***Note:*** *This is an example of an abbreviated checklist, which DCYF uses to inspect licensed school-age child care program. This example checklist does not include any changes made to the form after July 16, 2018.*



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|  | INSPECTION TYPE |
| **School Age Abbreviated Checklist** | VISIT DATE |

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| **I. PROVIDER INFORMATION** | | | | | | | | | | | | |
| PROVIDER NAME | | | | | | PROVIDER ID | | | ISSUE DATE | | | |
| DOING BUSINESS AS | | | | | | ANNIVERSARY DATE | | | EXPIRATION DATE | | | |
| FACILITY TYPE | | TELEPHONE NUMBER | | | | EMAIL ADDRESS | | | | | | |
| FACILITY ADDRESS | | | | CITY | | | | | | STATE | | ZIP CODE |
| PRIMARY CONTACT PERSON | | | | | | | CAPACITY | | | | LICENSING TYPE | |
| LICENSE STATUS | REFERRAL STATUS | | | | | | AGE RANGE  From:       To: | | | | | |
| **II. WORKER ASSIGNMENT** | | | | | | | | | | | | |
| LICENSOR | | | EMAIL ADDRESS | | | | | TELEPHONE NUMBER | | | | |
| LICENSING SUPERVISOR | | | EMAIL ADDRESS | | | | | TELEPHONE NUMBER | | | | |
| **III. HOURS OF OPERATION** | | | | | | | | | | | | |
| DAYS OF OPERATION  Mon  Tue  Wed  Thu  Fri  Sat  Sun | | | | | HOURS OF OPERATION  a.m. through  p.m. | | | | | | | |

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| 1. **Fiene Indicators** | | | |
| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **5725** | **Groups** | Must have clearly defined licensed space for each group |  |
| Group size must not exceed 30 children |  |
| Qualified staff must supervise each group |  |
| Total number of children does not exceed capacity of the space |  |
| **5750** | **Supervising children** | Provide required staffing levels, staff to child ratios, and supervision for the number of children in attendance |  |
| Program staff must be aware of what children are doing, available and able to promptly assist or redirect |  |
| Electronic communication or surveillance device must not replace direct supervision |  |
| Program staff must be within sight or hearing of the children |  |
| **6050** | **Guidance and discipline** | Guidance and discipline must be consistent, fair and positive |  |
| Only the licensee or trained staff may discipline a child |  |
| Must have a written guidance and discipline policy |  |

| 1. **Fire and Emergency Preparedness** |
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| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | |
| **Section** | **Requirement** | **Code** |

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| **2875** | **Fire, disaster training for staff and volunteers** | Training is provided and documentation is on file |  |

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| 1. **Health** | | | |
| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **3325** | **Medication storage** | All medications are stored correctly |  |
| **3375** | **Medication permission** | Medication permissions and required documentation are on file |  |
| **3625** | **Handwashing procedure** | Staff must follow and teach children proper handwashing procedures |  |
| **4075** | **First-aid kit** | First aid kit in licensed space, on off-site trips & in vehicle when transporting children |  |
| First aid kits are complete |  |
| **4100** | **Poisons, chemicals and other substances** | Stored inaccessible to the children |  |
| Material safety data sheet is kept on site |  |
| **3925** | **Cleaning, sanitizing and disinfecting licensed space** | Equipment & environment cleaned, sanitized or disinfected as required |  |

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| 1. **Indoor** | | | |
| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **4200** | **Toys, equipment, and recalled items** | Equipment, toys or other items in good and safe working condition |  |
| Recalled items have been removed |  |
| **4300** | **Window coverings** | Window covering requirements are followed – if applicable |  |

| 1. **Outdoor** | | | |
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| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **5000** | **Play equipment** | Play equipment is developmentally appropriate, in safe condition and inspected at least weekly for hazards; unsafe equipment is repaired immediately or made inaccessible until repaired – if applicable |  |
| **5125** | **Outdoor areas and daily physical activities** | Area promotes a variety of age and developmentally appropriate active play for the children – if applicable |  |
| At least 20 minutes for every 3 hrs. unless conditions pose a health and safety risk to the children |  |

| 1. **Nurture and Guidance** | | | |
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| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **6275** | **Abuse and neglect--Protection and training** | Program staff must report suspected or actual abuse or neglect and must be trained on mandatory reporting requirements as defined in RCW 26.44.020; and RCW 26.44.030 |  |

| 1. **Program** | | | |
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| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **6575** | **Activities to promote child growth and development** | Must provide daily activities that support each child's developmental stage |  |

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| **8. Staff records** | | | | | | | | | | | |
|  | **DEL**  **Orientation** | **Program**  **Orientation** | **Background**  **Check** | **TB Test** | **HIV/**  **AIDS** | **BBP**  **training** | **CPR** | **First aid** | **Food worker’s card** | **STARS Training** | |
| Basic | 10  Hrs |
| **Section** | 1125 | 5800 | 1200 | 1750 | 1850 | | 1825 | 1825 | 7675 | 1775 | 1800 |

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| **Staff Name** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |
|  |  |  |  |  |  |  | Date Expired | Date Expired | Date Expired |  |  |

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| **9. Staff Qualifications** | | | |
| Codes:C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **1710** | **Program Director** | Meets requirements and qualifications |  |
| **1715** | **Site Coordinator** | Meets requirements and qualifications |  |
| **1720** | **Lead Teachers** | Meet requirements and qualifications |  |
| **1730** | **Program assistants** | Meet requirements and qualifications |  |
| **1735** | **Volunteers** | Meet requirements and qualifications |  |

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| **10. Children’s Records** | | | | | | | | |
|  | **Enrollment application** | **Immunizations or exemption** | **Health history** | **Persons authorized to pick up child** | **Emergency contact** | **Parent/ guardian information** | **Medical provider or written plan** | **Dental provider or written plan** |
| **Section** | 2050 | 3250-3300 | 2050 | 2050 | 2050 | 2050 | 2050 | 2050 |
| **Child Number** |  |  |  |  |  |  |  |  |
| Child #1 |  |  |  |  |  |  |  |  |
| Child #2 |  |  |  |  |  |  |  |  |
| Child #3 |  |  |  |  |  |  |  |  |
| Child #4 |  |  |  |  |  |  |  |  |
| Child #5 |  |  |  |  |  |  |  |  |
| Child #6 |  |  |  |  |  |  |  |  |

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| **11. Records** | | | |
| Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable | | | |
| **Section** | **Requirement** | | **Code** |
| **2050** | **Child records--Contents** | Meets requirements |  |
| **2000** | **Recordkeeping--Records available to the department** | Must keep all required records for a minimum of 5 years and current records kept in licensed space. |  |
| **2025** | **Child records--Confidentiality** | Children’s records are maintained in a confidential manner |  |
| **2075** | **Staff records** | Completed staff files |  |
| **2125** | **Child attendance records--Staff to child ratio records** | Daily attendance records kept for each child with required signature |  |

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| **12. Summary, Comments and Recommendations:** |
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| **13. Signatures:** | |
| Compliance Agreement:  Yes  No | Date: |
| Licensee Signature: | Date: |
| Licensor Signature: | Date: |
| Health Specialist Signature: | Date: |