provider provides care for children for other than short-term, non-recurring absences.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |
| 72.           | 417.8 (d)     | Children are released only to their parents, legal guardian, a person designated in writing by the parent or persons authorized by law to take custody of the child.               | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |
| 73.           | 417.8 (e) (1) | There are visitor control procedures, which require visitors to sign in upon entry to the premises and indicate the date, time, and purpose of visit, and sign out upon departure. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |  | Yes                      | No                       |
| <i>Notes:</i> |               |  |                          |                          |
|               |               |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Supervision – Section 417.8 (cont.)

|               |               |   |                          |                          |
|---------------|---------------|---|--------------------------|--------------------------|
| 74.           | 417.8 (e) (2) | The family day care home has established written rules and policies, that determine who shall be considered a visitor. Visitors are monitored and controlled to protect the health, safety and welfare of children in care. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |   | Yes                      | No                       |
| <i>Notes:</i> |               |   |                          |                          |
| <br>          |               |   |                          |                          |
| 75.           | 417.8 (f)     | Surveillance cameras are not used as a substitute for competent, direct supervision.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |               |   | N/A                      | Yes No                   |
| <i>Notes:</i> |               |   |                          |                          |
| <br>          |               |   |                          |                          |

## Discipline – Section 417.9

|               |                 |   |                          |                          |
|---------------|-----------------|---|--------------------------|--------------------------|
| 76.           | 417.9 (a)       | Acceptable child guidance policies have been developed and shared with staff and parents, and have been implemented in the program.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                 |   | Yes                      | No                       |
| <i>Notes:</i> |                 |   |                          |                          |
| <br>          |                 |   |                          |                          |
| 77.           | 417.9 (b,g)     | Discipline is administered only by the caregiver, is related to the child's actions, and is handled without prolonged delay.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                 |   | Yes                      | No                       |
| <i>Notes:</i> |                 |   |                          |                          |
| <br>          |                 |   |                          |                          |
| 78.           | 417.9 (c,e,f,h) | The provider does not use, nor allows the use of, the following types of discipline: 1) unsupervised isolation; 2) withholding food, sleep, or rest; 3) forced feeding; 4) methods which frighten, shame, demean or humiliate, including methods of toilet training.      | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                 |   | Yes                      | No                       |
| <i>Notes:</i> |                 |   |                          |                          |
| <br>          |                 |   |                          |                          |
| 79.           | 417.9 (d)       | A child whose behavior is harmful to anyone may be separated briefly from the group until he or she regains self-control. A separated child is supervised and followed up by immediate interaction with a caregiver to guide the child toward appropriate group behavior. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                 |   | Yes                      | No                       |
| <i>Notes:</i> |                 |   |                          |                          |
| <br>          |                 |   |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Discipline – Section 417.9 (cont.)

|                      |                                    |                          |                          |
|----------------------|------------------------------------|--------------------------|--------------------------|
| <b>80.</b> 417.9 (e) | Corporal punishment is prohibited. | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                                    | Yes                      | No                       |
| <i>Notes:</i>        |                                    |                          |                          |
|                      |                                    |                          |                          |

## Child Abuse – Section 417.10

|                       |   |                          |                          |
|-----------------------|---|--------------------------|--------------------------|
| <b>81.</b> 417.10 (a) | The abuse or maltreatment of children is prohibited.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |   | Yes                      | No                       |
| <i>Notes:</i>         |   |                          |                          |
|                       |   |                          |                          |
| <b>82.</b> 417.10 (b) | The provider, alternate provider and substitute are aware they are mandated to report suspected child abuse or neglect and know how, when, and to whom such reports must be made. | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |   | Yes                      | No                       |
| <i>Notes:</i>         |   |                          |                          |
|                       |   |                          |                          |

## Health and Infection Control 417.11

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| <b>83.</b> 417.11 (a)                       | A health plan has been developed and is followed in accordance with regulations.   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | Yes                      | No                       |
| <i>Notes:</i>                               |  |                          |                          |
|   |  |                          |                          |
| <b>84.</b> 417.11 (a)(1-2)                  | A daily health check of each child is conducted and a record is kept of each child's illnesses, injuries and signs of abuse or maltreatment.   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | Yes                      | No                       |
| <i>Notes:</i>                               |  |                          |                          |
|   |  |                          |                          |
| <b>85.</b> 417.11 (a)(3-4)<br>417.11 (f)(3) | There is a plan describing how professional assistance will be obtained in emergencies. Advance arrangements are made for the care of any child in the event of illness or injury, including a plan to notify the child's parents. | <input type="checkbox"/> | <input type="checkbox"/> |
|   |  | Yes                      | No                       |
| <i>Notes:</i>                               |  |                          |                          |
|   |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Health and Infection Control 417.11 (cont.)

|                     |   |                          |                          |
|---------------------|---|--------------------------|--------------------------|
| 86. 417.11 (b)      | The provider and all alternate providers have submitted a health care statement, providing satisfactory evidence that the individuals are physically fit, has no diagnosed psychiatric or emotional disorder which would preclude them from providing child care, and is free from communicable disease.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 87. 417.11 (c)      | Health care statements of each person residing in the family day care home is on file.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 88. 417.11 (d)      | Caregivers do not consume or are ever under the influence of alcohol or any controlled substance when children are in care. Smoking around the children is prohibited.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 89. 417.11 (e)      | There is a written statement, signed by a health care provider for each child not yet enrolled in kindergarten or a higher grade, verifying that the child is able to participate in child care and is free from communicable or contagious diseases. The statement must also include documentation of age-appropriate immunizations in accordance with New York State Public Health Law. | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 90. 417.11 (f)(1-2) | The provider has emergency health care information for each child in care, including written consent from parents that authorize caregiver to obtain emergency health care and transportation for the child in the event of accident or illness.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Health and Infection Control 417.11 (cont.)

|                     |   |                          |                          |
|---------------------|---|--------------------------|--------------------------|
| 91. 417.11 (g)      | There is a fully stocked, portable first aid kit, which is inaccessible to children.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 92. 417.11 (h)      | There is a quiet area for sick children to rest, in view of the caregiver until the child receives medical care or parents or parental designee arrives.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 93. 417.11 (i)      | The provider has tried to obtain a copy of a lead screening certificate for each child under the age of six. If this information is unavailable, the caregiver has given the parents information on lead poisoning and prevention and has referred them to the child's health care provider or local health unit for a lead blood screening test. | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 94. 417.11 (j)(1-6) | Medications are administered in accordance with the regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | N/A                      | Yes                      |
|                     |   | <input type="checkbox"/> | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 95. 417.11 (j)(7)   | If provider agrees to administer medications, prescriptions, or other remedies or treatments, then this is done in compliance with the Office's requirements.   | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |
| 96. 417.11 (k,l)    | Children and providers wash their hands as required. Children are encouraged to practice good personal hygiene.   | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |
| <i>Notes:</i>       |   |                          |                          |
|                     |   |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Health and Infection Control 417.11 (cont.)

|     |                 |   |                          |                          |
|-----|-----------------|---|--------------------------|--------------------------|
| 97. | 417.11 (m)(1-6) | Universal blood precautions are observed. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                 |   | Yes                      | No                       |

Notes:

|     |            |  |                          |                          |
|-----|------------|--|--------------------------|--------------------------|
| 98. | 417.11 (n) | Extra suitable clothing is available for children. | <input type="checkbox"/> | <input type="checkbox"/> |
|     |            |  | Yes                      | No                       |

Notes:

|     |            |  |                          |                          |                          |
|-----|------------|--|--------------------------|--------------------------|--------------------------|
| 99. | 417.11 (o) | Diaper changing and toilet training equipment are in areas separate from those used for cooking, eating, playing, or sleeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |            |  | N/A                      | Yes                      | No                       |

Notes:

|      |            |  |                          |                          |                          |
|------|------------|--|--------------------------|--------------------------|--------------------------|
| 100. | 417.11 (o) | Infants are clean and comfortable, and diapers changed when wet or soiled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |            |  | N/A                      | Yes                      | No                       |

Notes:

|      |            |  |                          |                          |                          |
|------|------------|--|--------------------------|--------------------------|--------------------------|
| 101. | 417.11 (o) | Diaper changing facility is located near a sink, which is not used for food preparation. And after each use the surface is cleaned and treated with germicidal solution. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |            |  | N/A                      | Yes                      | No                       |

Notes:

|      |                 |   |                          |                          |                          |
|------|-----------------|---|--------------------------|--------------------------|--------------------------|
| 102. | 417.11 (p)(1,2) | Appropriate containers are provided for soiled disposable and/or cloth diapers until disposal is possible. Containers are inaccessible to children. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                 |   | N/A                      | Yes                      | No                       |

Notes:

|      |            |   |                          |                          |
|------|------------|---|--------------------------|--------------------------|
| 103. | 417.11 (q) | Toilet facilities are clean and supplied with toilet paper, soap, and individual or disposable towels which are accessible to children. | <input type="checkbox"/> | <input type="checkbox"/> |
|      |            |   | Yes                      | No                       |

Notes:



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Health and Infection Control 417.11 (cont.)

|                               |   |                                 |                                |
|-------------------------------|---|---------------------------------|--------------------------------|
| <b>104.</b> 417.11 (q) (1)    | Potty chairs in use for toilet training by only 1 child are emptied <i>after each use</i> and sanitized <i>daily</i> . Potty chairs in use for toilet training by <i>more than 1 child</i> are emptied <i>and</i> sanitized <i>after each use</i> . | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>105.</b> 417.11 (q) (2)    | Sharing personal items-washcloths, towels, toothbrushes, combs and hairbrushes is prohibited. Individual cloth towels are laundered daily.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>106.</b> 417.11 (r)        | The facility is kept clean, free from dampness, odors, vermin, and accumulation of trash, and is disinfected as needed.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>107.</b> 417.11 (r) (1)    | Equipment frequently used/touched by children daily is cleaned and disinfected when soiled and at least weekly.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>108.</b> 417.11 (r) (2)    | Carpets contaminated with body fluids are spot-cleaned.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>109.</b> 417.11 (r) (3)    | Extensive cleaning, such as shampooing carpets or washing windows and walls, occurs when children are not present.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |
| <b>110.</b> 417.11 (r) (4)(i) | The provider is compliant with the Office's requirements for use of pesticides.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <b>Notes:</b>                 |   |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Health and Infection Control 417.11 (cont.)

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <b>111.</b> 417.11 (r) (4)(ii)(a-d) Notification has been provided to the parent of each child not less than 48 hours prior to pesticide application. Notification includes the information specified in the regulations. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |
| <b>112.</b> 417.11 (r) (5) Garbage receptacles are covered and cleaned as needed after emptying.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |
| <b>113.</b> 417.11 (r) (6) Thermometers and toys mouthed by children are washed and disinfected before use by another child.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |
| <b>114.</b> 417.11 (r) (7) Individual drinking cups or disposable paper cups are provided. Children do not share drinking cups.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |
| <b>115.</b> 417.11 (r) (8) All blankets, linens, and bedding are cleaned weekly and before use by another child. All cribs, cots, beds, mats and mattresses are cleaned monthly and before use by another child.          | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |
| <b>116.</b> 417.11 (r) (9) Cooking/eating utensils are properly washed and sanitized after use.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Nutrition – Section 417.12

|  |   |                                 |                                 |                                |
|--|---|---------------------------------|---------------------------------|--------------------------------|
| <b>117.</b> 417.12 (a)<br>417.12(a)(2) | Nutritious and plentiful meals and snacks are provided and prepared in a sanitary manner and served at intervals specified in the regulations. Parents are notified of any meal policy changes. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |
| <b>118.</b> 417.12 (a) (1)             | If the facility does not furnish meals, there is an adequate supply of food to supplement the meal provided by the parents.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |
| <b>119.</b> 417.12 (b)                 | Preferences for food may be accommodated. When meal pattern or serving size does not meet nutritional needs, a medical statement is obtained, documenting the appropriateness of the variation. | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |
| <b>120.</b> 417.12 (c)                 | Portions are sufficient for size and age of children in care. Second helpings are always available.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |
| <b>121.</b> 417.12 (d)                 | Children are encouraged to feed themselves and to learn acceptable table manners appropriate to their developmental levels.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |
| <b>122.</b> 417.12 (e)                 | Children are allowed sufficient time to eat.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i><br><input type="text"/>  |   |                                 |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Nutrition – Section 417.12 (cont.)

|   |                                 |                                 |                                |
|---|---------------------------------|---------------------------------|--------------------------------|
| <b>123.</b> 417.12 (f) Perishable food, milk, and formula are refrigerated.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>124.</b> 417.12 (g) Safe drinking water is available and accessible.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>125.</b> 417.12 (h) Plastic eating utensils are not easily broken. All disposable cups, plates, and eating utensils are discarded after each use. Styrofoam cups are not used by children 3 years and under. | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>126.</b> 417.12 (i) Each infant has written instructions from a parent describing formula and feeding requirements.  | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>127.</b> 417.12 (j) When formula is required, either the parent supplies prepared formula or there is a written agreement with the parent for the provider to prepare formula.                               | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>128.</b> 417.12 (k) If more than one child is in care, child bottles and food containers are clearly marked with child's first and last name.  | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Nutrition – Section 417.12 (cont.)

|                            |   |                                 |                                 |                                |
|----------------------------|---|---------------------------------|---------------------------------|--------------------------------|
| <b>129.</b> 417.12 (k) (1) | Unused portions of bottles, or containers from which children have been spoon fed are discarded after each feeding or returned to the parent at the end of the day.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                 |                                |
| <b>130.</b> 417.12 (k) (2) | Heating infant formula, breast milk and other food items for infants in a microwave oven is prohibited.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                 |                                |
| <b>131.</b> 417.12 (l)     | Every effort is made to accommodate the needs of a child who is being breast-fed.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                 |                                |
| <b>132.</b> 417.12 (m) (n) | Infants 6 months and under are held while being bottle fed. Bottles are always held, never propped. Older infants must be held while being bottle fed until consistently demonstrating the capability of holding the bottle on their own. | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                 |                                |

## Staff Qualifications – Section 417.13 and 417.8

|                        |  |                                 |                                |
|------------------------|--|---------------------------------|--------------------------------|
| <b>133.</b> 417.13 (a) | Each provider and any alternate provider meet the qualifications set forth in the regulations.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>          |  |                                 |                                |
| <b>134.</b> 417.13 (b) | Alternate provider(s), employees or volunteers comply with the required State Central Register (SCR) screening, criminal history review and fingerprinting requirements. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>          |  |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Staff Qualifications – Section 417.13 and 417.8 (cont.)

|                        |  |                          |                          |
|------------------------|--|--------------------------|--------------------------|
| <b>135.</b> 417.13 (c) | Substitutes comply with the Statewide Central Register screening, criminal history review and fingerprinting requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |  | Yes                      | No                       |
| <i>Notes:</i>          |  |                          |                          |
|                        |  |                          |                          |

## Training – Section 417.14 and 417.8

|                          |  |                          |                          |
|--------------------------|--|--------------------------|--------------------------|
| <b>136.</b> 417.14 (a-e) | Training within the last licensing/registration cycle meets requirements as specified in the regulations.  | <input type="checkbox"/> | <input type="checkbox"/> |
|                          |  | Yes                      | No                       |
| <i>Notes:</i>            |  |                          |                          |
|                          |  |                          |                          |
| <b>137.</b> 417.14 (f)   | At time of admissions, parents are provided with instructional material to assist them in evaluating the family day care home, including information about child abuse and maltreatment. | <input type="checkbox"/> | <input type="checkbox"/> |
|                          |  | Yes                      | No                       |
| <i>Notes:</i>            |  |                          |                          |
|                          |  |                          |                          |

## Management and Administration – Section 417.15

|                             |   |                          |                          |                          |
|-----------------------------|---|--------------------------|--------------------------|--------------------------|
| <b>138.</b> 417.15 (a)(1-4) | The family day care home has registered with the Office and operates in accordance with the provisions specified in the regulations.        | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                             |   | Yes                      | No                       |                          |
| <i>Notes:</i>               |   |                          |                          |                          |
|                             |   |                          |                          |                          |
| <b>139.</b> 417.15 (a)(5)   | When the family day care home operates 24 hours a day, there is more than one caregiver. No caregiver works more than 2 consecutive shifts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                             |   | N/A                      | Yes                      | No                       |
| <i>Notes:</i>               |   |                          |                          |                          |
|                             |   |                          |                          |                          |
| <b>140.</b> 417.15 (a)(6)   | The caregivers and all members of the household are in good health and are of good character and habits.                                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                             |   | Yes                      | No                       |                          |
| <i>Notes:</i>               |   |                          |                          |                          |
|                             |   |                          |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Management and Administration – Section 417.15 (cont.)

|                    |  |                          |                          |
|--------------------|--|--------------------------|--------------------------|
| 141. 417.15 (a)(7) | Information about individual children is kept confidential except with written parental permission or if provided to employees/designees of this Office, or persons authorized by law. | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |  | Yes                      | No                       |

Notes:

|                    |  |                          |                          |
|--------------------|--|--------------------------|--------------------------|
| 142. 417.15 (a)(8) | A child with developmental delay or disability or a diagnosis of HIV or HIV related illness of AIDS would be accepted for admission to the program. Each child is evaluated by the provider to determine if the child can be accommodated with reasonable modification and costs to the premises and/or program. | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |  | Yes                      | No                       |

Notes:

|                       |  |                          |                          |
|-----------------------|--|--------------------------|--------------------------|
| 143. 417.15 (a)(9)(i) | The parent of a child receiving care has unlimited and on demand access to the child and to the provider while child is in care or during normal hours of operation; the right to inspect all areas used for child day care; and unlimited and on demand access to written records concerning the child except where such access is otherwise restricted by law. | <input type="checkbox"/> | <input type="checkbox"/> |
|                       |  | Yes                      | No                       |

Notes:

|                           |  |                          |                          |                          |
|---------------------------|--|--------------------------|--------------------------|--------------------------|
| 144. 417.15 (a)(9)(ii)(b) | Parents, alternate providers, and all assistants and employees are informed that video surveillance cameras are installed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                           |  | N/A                      | Yes                      | No                       |

Notes:

|                             |   |                          |                          |                          |
|-----------------------------|---|--------------------------|--------------------------|--------------------------|
| 145. 417.15 (a)(9)(ii)(e-g) | When viewing common areas via the Internet; Internet screening and security measures are used and maintained at all times, in accordance with the regulations. Viewing access is also extended to inspectors and other office representative as required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                             |   | N/A                      | Yes                      | No                       |

Notes:



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Management and Administration – Section 417.15 (cont.)

|                            |   |                                 |                                |
|----------------------------|---|---------------------------------|--------------------------------|
| <b>146.</b> 417.15 (a)(10) | Inspectors are given free access to site, staff, children, and records during hours of operation.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |
| <b>147.</b> 417.15 (a)(11) | When there is a new alternate provider, this Office is notified in writing, and an application with supporting documentation is submitted within 15 days of notification. It is understood that until the Office approves the alternate, the person cannot be in sole charge of the children. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |
| <b>148.</b> 417.15 (a)(12) | This Office is notified when there is any change in the family composition, portions of the building in which program is located, emergency egress, or any other change that would place the home out of compliance with applicable regulations.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |
| <b>149.</b> 417.15 (a)(13) | All providers and staff are familiar with the regulations and have access to them for reference. The regulations are made available for parental review when requested.   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |
| <b>150.</b> 417.15 (a)(14) | Provider will immediately notify this Office upon learning of the death, serious injury or onset of an infectious illness in an enrolled child while the child was in the provider's care.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |
| <b>151.</b> 417.15 (a)(15) | Parent conferences are available at the time of enrollment, as frequently as needed, or at least conducted annually.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>              |   |                                 |                                |
|                            |   |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Management and Administration – Section 417.15 (cont.)

|                     |   |                          |                          |
|---------------------|---|--------------------------|--------------------------|
| 152. 417.15 (a)(16) | The indoor and outdoor areas of the home are used only for child care purposes when the children are present. The caregiver’s attention is not diverted from the children by any other business or social activities. | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |

Notes:

|                     |   |                          |                          |                          |
|---------------------|---|--------------------------|--------------------------|--------------------------|
| 153. 417.15 (a)(17) | Prior approval has been obtained from this Office for a child under 6 weeks of age to be in care at the family day care home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | N/A                      | Yes                      | No                       |

Notes:

|                     |   |                          |                          |
|---------------------|---|--------------------------|--------------------------|
| 154. 417.15 (a)(18) | The local police and fire departments have been notified that there are children in care in this home in accordance with the requirements of the regulations. | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |   | Yes                      | No                       |

Notes:

|                     |  |                          |                          |
|---------------------|--|--------------------------|--------------------------|
| 155. 417.15 (a)(19) | The provider has submitted SCR, fingerprinting and criminal history information within five days of a person 18 years of age or older who began residing at the premises of the family day care home. Until the results of the screening and review have been approved, this person may not have unsupervised access to children receiving day care. | <input type="checkbox"/> | <input type="checkbox"/> |
|                     |  | Yes                      | No                       |

Notes:

|                 |   |                          |                          |
|-----------------|---|--------------------------|--------------------------|
| 156. 417.15 (b) | The family day care home complies with the conditions that apply to registration detailed in this regulation. | <input type="checkbox"/> | <input type="checkbox"/> |
|                 |   | Yes                      | No                       |

Notes:

|                 |   |                          |                          |
|-----------------|---|--------------------------|--------------------------|
| 157. 417.15 (c) | The provider maintains the documents listed in the regulation on file at the family day care home and makes them available for inspection by the Office or its designees at any time. Also see Section “Filing Requirements.” | <input type="checkbox"/> | <input type="checkbox"/> |
|                 |   | Yes                      | No                       |

Notes:



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Posting Requirements

|   |                                 |                                 |                                |
|---|---------------------------------|---------------------------------|--------------------------------|
| <b>158.</b> 417.5 (b) and 417.15 (c)(1) Evacuation plan and procedures. (Or can be filed and readily accessible.)   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>159.</b> 417.5 (m) Emergency phone numbers.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>160.</b> 417.4 (b) Record of evacuation drills conducted is kept on file.  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>161.</b> 417.5 (g), 417.6 (a), 417.8 (a)(4), 417.15 (c)(6), 417.11 (f) (1-2) Parental permission for field trips, emergency medical treatment, and participation in residential pool activities. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>162.</b> 417.11 (r)(4)(i,ii) A notice is posted 48 hours prior to application of pesticides in a common area visible to people dropping off or picking up children.                              | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No  |                                |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |
| <b>163.</b> 417.8 (a)(4)(i), 417.5(g) Plan of supervision of children using the pool.   | <input type="checkbox"/><br>N/A | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| <i>Notes:</i>   |                                 |                                 |                                |
|   |                                 |                                 |                                |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Filing Requirements (cont.)

|                               |  |                          |                          |                          |
|-------------------------------|--|--------------------------|--------------------------|--------------------------|
| <b>164.</b> 417.5 (g)(2)(iii) | Maintains a pool plan acceptable to the Office which outlines adequate safety standards for use of the pool.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |  | N/A                      | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>165.</b> 417.5 (g)(2)(ii)  | Documentation demonstrating the consistent, safe, and adequate water quality of the pool is maintained on file.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |  | N/A                      | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>166.</b> 417.8 (e)(1)      | Visitor logs.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                               |  |                          | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>167.</b> 417.8 (e)(2)      | There are written policies and rules that define who shall be considered a visitor and that establish the monitoring and control of visitors to protect the health, safety, and welfare of children in care. | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                               |  |                          | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>168.</b> 417.9 (a)         | Discipline policy.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                               |  |                          | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>169.</b> 417.15 (a)(2)     | Proof of registration and information concerning approved waivers.   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                               |  |                          | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |
| <b>170.</b> 417.15 (a)(13)    | Regulations are readily accessible.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|                               |  |                          | Yes                      | No                       |
| <i>Notes:</i>                 |  |                          |                          |                          |
| <br>                          |  |                          |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Filing Requirements (cont.)

|   |                          |                          |
|---|--------------------------|--------------------------|
| 171. 417.15 (a)(13) Regulations are readily accessible.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 172. 417.15 (c)(1) Evacuation plan. (Or can be appropriately posted.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 173. 417.15 (c)(2) Approved health plan.<br>417.11 (a)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 174. 417.15 (c)(3) Enrollment and emergency information for each child in care.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 175. 417.15 (c)(4) List of people authorized to take each child.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 176. 417.15 (c)(5) Daily attendance records.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |
| 177. 417.15 (c)(6) Health records including parental consents for emergency medical treatment,<br>417.11 (i) health exam information, immunization records, and any lead screening<br>results for each child in care, except for those children enrolled in school. | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Notes:</i>   |                          |                          |
|   |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Filing Requirements (cont.)

|               |                                 |  |                          |                          |
|---------------|---------------------------------|--|--------------------------|--------------------------|
| <b>178.</b>   | 417.15 (c)(6)<br>417.11 (a)(2)  | Records of accidents, injuries, illnesses and any signs of abuse or maltreatment.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>179.</b>   | 417.15 (c)(6)<br>417.11 (j)(6)  | Record of administration of medication indicating the named dosages and time that the prescription or over-the-counter medication was given. | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>180.</b>   | 417.15 (c)(7,8)<br>417.11 (b,c) | Health statements for any providers, alternates, and household members.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>181.</b>   | 417.15 (c)(9)<br>417.7 (a)      | Program activity schedule.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>182.</b>   | 417.15 (c)(10)<br>417.4 (h)     | Report of inspection of wood or coal burning stove, fireplace, or permanently installed gas space heater.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>183.</b>   | 417.15 (c)(11)                  | Report of private water supply test.   | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |
| <b>184.</b>   | 417.15 (c)(12)                  | List of alternate providers or substitutes.  | <input type="checkbox"/> | <input type="checkbox"/> |
|               |                                 |  | Yes                      | No                       |
| <i>Notes:</i> |                                 |  |                          |                          |
| <br>          |                                 |  |                          |                          |



# FDC Inspection Checklist (cont.)

On-Site Provider Name:

Family Day Care Program Name:

## Filing Requirements (cont.)

|   |   |                          |                          |
|---|---|--------------------------|--------------------------|
| <b>185.</b> 417.15 (c)(13)<br>417.14                        | Documentation of training sessions attended by staff.   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | Yes                      | No                       |
| <i>Notes:</i>   |   |                          |                          |
| <br>  |   |                          |                          |
| <b>186.</b> 417.15 (c)(14)                                  | Legal documentation, if incorporated.                   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | N/A                      | Yes                      |
| <i>Notes:</i>   |   |                          |                          |
| <br>  |   |                          |                          |
| <b>187.</b> 417.15 (c)(15)<br>417.15 (a)(18)                | Copy of notification provided to local fire and police. | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | Yes                      | No                       |
| <i>Notes:</i>   |   |                          |                          |
| <br>  |   |                          |                          |
| <b>188.</b> 417.15 (c)(16)<br>417.2 (a)(10)<br>417.2 (d)(4) | Environmental hazards certification.                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | Yes                      | No                       |
| <i>Notes:</i>   |   |                          |                          |
| <br>  |   |                          |                          |