



FFN Annual Health & Safety Checklist

Clarity ID: _____

Provider Name: [REDACTED] Phone Number: [REDACTED] Provider ID: [REDACTED]
 Care Location: [REDACTED] City: [REDACTED] Zip: [REDACTED]

Provider Instructions: For each standard below, please mark the "Standard Met" box if you or the care environment meets the standard. Mark "Standard Not Met" if you do not meet the standard. A Child Care Licensing (CCL) staff member will validate your responses and will provide guidance in how you can meet standards that are not met.

Section A • Supervision

Standard <i>Child Care and Development (CCDF) Law Reference</i>	Provider Use		Standard <i>Caring for our Children Reference (CFOC)</i>	Staff Use Only		
	Standard Met	Standard Not Met		Validated Standard	Standard Not Validated	Reviewed Standard
Monitoring Children's Development/Obtaining Consent for Screening 658G.b			Developmental and behavioral screenings of all children are conducted at the beginning of child's enrollment, at least yearly thereafter, and as developmental concerns become apparent to staff and/or parents/guardians. CFOC-2.1.1.4			✓
Methods of Supervision of Children 658G.b			Provider directly supervises infants, toddlers, and preschoolers by sight and hearing at all times (indoors and outdoors), even when the children are going to sleep, napping or sleeping, and are beginning to wake up; CFOC-2.2.0.1	WA		✓
Supervision near Bodies of Water 658E.c.2.i.i.v. 658H.i.2.A.-B. 658E.c.2.H.i.			Constant supervision maintained when any child is in or around water; CFOC-2.2.0.4	WA		
			Constant supervision maintained during any swimming/wading activities; CFOC-2.2.0.4	WA		
			Ratios are maintained (one adult to one infant/toddler) CFOC-2.2.0.4	WA		
Prohibited Caregiver/Teacher Behaviors 658G.b			The provider is aware that the following behaviors are prohibited and should NEVER be used: a) Use of corporal (physical) punishment (e.g., hitting, spanking); b) Isolating a child where a child cannot be supervised; c) Binding or tying to restrict movement or taping the mouth d) Using or withholding food as a punishment or reward; e) Toilet learning/training methods that punish, demean, or humiliate a child; f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, or corrupting a child; g) Any physical abuse or maltreatment of a child; h) Abusive, profane, sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family; i) Any form of public or private humiliation; j) Exclusion of physical activity/outdoor time as punishment. CFOC-2.2.0.9			✓
Active Opportunities for Physical Activity 658E.c.2.i			Active play for children, including infants and toddlers, happens both indoors and outdoors every day. CFOC-3.1.3.1			✓
Safe Sleep Practices and SIDS Risk Reduction 658E.c.2.i			Provider follows the following safe sleep practices as recommended by the Centers for Disease Control and Prevention (CDC) and the National Institute of Child Health and Human Development (NICHD): a) Always place babies on their backs to sleep. b) Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet. c) Babies are not allowed to sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else. d) Keep soft objects, such as pillows and loose bedding out of baby's sleep area. e) Do not smoke around infants or any other child in your care. CFOC-3.1.4.1	WA		per seps
Routine Oral Hygiene Activities			Provider promotes the habit of regular tooth brushing. CFOC-3.1.5.1			✓
Diaper Changing Procedure			Diaper changing procedure is followed. CFOC-3.2.1.4 pull ups			✓
Situations that Require Hand Hygiene			Providers, volunteers and children follow the procedures for hand washing as defined by the CDC. CFOC-3.2.2.1			✓

Section B • Health and Safety

Standard CCDF Law Reference	Provider Use		Standard Caring for our Children Reference (CFOC)	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
Prevention of Exposure to Blood and Body Fluids 658E.c.2.1			Provider adopts the use of Standard Precautions, developed by the CDC, to handle potential exposure to blood and other potentially infectious fluids. CFOC-3.2.3.4			✓
Routine Cleaning, Sanitizing, and Disinfecting			Provider disinfects areas on a regular basis to kill the germs that cause disease and infections. Cleaning, sanitizing, and disinfecting products are NOT used in close proximity to children, and adequate ventilation is maintained during use.CFOC-3.3.0.1			✓
Use of Tobacco, Alcohol, and Illegal Drugs			Tobacco and alcohol use are prohibited on the premises (both indoor and outdoor environments) and in vehicles used by the provider when children are present. a) All smoking materials must be kept out of the reach of children Provider cannot be under the influence of prescription drugs when caring for children. The use of illegal drugs is prohibited. CFOC- 3.4.1.1			✓
Emergency Procedures 658E.c.2.1			Provider is trained and has developed a procedure for responding to situations when an immediate emergency medical response is required. CFOC-3.4.3.1			✓
Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation 658E.c.2.J,L			Program has a written policy for reporting child abuse and neglect. Program reports to the child abuse reporting hotline, the Department of Social Services, child protective services, or the police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. CFOC-3.4.4.1			✓
Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma 658E.c.2.1			Provider has a policy and procedure for shaken baby syndrome/abusive head trauma. CFOC-3.4.4.3	WA		
			All providers who are in direct contact with children have received training. CFOC 3.4.4.3	WA		
Sun Safety Including Sunscreen			Provider ensures sun safety for themselves and children under their supervision.CFOC-3.4.5.1	~~WA~~	ecclmca	
Strangulation Hazards 658E.c.2			Strings and cords on toys and window covers long enough to encircle a child's neck are NOT accessible to children in early care and education programs. a) Secure any cords. Cords can be tied together and placed out of children's reach or hidden by furniture. b) Mini blind cords can be made safe with a plastic cover or put out of children's reach. CFOC- 3.4.6.1			✓
Care Plan for Children with Special Health Care Needs 658E.c.2			Care plan in place for special health care needs. CFOC- 3.5.0.1			✓
Infectious Disease Outbreak Control 658E.c.2			Procedure in place for an outbreak of infectious disease. CFOC- 3.6.1.4			✓
			Procedure in place for ill children. CFOC- 3.6.1.1			
Medication and Training for Administration and Storage of Medication 658E.c.2			Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. a) Written orders from the prescribing medical need, medication, dosage, and length of time to give medication. b) Labeled medications brought to the early care and education facility by the parent/guardian in the original container (with a label that includes the child's name; date filled; prescribing clinician's name; pharmacy name and phone number; dosage/instructions/relevant warning as well as specific, legible instructions for administrant; storage; and disposal). c) Medication has child-resistant caps; Kept in an organized fashion; stored away from food; stored at the proper temperature; completely inaccessible to children. d) Provider who administers medication completed a standardized training course that includes how to administer medication. CFOC-3.6.3.1/3.6.3.2 CFOC-3.6.3.3	only as needed		✓

Section C • Facilities, Supplies, Equipment, Environmental Health

Standard CCDF Law Reference	Provider Use		Standard Caring for our Children Reference (CFOC)	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
Fire Extinguisher 658E.c.2.K			a) ABC fire extinguisher (5lbs. or larger) is located in or near the kitchen. b) Mount fire extinguisher on the wall at least 4ft high, or in a suitable location easily accessible by adults. c) Emergency evacuation plans are in place, including back-up care, and fire drills are practiced monthly.	✓		
Smoke Detectors- Detectors Installed and Operational 658E.c.2.K			a) Do not put detectors within six inches of where walls and ceilings meet, or near heating and cooling ducts. Air flow is restricted in these areas and alarms may not work properly. b) Put a detector in each sleeping room and place additional detector(s) in the hallway. Please note: detectors should be tested monthly and batteries replaced annually.	✓		
Safety Covers and Shock Protection Devices for Electrical Outlets 658E.c.2.K			All accessible electrical outlets are "tamper-resistant electrical outlets" or "safety covers" that prevent children from sticking objects into receptacles. CFOC-5.2.4.2	✓		
Location of Electrical Devices near Water 658E.c.2.K			No electrical device or equipment accessible to children or plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool. CFOC-5.2.4.4	NA		
Integrated Pest Management			Provider has a practice for pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. CFOC-5.2.8.1	✓		
Household Pets			A statement from a veterinarian that all household pets are up-to-date on required vaccinations. Litter boxes and pet food dishes must be kept out of the reach of children.	NA		
Use and Storage of Toxic Substances 658E.c.2.K			All toxic substances are used as recommended by the manufacturer and stored in the original labeled containers. a) All toxic substances are inaccessible to children. All hazardous products like bleach, bug spray, drain cleaners, ammonia, floor wax, furniture polish and disinfectants must be stored in a cabinet that has been fitted with a child safety lock. b) The telephone number for the poison center is posted in a location where it is readily available in emergency situations. CFOC-5.2.9.1	✓		
Safety of Equipment, Materials and Furnishings 658E.c.2.K			Equipment, materials, furnishings, and play areas must be sturdy, safe, in good repair and meet the recommendations of the Consumer Product Safety Commission (CPSC). Ensure that environment is free of: a) Openings that could entrap a child's head or limbs; b) Broken windows and discard any shards of glass.. c) Elevated surfaces that are inadequately guarded; d) Climbable unsafe equipment; e) Mismatched size and design of equipment for the intended users; f) Clutter; g) Tripping hazards; h) Ripped carpet; i) Components that can pinch, shear, or crush body tissues; j) Sharp points or corners; k) Splinters; l) Protruding nails, bolts, or other parts that could entangle clothing or snag skin; m) Loose, rusty parts; n) Strangulation hazards (e.g., straps, strings, etc.) o) Plastic bags, matches, candles, and lighters that are accessible to children. p) Peeling paint on walls and furniture and/or paint that contains lead or other hazardous materials. CFOC-5.2.9.5	✓		
Cribs – Infants/Toddlers N/A ☐			Cribs are in compliance with current CPSC and ASTM International safety standards and Standard Consumer Safety Specification. a) Provider only uses cribs for sleeping purposes. No beds or couches. b) Cribs are placed away from window blinds or draperies. CFOC-5.4.5.2	NA		
Firearms			All guns and weapons must be locked up with the ammunition locked in a separate location. CFOC-5.5.0.8	NA		

Section C • Facilities, Supplies, Equipment, Environmental Health - Continued

Standard CCDF Law Reference	Provider Use		Standard Caring for our Children Reference (CFOC)	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
Play Areas/Playgrounds 658E.c.2.I.IX.			Location of play areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water: a) The outdoor play area is enclosed with a fence or natural barriers. b) Fences and barriers should not prevent the observation of children. c) Fence conforms to applicable local building codes in height and construction and has at least two exits, with at least one being remote from the buildings. d) Outside play areas are free from bodies of water. Gates are equipped with self-closing and positive self-latching closure mechanisms. e) The fence and gates discourage climbing. CFOC- 6.1.0.6/6.1.0.8/6.3.1.1	✓		
Prohibited Surfaces for Placing Climbing Equipment			Equipment used for climbing is not placed over, or immediately next to hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as covering for climbing equipment. CFOC- 6.2.3.1	NA		
Inspection of Indoor and Outdoor Play Areas and Equipment			The indoor and outdoor play areas and equipment are inspected daily for basic health and safety. CFOC-6.2.5.1			✓
Lifesaving Equipment			Each swimming pool more than 6 feet in width, length, or diameter are provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. CFOC-6.3.2.1			NA
Water in Containers 658E.c.2.I.IV.			Bathtubs, buckets, diaper pails, and other open containers of water are emptied immediately after use. CFOC- 6.3.5.2			NA
Qualifications for Drivers 658E.c.2.I.IX. 658N.a.1.B. N/A ☐			Drivers of moving vehicles must: a) Have a valid driver's license ; b) Not use tobacco, alcohol, or drug use before or while driving; c) Be free of any medical conditions that would compromise driving, supervision, or evacuation capability; d) Have vehicle insurance in their name. CFOC- 6.5.1.2			✓
Child Passenger Safety 658E.c.2.I.IX. N/A ☐			The vehicle is equipped with individual restraint system that is in working order and meets the federal motor vehicle safety standards contained in 49 CFR 571.213;9 Child passenger restraint installed in accordance to manufacturer's instructions; a) Safe departing/boarding of children (head counts); b) Windows/doors secure. CFOC-6.5.2.2			✓
Interior Temperature of Vehicles 658E.c.2.I.IX. N/A ☐			The interior of vehicles used to transport children should be maintained at a temperature comfortable to children. a) All vehicles are locked when not in use. b) Head counts of children are taken after transporting children. CFOC-6.5.2.4			✓

Section D • Infectious Disease

Standard Law Reference	Provider Use		Standard Caring for our Children Reference (CFOC)	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
Immunization Documentation/ Unimmunized Children FFN Binder 658E.c.2.I.II.			Current immunization records for the client's children and the red emergency booklet are in the FFN binder. CFOC-7.2.0.1 - OR - a) Statement from parents'/guardians' religious or philosophical beliefs to exempt child from immunizations. b) Statement from physician documenting the reason child is exempt from immunizations. CFOC-7.2.0.2	NA		
Providers Immunization 658E.c.2.I.II.			Providers are current with all immunizations routinely recommended for adults by the CDC. CFOC-7.2.0.3	NA		

Section E • Policies

Standard CCDF Law Reference	Provider Use		Standard Caring for our Children Reference (CFOC)	Staff Use Only		
	✓ Standard Met	✓ Standard Not Met		Validated Standard ✓	Standard Not Validated ✓	Reviewed Standard ✓
Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents			The provider has a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children, staff, or volunteers. CFOC-9.2.4.1			✓
Disaster Planning, Training and Communication 658E.c.2			A plan for emergency or natural disaster situations. Emergency numbers are posted near all telephones. CFOC-9.2.4.3			✓
Authorized Persons To Pick Up Child			Children are only released to adults authorized by parents or legal guardians and the identity is verified by photo identification. CFOC-9.2.4.8	only	mom	✓

Section F • CCL Use Only

Check days and specify hours:			Date of Visit: <u>3/10/26</u> Time of Visit: <u>10:30</u> Site Visitor: <u>Erin R. R. R.</u>		
Day	Start Time	End Time			
☐ Mondays	<u>2:15-4</u>	<u>7:00-1:00</u>	Provider Type: ☐ Out-of-Home Non-Relative ☐ Out-of-Home Relative ☐ In-Home Non-Relative ☒ In-Home Relative Provider is: ☒ Compliant ☐ Non-Compliant Follow-Up Needed? ☐ No ☐ Yes Follow-Up Date: _____ Verified that provider has a sign in and out system and that timesheets are used each day care is provided. ☐ No ☐ Yes		
☐ Tuesdays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Wednesdays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Thursdays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Fridays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Saturdays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Sundays	<u>2:15-4</u>	<u>7:00-1:00</u>			
☐ Days Vary	<u>Break 4-7</u> <u>ABA TX.</u>				

Additional Visit Comments & Observations:
Recommendation - Keep first aid material on lower level. Child stays from pickup after school until Sunday around 3:00pm.

Section G • Required Signatures

It is the responsibility of the provider to adhere to the rules and regulations for participation with the Child Care Subsidy Program. Failure to comply with and maintain the standards could result in dismissal from the program. This checklist will be placed in the provider's file and shared with the parents of children in the provider's care. Any standards that are not met must be correct within 30 days.

	<u>3-10-26</u> Date	 CCL Representative Signature	<u>3/10/26</u> Date
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30-Day Follow-up If Needed – CCL Use Only

Date of Visit: _____	Time of Visit: _____	Site Visitor: _____
Were all standards corrected? ☐ No ☐ Yes		
Comments:		