## **Health and Safety Facility Checklist for Child Care Centers**

(Training checklist with Guidance)	
Child Care Center/Provider:	
<b>Date of Visit:</b>	

Sa	fety	No Concern	Concern (Observation)	<b>Actions Taken</b>
1.	The center has working fire extinguishers and smoke detectors (S.5.053, 5.054)* (HAR§17-892.1-31)** (9.C.11)***(Inspection or expiration date posted on the tag attached to the fire extinguisher)		(6 222 1 442 22)	
2.	Electrical outlets accessible to children are covered(\$5.048)* (\$17-892.1-32)** ( <b>9.C.08</b> )*** (All electrical outlets accessible to children shall have safety covers. Some newly installed electrical outlets are protected by child resistant ground-fault circuit-interrupt (GFCI) shock protection devices or safety receptacles)			
3.	Electrical cords shall be of good condition and are placed beyond children's reach.(5.052)* (§17-892.1-32)** (9.C.08)*** (Frayed cords or cords with loose connections shall not be used. Injuries may occur when children pull appliances down on themselves by pulling on the cord or when children chew on the cord.)			
4.	Cleaning products, poisons and other dangerous items are stored in the original labeled containers inaccessible to children. (S.5.100)* (§17-892.1-32,37,38)** (9.D.09)*** (Chemicals shall be used in a manner that will not contaminate play surfaces, food, or food preparation areas. When not in use, chemicals shall be kept in a room or cabinet inaccessible to children, separated from stored medications and food.)			
5.	A well-supplied first aid kit is available to staff and out of reach of children. (\$5.093)* (§17- 892.1-22)** ( <b>9.C.10</b> )***(See attached first aid kit supplies list.)			
6.	The emergency exits are clearly identified and escape route clearly marked. (S.5.024)* (§17-892.1-31)**(9.C.09)***			
7.	Doorways and exits are free of debris and equipment to allow unobstructed passages. (S.5.019)* (§17-892.1-33)** (9.C.09)***			

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Al	l Classrooms	No Concern	Concern (Observation)	Actions Taken
1.	Walls, ceilings, floor, furnishing are in good repair, free from visible soil and in good condition.((S.3.034)* (§17-892.1-33,40)** (9.C.07)***  (Wall, ceiling, floors and furnishings shall be free of chipped paint, broken furnishings and toys are in good repair)	Concern	(Observation)	
2.	Bathrooms are clean, in good repair and easily reached by children. (S.5.116-5.119) (§17-892.1-13,35,38,40) ** (9.C.05, (9.C.06)*** (Clean toilets and handwashing facilities shall be within 40 feet of the closest part of all indoor and outdoor play areas, children shall be able to easily open toilet doors from the inside or caregivers shall be able to easily open toilet-room doors from the outside. If toilets are not within sight or hearing of a caregiver, an adult shall accompany children younger than 5 years of age to and from the toilet areas.)			
3.	Garbage is disposed in a safe sanitary manner (S.5.066)* (§17-892.1-33)** (5.C.02)*** (Garbage containers shall be lined with plastic bag liners and shall be kept covered with tight-fitting lids. Garbage containing food particles disposed by children must be removed from the classroom after each meal. Garbage and rubbish shall be removed from the facilities on a daily basis.)			
4.	Toys, materials and furniture are made of nontoxic materials, and in good condition. (2.A.08)* (§17-892.1-15,33) ** (9.A.03)*** (Art materials; paints, glues, color pencils etc. are required to meet standards indicated by <u>ASTM D-4236</u> on the labels.)			
5.	Child care facilities are encouraged to adopt a modified version of Standard Precautions. This modified version of Standard Precautions shall be used to handle potential exposure to blood, including the blood-containing body fluids and tissue discharges and to handle other potentially infectious fluids. (S.3.026)* (§17-892.1-30,38)** (5.C.02)***			
6.	Electric fans are inaccessible to children. (5.030)* (§17-892.1-32)** (9.C.07)***			

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7.	Stoves, microwaves, pipes and other hot surfaces cannot be reached by children (AAP)* (Inquire about cooking activities. Ask about safety procedures, if stove, microwave, toaster oven are used for cooking activities.) (§17-892.1-32)** (9.C.07)***		
	<i>y</i>	<u>l</u>	
8.	Sharp furniture edges are cushioned (AAP)* (§17.892.1-33)**( <b>9.C.07</b> )***		
9.	Medications are kept in original container, properly labeled, stored away from food, refrigerated if needed and are inaccessible to children.(S.3.081-083, S.8.021)* (§17-892.1-33)** (5.A.11)***  (Center shall have a written policy for the use of any prescription and non-prescription medication. The policy must include clear accurate instruction and medical confirmation of the child's need for medication, parents signed consent, procedures for labeling and storage and training of staff to administer medication.)		
10	. Strings and cords long enough to encircle a child's neck are not accessible to children.* (S.5.160)** (9.C.07)*** (Window covering cords; cords or ribbons tied to pacifiers can become tightly twisted or can catch on crib corner posts or other protrusions; clothing strings can catch on playground equipment; all are frequently associated with strangulation of children.)		
11	. Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times.* (S.2.028, S5.168)** (9.A.05, 3.C.01-3.C.04)***		

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Outdoor	No Concern	Concern (Observation)	Actions Taken
1. The playground equipment is in good repair and safe condition (no sharp edges, splinters, cracks protruding parts etc.) (S.5.196)* (§71-892.1-32)** (9.B.06)***(Playground equipment shall be inspected for safety at regular intervals and the observations documented)			
2. Outdoor areas are kept free of excessive dust, weeds, brush, high grass and standing water. (S.5.227)* (§17-892.1-33)** (9.B.07, 9.C.12)*** (Dust, weeds, brush, high grass are potential allergens. Standing water breeds insects)			
3. Surfaces underneath indoor and outdoor play equipment that children can climb are covered with impact-absorbing materials.(S5.183)* (§17-892.1-15)** (9.B.06)***(See Dirty Dozen handout, note: pea gravel is not recommended for <3 years old)			
4. A play structure shall have no opening with a dimension between 3.5 and 9 inches to guard against entrapment. (S.5.186)* (§17-892.1-32) ** (9.B.06)***(See Dirty Dozen handout)			
5. All play equipment shall have a minimum of 6' clearance from other structure. The front and rear of swing have the fall zone of twice the height of the swing.(S.5.171-172)* (§17-892.1-32) (9.B.06)***(See Dirty Dozen handout)			
6. The outdoor play areas are arranged so all areas are visible to the staff at all times.  (S.5.168)* (§17-892.1-32)** (9.B.03)*** (This arrangement promotes the prevention of injury and abuse)			

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Interactions:	No	Concern	Actions Taken
	Concern	(Observation)	
1. Staff seem to enjoy being with children.* (§17-892.1-13)**(1.B.01-1.B.02)***			
2. Staff respond sympathetically to help children who are upset, hurt, or angry.* (§17-892.1-13)** (1.B. 05)***			
3. Staff show respect for children.* (§17-892.1-13)** (1.B. 02)*** (Listen attentively, makes eye contact, treat children fairly)			
4. Staff encourage the development of mutual respect between children and adults.* (§17-892.1-13) (1.D. 05)*** (Staff wait until children finish asking questions before answering; encourage children in a polite way to listen when adults speak)			
5. Staff model good social skills.* (§17-892.1-13)** (1.D. 05)*** (are kind to others, listen, empathize, cooperate)			
6. Staff help children develop appropriate social behavior with peers.* §17-892.1-13) **(1.C. 02-06)*** (help children talk through conflicts; encourage socially isolated children to find friends; help children understand feelings of others)			

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Infant/Toddler Classrooms:	No	Concern (Observation)	Actions Taken
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1. The diaper changing area is located away from			
eating and food preparation area.(S5.132)*			
(5.A. 08)***(The diaper changing area and food preparation area shall be physically separated. The			
changing area shall not be used for temporary placement			
of food or utensils or for serving of food. Food and			
drinking utensils shall not be washed in these sinks.)			
2. Dispose soiled diapers in a plastic-lined, hands-			
free, covered trash can. Soiled cloth diapers			
and soiled clothing that are to be sent home			
shall be individually bagged. (S5.067)* (5.A.			
<b>08</b> )***(Soiled diapers shall be stored inside the facility			
in containers separate from other waste. Washable,			
plastic-lined, tightly covered receptacles, with a firmly fitting cover that does not require touching with			
contaminated hands and objects, shall be provided			
within arm's reach of diaper changing table.)			
3. Infant sleeping areas do not have soft beddings.			
Pillows, fluffy blankets or stuffed toys.			
(S.5.146)* ( <b>5.A. 12</b> )***			
4. Infant cribs have slats spaced no more than			
2-3/8" apart. No more than 2 fingers can fit			
between the mattress and the crib side. (S5.145)*			
(5.A. 12)***			
(Children have strangled because their shoulder or neck			
became caught in a gap between slats or between mattress and crib side that was too wide)			
5. Cribs, cots, sleeping mats or pads shall be			
placed at least 3 feet apart.(S.5.144)* (9.A. 01)***			
(Separate sleeping and resting reduces the spread of			
disease from one child to another.)			
6. The minimum height from the top of the			
mattress to the top of the crib rail is 20".			
Cribs have secure latching devices and shall not			
have corner post extensions over 1/16".			
(S.5.145)* ( <b>5.A. 12</b> )***(Corner posts present a potential			
for clothing entanglement and strangulation.)			

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7. Infants are placed on their back when they sleep. Infant's head shall remain uncovered. (\$5.146,3.008)* ( <b>5.A. 12</b> )***  (Unless the child has a note from a physician specifying otherwise, infants shall be placed in the supine (back) position for sleeping to lower the risks of SIDS. When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep)	
8. Breast milk is placed in properly labeled bottles and is kept in the refrigerator when not used.(S4.015,4.017)* (5.B. 09-5.B.10)*** (Expressed breast milk shall be discarded if it has been unrefrigerated for an hour or more. Unused breast milk shall be discarded after 48 hours if refrigerated.)	
9. When bottle feeding, caregivers shall either hold infants or feed them sitting up. The facility shall not permit infants/toddlers to have bottles in the crib or to carry bottles with them either during the day or at night. (S.4.014)***  (5.A. 14)***	
10. Toys that cannot be washed and sanitized shall not be used. Toys that are mouthed shall be set aside where children cannot access them. (S. 3.036)* (5.C. 03)***  (Toys must be set aside until they are washed with water and detergent, rinsed, sanitized and air-dried or washed in a mechanical dishwasher. Caregiver shall closely supervise to prevent shared mouthing of toys.)	
11. Toys or small objects available to children under 3 shall meet the federal small parts standards for toys. Examples are toys or objects with removable parts with a diameter less than 1-1/4" and 2-1/4" in length; balls smaller than 1 –3/4" in diameter, toys with sharp points and edges, plastic bags, Styrofoam objects, rubber balloons, marbles. (S.5.087)* (9.C.16)***(Any part smaller than these has a potential choking hazard)	

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# APPENDIX A (Rev 3.09)

#### First Aid Kit

Adapted from the American Academy of Pediatrics, (2007) *Pediatric First Aid for Caregivers and Teachers*. pg 234-235 and *Caring for our Children*, *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* 

"There should be at least one readily available first aid kit wherever children are in care. This includes one for field trips and outings away from the facility and one to remain at the facility. A first aid kit should also be kept in each vehicle that is used to transport children to and from child care. All first aid kits shall be restocked after each use an inventory shall be conducted monthly.

#### The first aid kits should contain:

- 1. Disposable nonporous gloves (latex free)
- 2. Scissors
- 3. Tweezers
- 4. A non glass thermometer
- 5. Bandage tape (latex free)
- 6. Sterile gauze pads 4"X4"
- 7. Flexible roller gauze
- 8. Triangular bandages
- 9. Safety pins
- 10. Eye wash
- 11. Pen/pencil and notepad
- 12. Cold pack
- 13. Current American Academy of Pediatrics' 3-in-1 First Aid Choking, CPR Chart, or equivalent first aid guide
- 14. Flashlight
- 15. Whistle
- 16. Battery-powered radio
- 17. Water
- 18. Liquid soap
- 19. Moist towelettes, garbage bags, and plastic ties
- 20. Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling bodily fluids
- 21. Any emergency phone numbers, phone numbers for parents and legal guardians and the poison control center number
- 22. Working cellular phone
- 23. Current emergency medication with special health care plan for children with special needs and their health record
- 24. Splint: small plastic or metal splints

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### **Procedures for Standard Precautions (S.3.026)\***

- 1) Surfaces that may come in contact with potentially infectious body fluids must be disposable or of a material that can be sanitized. Use of materials that can be sterilized is not required.
- 2) The staff shall use barriers and techniques that:
  - a) Minimize potential contact of mucous membranes or openings in skin to blood or other potentially infectious body fluids and tissue discharges and
  - b) Reduce the spread of infectious material within the child care facility.
  - Such techniques include avoiding touching surfaces with potentially contaminated materials unless those surfaces are sanitized before further contact occurs with them by other objects or individuals
- 3) When spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges, and human milk occur, these spills shall be cleaned up immediately, and further managed as follows:
  - a) For spills of vomit, urine, human milk, and feces, all floors, walls, bathrooms, tabletops, toys, kitchen counter tops, and diaper-changing tables in contact shall be cleaned and sanitized;
  - b) For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area shall be cleaned and sanitized. Care shall be taken to avoid splashing any contaminated materials onto any mucus membrane (eye, nose, mouth);
  - c) Blood-contaminated material and diapers shall be disposed of in a plastic bag with secure tie.
  - d) Floors, rugs and carpeting that have been contaminated by body fluids shall be cleaned by blotting to remove the fluid as quickly as possible, then sanitized by spot-cleaning with a detergent-disinfectant, and shampooing, or steam-cleaning the contaminated surface.
- 4) Use of non-porous gloves is optional unless blood or blood containing body fluids may be involved. Gloves are not required for feeding breast milk or cleaning up spills of breast milk.
- 5) Gowns and masks are not required.
- 6) Potentially infectious body fluids:
  - a) High exposure blood, vaginal secretions, semen, feces/diarrhea, pus
  - b) Lower possibility breast milk, saliva, urine, mucus, vomit, running nose, sweat, tears

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