CARE 4 KIDS-EXEMPT CENTER HEALTH & SAFETY INSPECTION FORM

\square INITIAL \square ANNOUNCED FULL/ PARTIAL \square I			FOLLOW UP				
Program		DCEX Number:		Date of Inspection:			
Name:			DCEA Number.		Date of Inspection.		
Address:		Telephone:			Time of Arrival	•	
Town:		Ages Served:		l:	# of children	# of staff	
		present: present:					
Operator:			Hours/Days of Operation:				
Person in Charge:			Summe	r Ca	re:		
Email:			Instruct	ion C	Codes:		
			$\sqrt{=\text{Met/No violation found}}$ O = Not Met/Violation found				
			N/A=Not applicable at this time				
Admin	dministration □ 3. Managing Child Behavior		Physical Plant and Program Practices □ 29. Buildings/equipment safe & sanitary				
	3a. Child Protection					irdous substances	
	4. Mandated reporting			50	handled saf		materials
_	5. Policies: discipline/supervision/child al	buse &		31.		Sample Taken - Y	/N
_	neglect/general operating policies/pers		_	0 10	Building Pre-78		
	6. Staff training on policies/plans/proced				Results:		
	6a. Administration of Medication policies			32.		guidelines followe	d/good
	6b. Medication training attestation			1	repair		J
	6c. Permit enrollment of children with as	thma,		33.	Outdoor area p	rotected/fences 4	ft
	allergies and diabetes			34.		s conform to 19-1	13-B33b
	7. Ensuring health & safety			41.	First aid kit acc	cessible	
	9. Emergency plans/drills practiced annu						
	10. Serious injuries reported to OEC next	business	Infanta	and	Toddlore		
	day		Innants		Toddlers Ratio: 1 Staff to	o 1 Children	
	11. Access				Group Size no		
	12. Cooperation					sturdy/safety rail	/nonnorous
	13. False/misleading statements/document14. Motor vehicle laws/transportation	.5				washed/disinfect	
	14a. Fire marshal certificate/fire drills					policy posted/follo	
Staffin						cy posted/followed	
	15. Person in charge/over 18/on site			48.	Diapers discard	led in covered wa	ste receptacle
	16. Supervision				Infants to sleep		
	17. Ratios- 1:15 for >age 11, 1:12 for >age	e 6 ,				d safe/snug mattro	ess
	1:10 for <age 6<="" td=""><td></td><td></td><td></td><td>Cribs/beds free</td><td></td><td></td></age>				Cribs/beds free		
	18. Group Size- maximum 20 children			52.			
	21. Lifeguard certified				Cribs meet CPS		
	25b. Background Checks				Toys washed/sa		
	25c. Annual Professional Development				Toys/objects at	lloons/Styrofoam	inaaaasibla
Record Keeping				30.	riastic bags/bai	noons/Styroioam	maccessible
	26. Children's enrollment/permission reco						
	26a. Parent permissions (emergencies, auth	iorizea					
release, field trips, transportation) 27. Immunization attestation							
□ 27a. Individual plan of care							
□ 28. Injury & accident records 2 yrs/parents informed							
J. V V V I V I							
Written Corrective							
Action							
Signature of OEC Representative Due to O							Charge
			•		~-8		8-
Printed Name						Printed Name	
					•		