

# Health and Safety Facility Checklist for Child Care Centers

## (Training checklist with Guidance)

Child Care Center/Provider: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Safety	No Concern	Concern (Observation)	Actions Taken
1. The center has working fire extinguishers and smoke detectors (S.5.25, 5.2.5.1, 5.2.5.2)* (HAR§17-892.1-31)* * (Inspection or expiration date posted on the tag attached to the fire extinguisher)			
2. Electrical outlets accessible to children are covered (5.2.4, 5.2.4.2)* (§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.(5.2.4.6)* (§17-892.1-32)** <b>(9.C.08)***</b> (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.5.2.9, 5.2.9.1)* (§17-892.1-32,37,38)** <b>(9.D.09)***</b> (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. (S5.6.0.1)* (§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.5.1.4.6, 5.1.4.7)* (§17-892.1-31)** <b>(9.C.09)***</b>			
7. Doorways and exits are free of debris and equipment to allow unobstructed passages. (S.5.1.4.3)* (§17-892.1-33)** <b>(9.C.09)***</b>			

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All Classrooms	No Concern	Concern (Observation)	Actions Taken
<p>1. Walls, ceilings, floor, furnishing are in good repair, free from visible soil and in good condition. (5.3.1.6)* (§17-892.1-33,40)** <b>(9.C.07)***</b>  <i>(Wall, ceiling, floors and furnishings shall be free of chipped paint, broken furnishings and toys are in good repair)</i></p>			
<p>2. Bathrooms are clean, in good repair and easily reached by children. (S.5.4.1.1)*          (§17-892.1-13,35,38,40) ** <b>(9.C.05, (9.C.06)***</b>  <i>(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.)</i></p>			
<p>3. Garbage is disposed in a safe sanitary manner (S.5.2.7.3)* (§17-892.1-33)** <b>(5.C.02)***</b>  <i>(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.)</i></p>			
<p>4. Toys, materials and furniture are made of nontoxic materials, and in good condition. <b>(S.5.2.9, 5.2.9.1 – 5.2.9.5, 5.2.9.7 – 5.2.9.9)*</b>          (§17-892.1-15,33) ** <b>(9.A.03)***</b> <i>(Art materials; paints, glues, color pencils etc. are required to meet standards indicated by <u>ASTM D-4236</u> on the labels.)</i></p>			
<p>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.3.2.3.4)*          (§17-892.1-30,38)** <b>(5.C.02)***</b></p>			
<p>6. Electric fans are inaccessible to children. (5.2.1.7)* (§17-892.1-32)** <b>(9.C.07)***</b></p>			

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<p>7. Stoves, microwaves, pipes and other hot surfaces cannot be reached by children (S.4.8.0.8, 5.2.1.13)*  <i>(Inquire about cooking activities. Ask about safety procedures, if stove, microwave, toaster oven are used for cooking activities.)</i> (§17-892.1-32)** <b>(9.C.07)***</b></p>			
<p>8. Sharp furniture edges are cushioned (AAP)* (§17.892.1-33)**<b>(9.C.07)***</b></p>			
<p>9. Medications are kept in original container, properly labeled, stored away from food, refrigerated if needed and are inaccessible to children.(S.3.6.3.1- 3.6.3.3, S.9.2.3.9)* (§17-892.1-33)**<b>(5.A.11)***</b>  <i>(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.)</i></p>			
<p>10. Strings and cords long enough to encircle a child's neck are not accessible to children.(S.3.4.6.1)* (S.5.160)** <b>(9.C.07)***</b>  <i>(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.)</i></p>			
<p>11. Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times. (S.2.2.0.1, S.6.1.0.5)* (S.2.028, S5.168)** <b>(9.A.05, 3.C.01-3.C.04)***</b></p>			

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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.6.2.5.1)* (§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.5.7.0.3)* (§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. (S6.2.3.1)* (§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.6.2.1.9)* (§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.6.2.2.5, 6.2.2.1)* (§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.6.1.0.5)* (§17-892.1-32)** (9.B.03)*** (This arrangement promotes the prevention of injury and abuse)			

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

Infant/Toddler Classrooms:	No Concern	Concern (Observation)	Actions Taken
<p>1. The diaper changing area is located away from eating and food preparation area. (5.4.2.4)*  <b>(5.A. 08)***</b><i>(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.)</i></p>			
<p>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. (S5.2.7.4)*  <b>(5.A. 08)***</b><i>(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.)</i></p>			
<p>3. Infant sleeping areas do not have soft beddings. Pillows, fluffy blankets or stuffed toys.  (S.3.1.4.1)* <b>(5.A. 12)***</b></p>			
<p>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. (S5.4.5.2)*  <b>(5.A. 12)***</b>  <i>(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)</i></p>			
<p>5. Cribs, cots, sleeping mats or pads shall be placed at least 3 feet apart. (S.5.4.5.1)*  <b>(9.A. 01)***</b>  <i>(Separate sleeping and resting reduces the spread of disease from one child to another.)</i></p>			
<p>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.5.4.5.2)* <b>(5.A. 12)***</b><i>(Corner posts present a potential for clothing entanglement and strangulation.)</i></p>			

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<p>7. Infants are placed on their back when they sleep. Infant’s head shall remain uncovered. (S3.1.4.1, 3.1.4.4)* <b>(5.A. 12)***</b>  <i>(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)</i></p>			
<p>8. Breast milk is placed in properly labeled bottles and is kept in the refrigerator when not used. (S4.3.1.3, 4.3.1.5)* <b>(5.B. 09-5.B.10)***</b>  <i>(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.)</i></p>			
<p>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.4.3.1.4)** <b>(5.A. 14)***</b></p>			
<p>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. 3.3.0.2)* <b>(5.C. 03)***</b>  <i>(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.)</i></p>			
<p>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.6.4.1.2)* <b>(9.C.16)***</b><i>(Any part smaller than these has a potential choking hazard)</i></p>			

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## *Appendix A*

### **First Aid and Emergency Supplies**

The facility should maintain first aid and emergency supplies in each location where children are cared for. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from a child care facility.

First aid kits or supplies should be restocked after use. An inventory of first aid supplies should be conducted at least monthly. A log should be kept that lists the date that each inventory was conducted, verification that expiration dates of supplies were checked, location of supplies (i.e., in the facility supply, transportable first aid kit(s), etc.), and the legal name/signature of the staff member who completed the inventory.

The first aid kit should contain at least the following items:

- a. Disposable nonporous, latex-free or non-powdered latex gloves (latex-free recommended);
- b. Scissors; Tweezers;
- c. Non-glass, non-mercury thermometer to measure a child's temperature;
- d. Bandage tape;
- e. Sterile gauze pads;
- f. Flexible roller gauze;
- g. Triangular bandages;
- h. Safety pins;
- i. Eye patch or dressing;
- j. Pen/pencil and note pad;
- k. Cold pack;
- l. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide such as the AAP Pediatric First Aid For Caregivers and Teachers (PedFACTS) Manual;
- m. Coins for use in a pay phone and cell phone;
- n. Use lukewarm, clean, running water from a sink to use in the flushing process for help in removing a foreign object or dealing with a chemical exposure for eye injuries. **Note:** The Pediatric First Aid for Caregivers and Teachers, 2<sup>nd</sup> Edition, a publication from AAP and National Association of School Nurses, pages 317-331, instructions clearly reference lukewarm, clean, running water from a sink to use in the flushing process for help in removing a foreign object or dealing with a chemical exposure, noted in addition to the 2 Liters of sterile water as part of their first aid and emergency supply list;
- o. Liquid soap to wash injury and hand sanitizer, used with supervision, if hands are not visibly soiled or if no water is present;
- p. Tissues;
- q. Wipes;
- r. Individually wrapped sanitary pads to contain bleeding of injuries;
- s. Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood;
- t. Flashlight;
- u. Whistle;
- v. Battery-powered radio (1).

When children walk or are transported to another location, the transportable first aid kit should include ALL items listed above AND the following emergency information/items:

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- a. List of children in attendance (organized by caregiver/teacher they are assigned to) and their emergency contact information (i.e., parents/guardian/emergency contact home, work, and cell phone numbers);
- b. Special care plans for children who have them;
- c. Emergency medications or supplies as specified in the special care plans;
- d. List of emergency contacts (i.e., location information and phone numbers for the Poison Center, nearby hospitals or other emergency care clinics, and other community resource agencies);
- e. Maps;
- f. Written transportation policy and contingency plans.

**Standard 5.6.0.1:**

## ***Appendix B***

### **Procedures for standard precaution**

Child care facilities should adopt the use of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention (CDC). Standard Precautions should be used to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.

In child care settings:

- a. Use of disposable gloves is optional unless blood or blood containing body fluids may contact hands.
  - Gloves are not required for feeding human milk, cleaning up of spills of human milk, or for diapering;
- b. Gowns and masks are not required;
- c. Barriers to prevent contact with body fluids include moisture-resistant disposable diaper table paper, disposable gloves, and eye protection.

Caregivers/teachers are required to be educated regarding Standard Precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter. Training must comply with requirements of the Occupational Safety and Health Administration (OSHA).

Procedures for Standard Precautions should include:

- a. Surfaces that may come in contact with potentially infectious body fluids must be disposable or of a material that can be disinfected. Use of materials that can be sterilized is not required.
- b. The staff should use barriers and techniques that:
  1. Minimize potential contact of mucous membranes or openings in skin to blood or other potentially infectious body fluids and tissue discharges; and
  2. 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 disinfected before further contact occurs with them by other objects or individuals.
- c. When spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges occur, these spills should be cleaned up immediately, and further managed as follows:
  1. For spills of vomit, urine, and feces, all floors, walls, bathrooms, tabletops, toys, furnishings and play equipment, kitchen counter tops, and diaper-changing tables in contact should be cleaned and disinfected as for the procedure for diaper changing tables in Standard 3.2.1.4, Step 7;
  2. For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area should be cleaned and disinfected. Care should be taken and eye protection used to avoid splashing any contaminated materials onto any mucus membrane (eyes, nose, mouth);
  3. Blood-contaminated material and diapers should be disposed of in a plastic bag with a secure tie;
  4. Floors, rugs, and carpeting that have been contaminated by body fluids should be cleaned by blotting to remove the fluid as quickly as possible, then disinfected by spot-cleaning with a detergent-disinfectant. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary. Caregivers/teachers should consult with local health departments for additional guidance on cleaning contaminated floors, rugs, and carpeting.

Prior to using a disinfectant, clean the surface with a detergent and rinse well with water. Facilities should

follow the manufacturer's instruction for preparation and use of disinfectant (3,4). For guidance on disinfectants, refer to Appendix J, Selecting an Appropriate Sanitizer or Disinfectant.

If blood or bodily fluids enter a mucous membrane (eyes, nose, mouth) the following procedure should occur. Flush the exposed area thoroughly with water. The goal of washing or flushing is to reduce the amount of the pathogen to which an exposed individual has contact. The optimal length of time for washing or flushing an exposed area is not known. Standard practice for managing mucous membrane(s) exposures to toxic substances is to flush the affected area for at least fifteen to twenty minutes. In the absence of data to support the effectiveness of shorter periods of flushing it seems prudent to use the same fifteen to twenty minute standard following exposure to bloodborne pathogens (5).

**Standard 3.2.3.4:**