

Ohio Department of Job and Family Services
INSPECTION REPORT FOR PROFESSIONAL TYPE B HOME CHILD CARE

Provider Name					Telephone Number					
Address					County					
City					Zip Code					
Date(s) of Inspection	Time of Inspection				Purpose of Inspection				<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced	
	Arrive		AM/PM							
	Depart		AM/PM							
Current Enrollment					Key Code					
Infant	FT		PT		Total		I = In Compliance O = Out of Compliance P/V = Previously Verified N/V = Compliance Not Verified N/A = Not Applicable			
Toddler	FT		PT		Total					
Preschool	FT		PT		Total					
School Age	Before	After	Both	FT	Total					

List all children currently being cared for during all shifts and all days of the week. Include children whose care is paid for by the state, children of parents who pay privately and children under the age of six who are related to the provider.

Child's Complete Name	Private Pay Y/N	Age	Hours of Care	Days of Care

List all persons, over 18 years of age, who are staying in the home.

HEALTH AND SAFETY CHECKLIST

Compliance Item	Key	Comments								
5101:2-14-16 Group Size _____ Children present _____ Children under 2 yrs		<input type="checkbox"/> No more than six children <input type="checkbox"/> No more than three children under 2 years <input type="checkbox"/> # Children under 6 and related to provider are included: _____ <input type="checkbox"/> # Children under 15 not related to provider are included: _____ <input type="checkbox"/> # Children 6-18 yr, related to provider and private or publicly funded, are included: _____ <input type="checkbox"/> No more than two children of in-home aide: _____								
5101:2-14-02 Application Requirements		<input type="checkbox"/> JFS 01643 and interview completed <input type="checkbox"/> JFS 01280 Provider Medical Statement completed Date: _____ <input type="checkbox"/> JFS 01329 Nonconviction Statement completed for provider and all adults in home <input type="checkbox"/> BCII and FBI criminal records check completed for provider and all adults <input type="checkbox"/> JFS 01302 Request for Child Abuse and Neglect Report Information <input type="checkbox"/> JFS 01923 Emergency and Substitute Caregiver Statement completed <input type="checkbox"/> Three references completed <input type="checkbox"/> High school diploma or GED verified for providers certified on or after April 1, 2003 <input type="checkbox"/> Proof of liability insurance or JFS 01933 signed by caretakers on file								
5101:2-14-04 Issuance of Certificate		<input type="checkbox"/> JFS 08087 Communicable Disease Chart given to provider <input type="checkbox"/> All forms required for record keeping given to provider <input type="checkbox"/> Certificate posted								
5101: 2-14-05 Provider Qualifications		<input type="checkbox"/> At least 18 years of age Date of birth: _____ <input type="checkbox"/> At least six months experience in child care, parenthood, or documentation of 30 hours of approved training								
		<input type="checkbox"/> Notify CDJFS of any changes in household composition <input type="checkbox"/> Provide caretakers with income tax preparation information <input type="checkbox"/> Reports any payment errors to CDJFS within 10 days								
5101:2-14-11 Offenses Prohibiting Certification		<input type="checkbox"/> JFS 01329 Completed for provider and all adults residing in the home								
5101:2-14-13 Training Requirements		<input type="checkbox"/> Provider currently trained in First Aid Exp date: _____ <input type="checkbox"/> Provider currently trained in CPR Exp date: _____ <input type="checkbox"/> Health and Safety training completed								
First Year of Certification: Completed at least 6 hours of training and have current training in Management of Communicable Disease and Child Abuse		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Child Growth</th> <th style="width: 25%;">Comm. Disease</th> <th style="width: 25%;">Child Abuse</th> <th style="width: 25%;">Gen. Knowledge</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Child Growth	Comm. Disease	Child Abuse	Gen. Knowledge				
Child Growth	Comm. Disease	Child Abuse	Gen. Knowledge							
Second Year and After: Completed at least 6 hrs of training with at least 2 hrs in Child Growth/Development										
Providers attend all CDJFS mandatory trainings										
No more than 3 hours of electronic media training each year										
5101:2-14-14 Emergency and Substitute Care		<input type="checkbox"/> JFS 01923 Emergency/Substitute Caregiver Statement completed <input type="checkbox"/> JFS 01329 Nonconviction Statement signed <input type="checkbox"/> BCII and FBI results on file <input type="checkbox"/> JFS 01302 Request for Child Abuse and Neglect Report Information <input type="checkbox"/> Health and Safety training completed <input type="checkbox"/> Provider currently trained in First Aid Exp date: _____ <input type="checkbox"/> Provider currently trained in CPR Exp date: _____								

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<p>5101:2-14-07 Fire Safety</p> <p>Escape Routes: Basement exits Primary: _____ Secondary: _____</p> <p>First Floor Primary: _____ Secondary: _____</p> <p>Second Floor Primary: _____ Secondary: _____</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Primary and secondary escape routes <input type="checkbox"/> No space higher than the second floor of building used for child care <input type="checkbox"/> Window openings 5.7 sq. ft <input type="checkbox"/> No space accessible only by ladder, folding stairs or trapdoor is used <input type="checkbox"/> All stairs, hallways and passages to exit are adequately lighted <input type="checkbox"/> Doorways, corridors, stairways are clear of obstructions <input type="checkbox"/> Written evacuation plan <input type="checkbox"/> Documentation of plan and log of practice drills <input type="checkbox"/> Proper storage of flammable/combustible materials <input type="checkbox"/> One working UL or FM smoke detector on each level of the home <input type="checkbox"/> One working UL or FM carbon monoxide detector on each level of home <input type="checkbox"/> At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) <input type="checkbox"/> Nonflammable guards on heaters, no unprotected flames <input type="checkbox"/> Electrical connections in properly covered junction boxes <input type="checkbox"/> Childproof covers on electrical outlets <input type="checkbox"/> No exposed light bulbs 																																																		
<p>5101:2-14-08 Indoor Floor Space</p>		<p>Square footage available for child care: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thirty-five square feet per child of usable floor space <input type="checkbox"/> Placement of furniture and equipment ensures child safety and mobility <input type="checkbox"/> Uninterrupted space available 																																																		
<p>5101:2-14-08 Programming</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Balanced program of activities/quiet and active play <input type="checkbox"/> Copy of daily program posted <input type="checkbox"/> Program designed to promote children's physical, soc-emotional, cognitive and language development <input type="checkbox"/> Daily outdoor or indoor gross motor activities <input type="checkbox"/> Opportunities for child initiated activities 																																																		
<p>5101:2-14-08 Equipment</p>		<table border="1" data-bbox="727 1041 1414 1329"> <thead> <tr> <th data-bbox="727 1041 1032 1071">EQUIPMENT</th> <th data-bbox="1032 1041 1127 1071">Inf</th> <th data-bbox="1127 1041 1221 1071">Tod</th> <th data-bbox="1221 1041 1315 1071">P/S</th> <th data-bbox="1315 1041 1414 1071">S/A</th> </tr> </thead> <tbody> <tr><td data-bbox="727 1071 1032 1100">Art</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1100 1032 1129">Blocks</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1129 1032 1159">Language Arts/Auditory</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1159 1032 1188">Dramatic Play/Pretend</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1188 1032 1218">Gross Motor/Sports</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1218 1032 1247">Manipulatives</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1247 1032 1276">Music</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1276 1032 1306">Science/Nature</td><td></td><td></td><td></td><td></td></tr> <tr><td data-bbox="727 1306 1032 1335">Transportation</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <ul style="list-style-type: none"> <input type="checkbox"/> Equipment available in all categories <input type="checkbox"/> Sufficient quantities of equipment <input type="checkbox"/> Furniture durable and child sized <input type="checkbox"/> Play materials accessible and orderly <input type="checkbox"/> Equipment accessible to children, able to select, remove, replace <input type="checkbox"/> Individual storage for child's personal items 	EQUIPMENT	Inf	Tod	P/S	S/A	Art					Blocks					Language Arts/Auditory					Dramatic Play/Pretend					Gross Motor/Sports					Manipulatives					Music					Science/Nature					Transportation				
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<p>5101:2-14-18 Napping</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Individual bed, cot, sofa, pad or mat for each resting child <input type="checkbox"/> No children directly on floor <input type="checkbox"/> Mats or pads/floor carpeted, clean, warm, dry, draft free <input type="checkbox"/> Areas lighted to allow for visual supervision <input type="checkbox"/> Non-napping children provided with quiet activities <input type="checkbox"/> Cots, etc. assigned to children <input type="checkbox"/> Cots, etc. sanitized in between children <input type="checkbox"/> Linen changed at least weekly for beds and couch 																																																		

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5101:2-14-18 Sleeping and Overnight Care		<input type="checkbox"/> Children in care between 7:00 p.m. and 6:00 a.m. <input type="checkbox"/> Individual crib, cot mattress or bed and blankets for each child <input type="checkbox"/> Children under 5 yr, sleep on same level as provider <input type="checkbox"/> Safe and sanitary and private area for washing and changing <input type="checkbox"/> Provider assists children as needed with washing and changing <input type="checkbox"/> Each child provided with labeled washcloth, towel and toothbrush <input type="checkbox"/> Provider remains awake until all children asleep <input type="checkbox"/> Monitoring device to ensure sight or hearing <input type="checkbox"/> Bedtime routines and activities <input type="checkbox"/> Children sleeping four hours or more have clean, comfortable sleeping garments <input type="checkbox"/> Outdoor walkways and entrances adequately lighted
5101:2-14-19 Safe and Sanitary Equipment and Environment		Safe <input type="checkbox"/> Firearms onsite locked and out of sight <input type="checkbox"/> Temperature 65-85 degrees indoor <input type="checkbox"/> No broken or unsafe equipment <input type="checkbox"/> No hazardous conditions <input type="checkbox"/> No toys small enough to swallow <input type="checkbox"/> Cleaning supplies and storage/labeling <input type="checkbox"/> Pets inoculated and properly cared for <input type="checkbox"/> Electrical outlet covered <input type="checkbox"/> Fans and air conditioners used safely <input type="checkbox"/> Blind cords, electrical cords secure <input type="checkbox"/> Lawnmowers not used or accessible <input type="checkbox"/> Toilet and sink height suitable or platform <input type="checkbox"/> Proper ventilation <input type="checkbox"/> Protective covering under indoor gross motor <input type="checkbox"/> Equipment straps used properly <input type="checkbox"/> Handles of pots facing inward on stove <input type="checkbox"/> No spray aerosols <input type="checkbox"/> Safe use of equipment <input type="checkbox"/> No environmental hazards <input type="checkbox"/> No mercury thermometers <input type="checkbox"/> "No Weapons" sign posted [per ORC 2923.1212(A)(8)] <input type="checkbox"/> Hot tubs or spas not used or accessible <input type="checkbox"/> Aware of Consumer Product Safety Commission (CPSC) guidelines and following (recommended)
		Sanitary <input type="checkbox"/> Toilet tissue, liquid soap, toweling available for handwashing <input type="checkbox"/> Toilets flushed after use <input type="checkbox"/> Home and equipment clean and in good repair <input type="checkbox"/> Food/drink servings discarded if not used <input type="checkbox"/> Cups/dishes/silverware cleaned and sanitized after use or sent home <input type="checkbox"/> Water bottles labeled and sanitized
		<input type="checkbox"/> Appendix A followed for cleaning Before and or After Use - food prep area, highchair trays, soiled toilet parts, changing table, potty chairs, toys in mouth, items soiled w/blood or bodily fluids Daily - wastebaskets emptied, diaper cans, sink/handles, toilet seats, bowls and handles Weekly - floors, carpets, blankets/sheets, washable furniture, highchairs Monthly - cribs, dress up clothes/hats, toys, slip covers for furniture Every Three Months - cots

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5101:2-14-19 Handwashing and Basic Precautions Provider Handwashing - done properly (15 sec/liquid soap/running water)		<table border="0"> <tr> <td style="text-align: center;">Provider</td> <td style="text-align: center;">Children</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>After toileting or assisting with toileting</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>After changing diapers or pull-ups</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>After handling pets or items</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Before eating/serving/preparing food</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Before feeding bottles or food</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>After contact with bodily fluids</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Before/after medication/first aid/medical procedure</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>After removing gloves</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>When returning inside after outdoor play</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>When hands are visibly soiled</td> </tr> </table>	Provider	Children		<input type="checkbox"/>	<input type="checkbox"/>	After toileting or assisting with toileting	<input type="checkbox"/>	<input type="checkbox"/>	After changing diapers or pull-ups	<input type="checkbox"/>	<input type="checkbox"/>	After handling pets or items	<input type="checkbox"/>	<input type="checkbox"/>	Before eating/serving/preparing food	<input type="checkbox"/>	<input type="checkbox"/>	Before feeding bottles or food	<input type="checkbox"/>	<input type="checkbox"/>	After contact with bodily fluids	<input type="checkbox"/>	<input type="checkbox"/>	Before/after medication/first aid/medical procedure	<input type="checkbox"/>	<input type="checkbox"/>	After removing gloves	<input type="checkbox"/>	<input type="checkbox"/>	When returning inside after outdoor play	<input type="checkbox"/>	<input type="checkbox"/>	When hands are visibly soiled
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Children Handwashing - instructed/assisted as needed																																			
5101:2-14-19 Smoke free Environment		<input type="checkbox"/> No smoking in home or attached buildings <input type="checkbox"/> Person smoking cannot be seen by children <input type="checkbox"/> Area removed so that smoke not inhaled																																	
"No smoking" sign posted		<input type="checkbox"/> Written notice provided to caretakers if smoking permitted in home after child care hours <input type="checkbox"/> No smoking in vehicles while children being transported																																	
5101:2-14-20 Safety and Supervision of Children		<input type="checkbox"/> Children supervised at all times (within sight and hearing) <input type="checkbox"/> Provider not under the influence that impairs ability to perform duties <input type="checkbox"/> Outdoor supervision requirements met <input type="checkbox"/> Water play and swimming supervision requirements met																																	
Immediate access to a land-line telephone (incoming/outgoing calls)																																			
Provider schedules a six hour break from child care each day																																			
5101:2-14-22 Child Guidance and Management		<input type="checkbox"/> Guidance and management is developmentally appropriate, consistent and explained to the child <input type="checkbox"/> Separation from situations developmentally appropriate and not used with infants <input type="checkbox"/> Consults with parents and devise written plan prior to implementing with children <input type="checkbox"/> No use of corporal punishment, physical restraint or isolation																																	
5101:2-14-28 Medical, Dental General Emergency Plan Plan posted by all land line phones and on each level of the home used for child care		<input type="checkbox"/> Name, address, telephone number of home <input type="checkbox"/> Location of first aid kit, fire extinguishers, electrical box <input type="checkbox"/> Emergency telephone numbers <input type="checkbox"/> Location of children's medical and other records <input type="checkbox"/> General emergency instructions including supervision of children																																	
Plan complete/prescribed form used - JFS 01929		<input type="checkbox"/> General instructions for serious incident, injury or illness and parent notification <input type="checkbox"/> Instructions for other emergencies i.e. tornado, threat to safety, etc. <input type="checkbox"/> Location of child car safety seat or alternative policy																																	
Child car safety seat available w/label or alternative plan																																			
5101:2-14-28 Incident/Injury Report		<input type="checkbox"/> Provider using prescribed form <input type="checkbox"/> JFS 01299 "Incident/Injury Reports" appropriately completed and filed <input type="checkbox"/> CDJFS notified as required for serious incidents/injuries or death																																	

Compliance Item	Key	Comments
5101:2-14-29 First Aid Supplies and Procedures Supplies Complete		<input type="checkbox"/> Tweezers <input type="checkbox"/> Rounded-end scissors <input type="checkbox"/> Digital thermometer <input type="checkbox"/> Assorted adhesive bandages <input type="checkbox"/> Assorted gauze squares <input type="checkbox"/> First Aid tape <input type="checkbox"/> Rolled gauze bandage <input type="checkbox"/> Instant cold pack or ice <input type="checkbox"/> Disposable non-latex gloves <input type="checkbox"/> Pocket mask or face shield for CPR, (appropriate for all ages of children in care at the home)
Supplies in an closed, unlocked first aid container readily available, but out of reach of children		<input type="checkbox"/> Working flashlight <input type="checkbox"/> Sealable plastic bags <input type="checkbox"/> Tooth preservation system or fresh chilled milk (providers serving S/A only)
First aid kit taken on field trips and routine trips		<input type="checkbox"/> A current guide to emergency first aid <input type="checkbox"/> Soap (fieldtrips/routine trips only) <input type="checkbox"/> Bottled water (fieldtrips/routine trips only)
Basic precautions followed		
5101:2-14-30 Management of Communicable Disease		<input type="checkbox"/> Provider observes children for signs of communicable illness prior to mixing with other children <input type="checkbox"/> Ill children isolated in sight or hearing, but away from other children <input type="checkbox"/> Communicable Disease Chart posted <input type="checkbox"/> Caretakers notified when child has been exposed to a communicable illness
5101:2-14-31 Administration of Medication		<input type="checkbox"/> Provider using prescribed form, JFS 01644 "Permission to Administer Medication" <input type="checkbox"/> JFS 01644 completed for all medications, topical ointments, food supplements <input type="checkbox"/> Medications properly labeled <input type="checkbox"/> Medications are safely and properly stored <input type="checkbox"/> Assure that child has had medication prior to the provider administering <input type="checkbox"/> Medication in refrigerator stored in a separate container <input type="checkbox"/> Medications no longer needed or expired, sent home
5101:2-14-32 Meal Preparation/Nutritional Requirements Meals and snacks are varied, nutritious and appropriately timed		<input type="checkbox"/> Breakfast Served - Fluid milk, + 2 food groups <input type="checkbox"/> Lunch/Dinner Served - Fluid milk, meat/meat alternative, 2 fruit/vegetable, grain/bread
Children are fed required meals		<input type="checkbox"/> Snack Served - Two foods from 2 food groups
Food is prepared, served and stored in a clean and safe manner Refrigerator Temp: ____ (40° or lower)		
Current weekly menu is posted		
Hot and cold running water available Hot Water Temp: ____ (125° or less)		
Water supply is safe and sanitary Non-public water supply, date last tested: ____		

Compliance Item	Key	Comments												
5101:2-14-34 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play		Storage/Preparation <input type="checkbox"/> Bottles labeled with name and date of preparation <input type="checkbox"/> Refrigerated upon arrival (unless commercially prepared) <input type="checkbox"/> Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily <input type="checkbox"/> Formula/food expiration dates verified <input type="checkbox"/> Breast milk: labeled w/date expressed and date of receipt. Stored appropriately:												
Designated play area which does not allow infants to go underneath cribs														
Caretakers provided with written daily report which includes: food intake, sleep, diaper changes and daily activities		<table border="1" data-bbox="808 352 1528 583"> <thead> <tr> <th>Storage Temperature (at or below)</th> <th>Storage Time</th> </tr> </thead> <tbody> <tr> <td>Room temp (78F)</td> <td>6-8 hrs</td> </tr> <tr> <td>Refrigerator (39F)</td> <td>5 days (expressed)</td> </tr> <tr> <td>Freezer w/in refrigerator (5F)</td> <td>2 weeks</td> </tr> <tr> <td>Freezer/refrigerator w/separate door (0)F</td> <td>3-6 months</td> </tr> <tr> <td>Deep freeze (-4F)</td> <td>6-12 months</td> </tr> </tbody> </table>	Storage Temperature (at or below)	Storage Time	Room temp (78F)	6-8 hrs	Refrigerator (39F)	5 days (expressed)	Freezer w/in refrigerator (5F)	2 weeks	Freezer/refrigerator w/separate door (0)F	3-6 months	Deep freeze (-4F)	6-12 months
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Deep freeze (-4F)	6-12 months													
Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped		<input type="checkbox"/> Formula/breast milk heated properly-no microwaves <input type="checkbox"/> Formula prepared according to manufacturer's instructions or Dr./CNP <input type="checkbox"/> Formula preparation safe and sanitary <input type="checkbox"/> Microwaves used properly for foods												
Caretakers provide written feeding instructions														
Formula/breast milk prepared/stored and handled appropriately														
5101:2-14-35 Diaper Care Diapers checked every two hours		<input type="checkbox"/> Wash all soiled areas of child <input type="checkbox"/> Hands washed with liquid soap/running water/15 sec. after each diaper change												
Children not left unattended on changing table		<input type="checkbox"/> Disposable separation material <input type="checkbox"/> Diaper changing surface cleaned if visibly soiled <input type="checkbox"/> Surface sanitized after each diaper changed												
Toilet training is based on child's readiness, is in consultation with caretaker and is never forced		<input type="checkbox"/> Soiled clothing bagged and sent home <input type="checkbox"/> Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children <input type="checkbox"/> Wipes/washcloths discarded, or proper sanitized and laundered <input type="checkbox"/> Diapers are changed away from meal preparation and serving areas												
5101:2-14-36 Crib and Playpen Requirements Each infant has a separate crib		Number of: Porta Cribs _____ Full Size Cribs _____ Playpens _____ <input type="checkbox"/> Full size crib has correct dimensions (52"L x 28"W x 26"H) <input type="checkbox"/> Closely spaced bars (2 3/8") <input type="checkbox"/> No more than 1 1/2 inches between mattress and sides <input type="checkbox"/> Firm mattress at least 1 1/2 inches thick, playpen no more than 1" thick <input type="checkbox"/> Safe, waterproof mattress cover that can be sanitized <input type="checkbox"/> Properly fitting sheets <input type="checkbox"/> Bumper pads not in use <input type="checkbox"/> Items not hung over the side of the crib or playpen												
Infants placed on backs to sleep, unless written authorization is on file from physician - JFS 01930 "Sleep Position Waiver"		<input type="checkbox"/> Cribs/playpens sanitized between children <input type="checkbox"/> Infants not placed in crib with bibs or other strangulation or suffocation hazards <input type="checkbox"/> Cribs or playpens not used for storage of toys or other materials												
Infants sleep only in cribs or playpens														
Written permission of file for 16 mo + infant to sleep on cot														

Compliance Item	Key	Comments
5101:2-14-17 Outdoor Play Daily outdoor play provided in suitable weather		Equipment <input type="checkbox"/> Out of traffic pattern <input type="checkbox"/> Anchored or stable <input type="checkbox"/> All parts in working order <input type="checkbox"/> Ropes attached at both ends (< 5" diameter loop or less) <input type="checkbox"/> "S" hooks closed (.04 or thickness of dime) <input type="checkbox"/> Free of rust, cracks, holes splinters, sharp points or edges <input type="checkbox"/> No chipped/peeling paint or toxic substances <input type="checkbox"/> No protruding bolts or tripping hazards <input type="checkbox"/> No trampolines permitted <input type="checkbox"/> Protective barriers on platforms over 30" <input type="checkbox"/> Assembled/Installed according to manufacturer's guidelines <input type="checkbox"/> Sandboxes covered when not in use
Outdoor play area provides at least 60 sq. ft of usable space per child using the area at one time		
Outdoor play area protected by a fence in good repair with functioning gates or a natural barrier		
Children provided with access to drinking water and bathroom facilities during play times		
Shade provided as needed		
Outdoor play area free of rubbish, foreign objects, garbage, hazards		
Climbing equipment, swings, teeter-totters and slides have a fall zone of protective resilient material under and around equipment		
5101:2-14-21 Transportation and Field Trip Safety		<input type="checkbox"/> Written permission for routine trips or field trips <input type="checkbox"/> JFS 01297 "Child Enrollment/Health Information" taken for every child <input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" taken for children who may require care <input type="checkbox"/> First aid supplies <input type="checkbox"/> Working cell phone or other means of immediate communication <input type="checkbox"/> Provider has valid driver's license and verified insurance coverage <input type="checkbox"/> Emergency/substitute has valid driver's license and insurance coverage <input type="checkbox"/> Approved child restraint systems used <input type="checkbox"/> No children under 12 years old in the front seat <input type="checkbox"/> No smoking in vehicle when occupied by children
Permission forms complete		<input type="checkbox"/> Child's name <input type="checkbox"/> Destination (and date for field trips) <input type="checkbox"/> Caretaker's signature and date <input type="checkbox"/> Notification if children will have access to bodies of water 2 ft or more in depth
5101:2-14-37 Swimming and Water Safety		<input type="checkbox"/> Onsite swimming pools inaccessible to children by fence or barrier <input type="checkbox"/> Saunas, hot tubs, spas inaccessible to children and not used by children <input type="checkbox"/> Swimming permitted in water 2 ft. in depth or less <input type="checkbox"/> Wading pools filtered or emptied and sanitized daily <input type="checkbox"/> Provider supervises at all time with a clear view of all parts of pool and surrounding areas where children are playing <input type="checkbox"/> Approved off-site swim sites meet all state/local guidelines for health <input type="checkbox"/> Activities in water 2 ft. or more in depth supervised by lifeguard or WSI <input type="checkbox"/> No swimming activities in lakes, rivers, ponds, creeks or similar bodies <input type="checkbox"/> Written permission from caretaker before swimming or infants/toddlers in wading pools
Permission forms complete		<input type="checkbox"/> Child's name and date of birth <input type="checkbox"/> Statement indicating if child is swimmer or non-swimmer <input type="checkbox"/> Location of off site swimming <input type="checkbox"/> Statement granting permission for child to participate

Compliance Item	Key	Comments
5101:2-14-24 Caretaker/Provider Responsibilities		<input type="checkbox"/> Caretaker and provider met for discussion and completion of JFS 01634 "Caretaker/Provider Agreement" <input type="checkbox"/> Additional fees to caretaker approved by CDJFS <input type="checkbox"/> Provider gives caretaker written receipt for all payments made
5101:2-14-26 Records Requirements		<input type="checkbox"/> JFS 01297 "Child Enrollment and Health Information" complete for every child in care <input type="checkbox"/> Updated annually and as needed by caretaker <input type="checkbox"/> JFS 01932 "Child's Medical Statement" on file within 30 days of attendance for every child (not yet attending school) in care <input type="checkbox"/> Medicals completed every 13 months <input type="checkbox"/> Records are kept confidential <input type="checkbox"/> Records can be easily/quickly accessed and removed in an emergency <input type="checkbox"/> Daily attendance record maintained and signed by caretaker
5101:2-14-27 Care of Children with Special Needs or Health Conditions		<input type="checkbox"/> JFS 01928 "Medical/Physical Care Plan" on file for children w/special needs or health conditions <input type="checkbox"/> Plan updated at least annually and as needed <input type="checkbox"/> Provider has received training as needed
Additional Comments - CDJFS Staff		
Comments - Provider		

The inspection documented on this form was conducted by county staff to determine compliance with child care rules. All statements on this report are a true and accurate documentation of the compliance items reviewed on the date of the inspection.

A copy of this form must be left with the provider at the time of the inspection.

Signature of Agency Child Care Staff	Date
The provider's signature below indicates acknowledgement of receipt of the report, not necessarily agreement with findings.	
Signature of Provider	Date