



## Voluntary Registration Health and Safety Checklist

Verify each item that is currently true for your home by inserting a P (provider) in the space provided before the item. The contract agency representative will complete the form by initialing or marking with an S (screener). Licensing Inspector will determine compliance electronically during the inspection. Mark the item N/A if the item is not applicable to your home.

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### 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 guardrails.

\_\_\_\_\_ 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 Education 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. "Current" CPSC guidelines for full-size cribs state that the crib was manufactured in 2010 or later. Mesh-sided cribs are permissible in a VR home so long as it meets current CPSC guidelines. I will maintain documentation that my crib meets these requirements.

\_\_\_\_\_ Infants are placed on their backs when sleeping or resting unless otherwise ordered by a written statement signed by the child's physician.

\_\_\_\_\_ I use a crib or playpen with a firm, flat, mattress and only a fitted sheet for each sleeping or resting infant.

\_\_\_\_\_ I do not put soft objects, blankets, pillows, stuffed toys, bumper pads, or loose bedding in the area an infant is sleeping.

\_\_\_\_\_ I do not place infants to sleep on any soft surfaces, such as beds, sofas, chairs, pillow cushions, or waterbeds.

\_\_\_\_\_ An infant who falls asleep in a play space other than his own crib or playpen shall be moved promptly to his designated sleeping space.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ I do not administer prescription medication to enrolled children unless it is administered by a caregiver that has current Medication Administration Training (MAT) certification or the caregiver is licensed in Virginia to administer prescription medications. (A caregiver who is currently licensed in Virginia as a physician, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist is not required to be certified in MAT. A copy of the license should be available for review.)

\_\_\_\_\_ I wash my hands and children's hands with soap before meals and after toileting and diapering.

\_\_\_\_\_ I serve nutritious meals and snacks to children.

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

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

\_\_\_\_\_ I have indoor running water and bathrooms.

\_\_\_\_\_ Drinking water is available to children at all times.

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

\_\_\_\_\_ 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 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:**

\_\_\_\_\_ 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 four at any one time.

\_\_\_\_\_ I am at least 18 years of age and have not been convicted of any barrier crime specified in § 19.2-392.02 of the *Code of Virginia* and am not the subject of a founded complaint of child abuse and neglect.

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

\_\_\_\_\_ I provide parents with a copy of the Information to Parents statement and provide contact information for my inspector or contract agency.

\_\_\_\_\_ 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 child.

\_\_\_\_\_ I adhere to the following point system required to supervise children and determine if an additional caregiver is necessary.

- A caregiver may care for 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;
- My children and children residing in my home who are under eight years of age, are included in 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 care to children has a tuberculosis (TB) test or screening, background check; and I will not allow them to use alcohol or illegal drugs while children are in care.

\_\_\_\_\_ I comply with § 22.1-289.049 of the *Code of Virginia* by requiring proof of each child’s identity and age for children. My records for each child include:

- Documentation of previous child day care programs and schools the child has attended.
- Documentation that proof of identity was reviewed and the date of review.

\_\_\_\_\_ I comply with § 22.1-289.050 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/or the Virginia Department of Education may provide information, training opportunities, and technical assistance to help me provide good care to children and that I may ask for help or advice as needed.

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.

Provider signature: \_\_\_\_\_

Name: (*print*) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, (Contract Agency Monitor), verify that the provider meets the health and safety standards and has agreed to comply with the above requirements.

Check on:

\_\_\_\_\_ Initial Verification

\_\_\_\_\_ Monitoring Inspection

\_\_\_\_\_ Renewal Inspection

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Time of Inspection: \_\_\_\_\_

Date: \_\_\_\_\_

Contract Agency: \_\_\_\_\_

\*Licensing Inspectors will determine compliance electronically and do not need to sign the checklist.