

Voluntary Registration Health and Safety Checklist

Verify each item that is currently true for your home by inserting a P (provider) in the first slot provided before the item. The screener will place an S (screener) in the second slot when this information is verified during the visit to your home. Mark the item N/A if the item is not applicable to your home.

Section 1. I AM PREPARED TO DEAL WITH EMERGENCIES:

- I have a medical release form from each family to permit emergency care; I also have the names and phone numbers of one or more persons besides the family who may be contacted in case of an emergency.
- I have an operable telephone, or have easy access to one, with a 911 sticker or emergency telephone numbers posted in clear view.
- My address or equivalent identifying information is easily seen from the street or parking lot.
- Exit ways, hallways and stairways are always well lighted and free of obstructions.
- I have a first aid kit and an operable flashlight available at all times.
- I practice emergency evacuation drills monthly to the point of exit from the home and have a posted evacuation plan.

Section 2. I TAKE PRECAUTIONS TO PREVENT ACCIDENTS AND INJURIES:

- I have taken steps to safeguard the outdoor play area used by children in my home from open and obvious hazards, such as: standing water, animal fecal material, construction materials, poison ivy, dangerous lawn and garden tools, and traffic. (Fencing or other barriers might be needed when play area is next to a body of water or busy street.)
- My home is in good repair, with no peeling lead paint.
- I use screened doors and windows for ventilation.
- My fireplaces, heating system, and duct work are in good repair.
- Steps and stairs accessible to children are in good repair with hand or guard rails.

- I have taken steps to safeguard my home from open and obvious household hazards, such as loose carpeting, unmarked glass doors, and small items that could be swallowed. I will permit an inspection of my home by appropriate fire authorities if conditions indicate a need for approval and the contract agency or the Virginia Department of Social Services requests it.
- Cribs or playpens that meet the current Consumer Product Safety Commission (CPSC) guidelines for cribs are used for children under 18 months of age. The service side of an occupied crib is accessible. Crib slats are no more than 2 3/8 inches apart.
- Protective barriers including, but not limited to, safety gates are placed on stairways that are accessible to children. Safety gates that are used meet the Consumer Product Safety Commission (CPSC) guidelines for juvenile products.
- Electrical outlets are child-proof in all areas accessible to children. Multi-plug adapters that are used have fuse safety features.
- I place barriers around space heaters, fire places, wood stoves, and fans when in use.
- My electrical panel is easily accessible to adults, free of loose connections and fraying wiring, and has no missing fuses. There is no frayed or uninsulated wiring anywhere in the house.
- I keep medications and toxic household products in areas inaccessible to children and away from food products.
- I keep dangerous objects, such as knives, out of the reach of children unless under supervision, e.g., when children are using these objects in planned activities.
- I ensure that small appliances are not accessible to children, unless under supervision, e.g., when children are using these appliances in planned activities.

Voluntary Registration Health and Safety Checklist

- I keep firearms unloaded, apart from ammunition, and in a locked place.
- My kitchen appliances are in good working order, with range, oven and hood clean and free of grease.

Section 3. I TAKE PRECAUTIONS TO PROTECT THE HEALTH OF THE CHILDREN ENTRUSTED TO ME:

- I keep a copy of the physical examination results obtained on each child before or within 30 days after enrollment.
- I have proof of adequate immunization received on the date of admission (or prior to admission) for each child admitted after 3/3/10. Any child whose immunizations are incomplete as of 3/3/10 (but who has received at least one dose of the required immunizations) is admitted conditionally for a period of 90 days or less accompanied by a schedule for completion of the required doses. At the end of 90 days I will exclude any child who is not adequately immunized and who has not been granted a medical or religious exemption until the child's parent provides documentary proof that immunization schedule has been completed or a medical contraindication developed during the conditional enrollment period.

- My hands and children's hands are washed with soap before meals and after toileting and diapering.

- I serve nutritious meals and snacks to children.

- Rooms used by children are dry, well lighted and kept at least 68 degrees during heating season.

- I have indoor running water and bathrooms.

- My bathrooms are kept clean and have working toilets and sinks, tissues, soap, and disposable or individually assigned towels.

- Drinking water is available to children at all times.

- I allow only one child to occupy a crib or playpen at a time.

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Virginia Department of Social Services

- My refrigerator is kept at no more than 40 degrees (F), food is kept from spoilage, and children's food brought from home and infant formula are clearly labeled with their names.

- My home is free from insect and rodent infestation.

- I agree to provide a smoke-free environment in rooms accessible to children while children are in care.

- My dogs and cats have up-to-date rabies shots and are kept from food preparation surfaces.

Section 4. I ENCOURAGE CHILDREN TO DEVELOP THEIR OWN SKILLS AND PERSONALITIES:

- I plan for adequate rest and play for children in care.

- I encourage children to participate in activities appropriate to their ages and levels of development.

- I never use discipline which would demean or belittle a child and never use physical (corporal) punishment.

Section 5. I AM MINDFUL OF MY RESPONSIBILITIES TO UPHOLD LAWS AND REGULATIONS IMPORTANT TO THE PROTECTION OF CHILDREN:

- I am at least 18 years of age and have not been convicted of any offenses specified in § 63.2-1719 of the *Code of Virginia*.

- My physical and mental condition are such that I am able to care for children.

- My family day home is not required to be licensed under state law. I make sure that the number of children receiving care, other than my own children and children residing in the home, is not more than five at any one time.



A REFRIGERATOR THERMOMETER IS HIGHLY RECOMMENDED

Voluntary Registration Health and Safety Checklist

___ ___ I never leave children alone with an assistant younger than 18 years of age. I make sure children are properly supervised at all times.

___ ___ I make sure that all caregivers are familiar with the Requirements for Providers.

___ ___ I disclose to parents the percentage of time that a provider other than myself will care for their children.

___ ___ I adhere to the following adult to child ratios and point system required to supervise children receiving care:

- When children are in the same age groups, adult to child ratios: 1:4 children from birth to 15 months; 1:5 children from 16 months through 23 months; 1:8 children from two years through four years of age; and 1:16 children from five years to nine years of age;
- When children's ages are mixed, an adult may carry no more than 16 points: children from birth through 15 months count as four points; children 16 months through 23 months count as three points; children from two years through four years of age count as two points; and children from five years through nine years of age count as one point;
- I understand that my own children and children residing in the home who are under eight years of age are included in the ratios and the point system.

___ ___ I report cases of suspected child abuse and neglect and other hazardous situations as described in the Requirements for Providers.

___ ___ I make sure that any adult (18 years of age or older), including any adult household member, who comes in contact with children or will provide ongoing care to children has a tuberculosis (TB) test, background check; and I will not allow them to use alcohol or illegal drugs while children are in care.

___ ___ I comply with § 63.2-1809 (COV) by requiring proof of each child's identity and age for children enrolled on or after 7/1/98. My records for each child include:

- Documentation of previous child day care programs and schools the child has attended.

- Documentation of reviewing proof of identity and age.

___ ___ I comply with § 63.2-1809.1 of the *Code of Virginia* by providing written notification of the fact that my family day home business is covered by liability insurance, along with amount, or that my business is not covered by liability insurance to the parents or guardians of all enrolled children. Signed acknowledgement of written notification is maintained on file for each child during the child's attendance and for 12 months after the child's last day of attendance.

___ ___ If I transport children, I make sure any vehicle used to transport children meets the standards set by the Division of Motor Vehicles and is equipped with the proper restraining devices required by law and children are restrained in accordance with § 46.2-1095 of the *Code of Virginia*.

___ ___ I will comply with the Requirements for Providers and permit and participate in an evaluation of my home by the department or contracting organization; and, I will maintain the records listed in the Requirements for Providers and make them available for review by an authorized screener.

___ ___ I understand that the contracting agency and the Virginia Department of Social Services stand ready to help me provide good care to children and that I may ask for help or advice as needed.

Voluntary Registration Health and Safety Checklist

I, the undersigned, agree to comply with these requirements. I have received information on the requirements for State Regulated Care Facilities and understand that I am responsible for ensuring that my home complies with the Uniform Statewide Building Code (USBC) and Statewide Fire Prevention Code (SFPC) for State Regulated Care Facilities for fire extinguishers and smoke detectors.

Signature: _____

Name: (*print*) _____

Address: _____

Phone Number: (____) _____ - _____

[For Agency Use Only]

I, _____,

(screener), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements. I have verified that the provider has received written information regarding fire extinguishers and smoke detectors in a State Regulated Care Facility and information on compliance with the proof of age and identity requirements for any child enrolled after 7/98.

Agency conducting evaluation: _____

Check only one:

_____ Initial Verification

_____ Monitoring Visit

_____ Renewal Visit

_____ Other (*Specify*): _____

Time of Visit: _____

Date: _____

Agency: _____