

**FAMILY CHILD CARE
INITIAL/QUARTERLY INSPECTION**

PROVIDER'S NAME _____ HOME CATEGORY _____

OBSERVATION KEY: S = SATISFACTORY U = UNSATISFACTORY NO = NOT OBSERVED

DATE _____

I. TRAINING/REQUIREMENT SUSPENSES

a. Individual Development Plan					
b. First Aid					
c. CPR					
d. Driver's License					
e. Auto Insurance					
f. TB Tine					
g. Medication Dispensation					
h. Child Abuse Class					

II. CHILD RECORDS

a. Accurate and available					
b. Child Registration					
c. Child Immunization					
d. Sponsor Consent					
e. Sponsor Program Agreement					
f. Family Care Plan					
g. Power of Attorney					
h. Statement of Understanding					
i. Statement of Understanding Regarding provider's plans and policies					
j. Child/Family Profile					
k. Health Assessment					
l. Medication					

III. PROGRAM REQUIREMENTS

a. Statement of Understanding					
b. Children's health assessment					
c. Pet(s) health assessment					
d. Reports, changes, or Unusual Occurrences to the office					
e. Number of children present					
f. Number of adults present					
g. Visitor Record					
h. RSBP Checklist					

IV. ITEMS POSTED IN HOME

- a. Lesson plans
- b. Tornado Evacuation Plan
- c. Fire Evacuation Plan
- d. Documented Fire/Tornado Drill
- e. Logo
- f. Certificate
- g. DoD Child Abuse/Safety Poster
- h. Backup providers phone number
- i. Emergency phone numbers
- j. Menu
- k. USDA Nondiscrimination Sign
- l. Developmental Activity Plan
- m. RIMP certificate
- n. Toy Lending hand receipt
- o. Messages for parents
- p. Sign-in/out sheets
- q. Safety Checklist
- r. 5 Rights of Giving Medication

V. PHYSICAL CHARACTERISTICS OF HOME

- a. Floors, shelves, countertops, free of dust, dirt, clutter
- b. Sufficient lighting to support activities
- c. Sufficient circulation and ventilation
- d. Breakable items not accessible to children
- e. Fire extinguisher mounted and pressure checked
- f. No harmful substances or objects accessible to children
- g. Medication is secured
- h. Electrical cords/outlets, out of reach of children
- i. Hot water turned off under bathroom sink (business hours)
- j. Weapons secured
- k. First Aid Kit complete/available
- l. Telephone works
- m. Poisonous plants out of reach
- n. Doors secured
- o. Closet locks operable from inside
- p. Doors locked
- q. Gate at bottom of stairs
- r. No trunks/toy chests with lids
- s. Flashlight readily available
- t. No chipping/peeling paint
- u. Gate at kitchen entrance
- v. Common fence secured or not in use.

V. PHYSICAL CHARACTERISTICS OF HOME(continued)

- w. Smoke detector operable _____
- x. Hazard free outdoor space _____
- y. Provider present when children in kitchen. _____

SANITATION FACTORS

- a. Eating facilities adequate _____
- b. Bleach solution available _____
- c. Towel/wash cloths changed daily _____
- d. Bed linen washed weekly _____
- e. Separate towels/wash cloths/bed linen _____
- f. Washable diaper area _____
- g. Wash hands before/after diaper changing _____
- h. Trash and diapers disposed of properly _____
- i. Toys cleaned/sanitized _____
- j. Cleaning supplies secured _____
- k. No foam rubber exposed on furniture _____

DEVELOPMENTAL PROGRAM

- a. Family Style Dining used _____
- b. Space for quiet and active activities _____
- c. Furniture and toys meet safety standards _____
- d. Television programs meet program requirements _____
- e. Adequate supervision indoors/outdoors _____
- f. Constructive discipline used _____
- g. No form of corporal punishment used _____
- h. Foster positive self-concept in children _____
- i. Toys are appropriate for children in care _____
- j. Developmental activity observed during visit _____
- k. Activities in plan promote developmental activity _____
- l. Art offered at least 3 times per week _____
- m. Activities available to promote language development _____
- n. Portfolio for each child _____
- o. DPP current _____

