

Name of Center _____ Date of Survey _____

CENTER CHECK LIST

ADMINISTRATION RECORDS:

- _____ Renewal Application mailed **8.16.2.11A(4)(a)** Date mailed _____
 - _____ Inform the provider of application late fee
 - _____ Provide a copy of current regulations
- _____ License **Posted 8.16.2.11B**
- _____ Fire Inspection **Posted 8.16.2.21 A. (1)**
- _____ Current Fire Inspection **8.16.2.28H(2)(e)**
- _____ EID **Posted 8.16.2.21 A (1)**
- _____ Menus **Posted/Dated 8.16.2.21.A (3)**
- _____ Discipline Policy **Posted 8.16.2.21A(4)**
- _____ Current Notifiable/ Communicable Diseases **Posted 8.16.2.21A(5)**
- _____ Last licensing Survey **Posted 8.16.2.21A(1)**
- _____ State Reg. **Posted 8.16.2.21A(2)**
- _____ Mission Statement **8.16.2.21B(1)**
- _____ Philosophy Statement **8.16.2.21B(2)**
- _____ Curriculum Statement **8.16.2.21B(3)**
- _____ Parent Handbook **8.16.2.21D**
- _____ Personnel Handbook **8.16.2.21G**
- _____ Sign In/Out **8.16.2.21E(1)(i)**
- _____ Policy and Procedures **8.16.2.21C(1,2,3,4,5,6,&7)**
- _____ Dated Weekly Work Schedule **8.16.2.21F(2)**
- _____ Person in Charge while Director is out **8.16.2.22C(2)**
- _____ Fire Drills log **8.16.2.28H(2)(d)**
- _____ Disaster Preparedness **8.16.2.21C(7)**

OFFICE / BUILDING:

- _____ Check Emergency Number next to phone **8.16.2.28H(2)(g)**
(Fire, Police, Ambulance and Poison Control)
- _____ Check Fire Extinguishers **8.16.2.28H(2)(k)**
- _____ Exit signs illuminated **8.16.2.28F(2)(b)**
- _____ Check First Aid Kit **8.16.2.25 B (2)**
 - ___Band aids ___gauze pads, ___adhesive tape ___scissors ___soap
 - ___non-porous Gloves ___thermometer
- _____ Check Medication Box (Locked) and Sheet (**8.16.2.25 C(1),(2), (3)**), Parents initials (**4**) & Expired medication discarded (**5**)
- _____ Check Smoke Detectors **8.16.2.28H(2)(i)**
- _____ Check Emergency Lights **8.16.2.28E(2)**

HOUSEKEEPING:

- _____ Ceiling Tiles **8.16.2.28A(1)**
- _____ Dangerous material inaccessible to children **8.16.2.28A(2)**
- _____ Trash Can w/ tight fitting lid **8.16.2.28A(3)**

NAPS/REST:

- _____ Crib/Mats 30" apart **8.16.2.23B(3)**
- _____ Check Cribs (clean and in good repair) **8.16.2.27G(1)**
- _____ Labeled linen and cots/mats **8.16.2.23B(4)**
- _____ Mats at least ¾" thick **8.16.2.23B(5)**
- _____ No child sleeping in car seat, Stroller, playpen or swings **8.16.2.23B(6)**
- _____ Dark room **8.16.2.23B(8)**

INFANTS:

- No propping bottles or children sleeping with bottles **8.16.2.27E(7)**
- No pillow in cribs **8.16.2.27G(1)**
- Infant placed on back for sleeping **8.16.2.23B(6)**

DIAPERING & TOILETS:

- Toilet Paper, Soap & Disposable towels
8.16.2.28G(2)
- Ventilation **8.16.2.28C(4)**
- Clean **8.16.2.28A(1)**
- Staff wear gloves & wash hands after diapering **8.16.2.27F(2)**
- Child's personal items labeled, Soiled diapers/container w/tight fitting lid
8.16.2.27F(3)
- Diapers changed on waterproof/disinfect surface **8.16.2.27F(4)**

KITCHEN:

- Check Refrigerator 41 degrees/Freezer 0 degrees or below for Thermometers
8.16.2.24D(6)
- Check Refrigerator for cleanliness **8.16.2.28A(1)**
- Open food labeled & dated **8.16.2.24D(4)**
- Check Pantry for open container **8.16.2.24D(7)**

PLAYGROUND:

- Equipment safe and securely anchored **8.16.2.23E(1)**
- Fence at least 4' high and 1 latch gate for emergency exit **8.16.2.23E(2)**
- Energy Absorbing Surfaces Fall Zones **8.16.2.23E(3)**
- Sufficient equipment for outdoor activities **8.16.2.23D(2)**
- Separate area for children under 2 for crawling safety **8.16.2.23E(4)**
- Playground capacity **Posted 8.16.2.20B(3)(b)**

VANS:

- Proof of insurance & Registration **8.16.2.27A(8)**
- Driver's License of van driver **8.16.2.27A(8)**
- Check Vans for Equipment **8.16.2.27A(1)**
- ___ Fire extinguisher ___ First-Aid Kit ___ First-Aid Manual ___ Water ___ Blanket
- Clean and Inspected **8.16.2.27A(3)**

SURVEYS NOTES:

- Floor Plans
- PPA Form for initials
- PSD Screening form
- Current Accreditation (obtain copy)
- Conduct fire drill & disaster drills
- Annual child abuse statement **8.16.2.11A(4) (b)**
- Infants training for staff within six months of hire. **8.16.2.22B (2) (d)**
- Current NAC Letter (obtain copy)
- Current CDA Cert (obtain copy)

CLASSROOMS:

Room _____	Room _____	Room _____	Room _____	Room _____	
					Capacity of room posted 8.16.2.23C(4)
					Daily Activity Schedule 8.16.2.23D(6)
					Check Evacuation Plan 8.16.2.28H (2)(f)
					Check Equipment (enough supplies, AGE APPROPRIATE & activities for the amount of children 8.16.2.23D (1), (2)&(5))
					Bottles and cups labeled 8.16.2.24D(5)
					Check the Lights Shielding 8.16.2.28E(1)
					Check for Plug Covers 8.16.2.28E(3)(b)
					Check for Running Water Hot/Cold 8.16.2.28D
					Hand Washing Staff/Children after diapering & before preparing food 8.16.2.25A(1)(a)(b)(c)(d)(e)(f)
					Check Staff/Child Ratios 8.16.2.22C(3)
					Check for Unattended Children 8.16.2.22C(3)
					Identifiable Learning Centers/Areas 8.16.2.23C(1)
					Learning centers clearly defined, using shelves and furniture 8.16.2.23C(2)
					TV one hour/day 8.16.2.23D(7)

***** SUGGESTIONS:**

Listen for the music/age appropriate
Listen how teacher talks to children