Protocol for Inspections at Licensed Child Day Programs

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The inspection protocol is at the heart of a sustained effort by home and field office staff to increase consistency across the state. It also looks to the future by paving the way for greater participant involvement in the evaluation of care and services rendered to those in care in the various children’s programs in the Commonwealth regulated or monitored by the Division of Licensing Programs (DOLP).

This “inspection protocol” builds upon the “resident-centered” approach to determining provider compliance with regulations that was developed in DOLP’s Protocol for Inspections at Assisted Living Facilities (ALF). That document, with its inspector forms and tools, established a statewide approach to inspections that was innovative, while also with the intent of increasing consistency in the processes applied by each of the inspectors in their work with providers. As with the ALF protocol, the focus here continues to be on the provider’s ability to meet children's needs through the actual delivery of care and services and not just “paper” compliance. The inspection tasks are designed with this in mind and are inter-connected in order to both identify potential problem areas and verify from multiple sources any non-compliance discovered during the inspection. The components of observation and interview are further emphasized and integrated into the inspection process in this edition. Also, after applying the protocol for the past two years, inspectors have found ways to improve its implementation and adapt it appropriately for child day programs, while maintaining the participant-centered approach to inspections. DOLP consultants and licensing administrators have also listened carefully to how the protocol has been received by providers and provider associations, and have made appropriate adjustments.

Therefore, the inspection protocol:

- describes DOLP’s philosophy on inspections, including the basic components and inspection strategies;
- gives forms and tools (in the appendices) for inspectors to use, as needed, in gathering information and making investigative decisions during an inspection; and
  
  NOTE: Inspectors are given some flexibility in terms of which tools to use and how to apply them (see appendices for which are required vs. recommended), but for consistency they may not create their own (alternate versions of) forms/tools.
- should be applied during all mandated monitoring inspections.

It is hoped that by continuing to conduct participant-centered inspections, DOLP will promote an even greater emphasis among providers on the delivery of care and services to children. The degree to which it is able to achieve this will likely depend on the licensing inspectors' ability to implement this protocol accurately, consistently, and efficiently.
The inspection is at the center of our work as licensing professionals. Its purpose is to evaluate and monitor provider compliance with applicable standards for licensure. It also gives the provider the chance to demonstrate the systems in place at the program to provide care and services to its participants. In order to achieve these goals, however, the inspector must effectively complete all the components of an inspection and employ thorough investigative techniques. This inspection protocol was created to be a guide for inspectors to assist them in the challenging task of performing an inspection.

1 The Six Components

There are six basic components of an inspection:

- **Entrance Conference** – Inspectors introduce themselves briefly, hand out a brochure that outlines the basic components of the inspection process, and ask for items they will need to conduct the inspection;

- **Tour** – Inspectors walk through the building(s) directly after the entrance conference and as soon as possible after arrival in order to observe activities and personal interactions, talk to children and staff, examine the physical plant, and check on general health and hygiene issues;

- **Interactions and Interviews** – Inspectors speak casually to children, may have discussions with parents (either during or after an inspection), converse with staff members, and interview the program director to gather information on compliance with standards, especially those relating to care and services to children;

- **Observations** – Inspectors observe – from the moment they drive up to the building until the conclusion of the inspection – what is happening in the program in order to assess compliance with standards. Inspectors pay special attention to the interaction between staff and children, the execution of the program’s internal policies and procedures, and the learning and recreational activities;

- **Documentation Review** – Inspectors conduct a focused examination of child and staff records, targeted on key standards and information gathered during interviews and observations; and

- **Exit Meeting** – Inspectors review the results of the inspection with the provider, listen to and discuss with the provider any disputed findings and/or comments about the inspection process, provide consultation, and request from the provider a plan of correction for any violations and ensuring future compliance.

Note: The inspector may be able to provide the completed violation notice for signature by the provider at the exit meeting, but if not will at least discuss preliminary findings. SOP-304: Violation Notices and Inspection Summaries, gives providers up to ten days of receipt to respond in writing on their portion of the violation notice (the “plan of correction” and “date to be corrected” columns).
Though the entrance conference and tour should take place at the beginning of the inspection and the exit conference at the end, the other components (or tasks) of the inspection need not occur in any particular order. This allows inspector(s) the greatest degree of flexibility in order to be responsive to the unique circumstances presented during an inspection at a given program. There is also no minimum or maximum amount of time required to complete any protocol component or an inspection generally.

The inspector(s) should be evaluating at all times whether the children in the program are receiving safe and appropriate care and services from the provider. The emphasis throughout the inspection should be on observing children as they go about daily activities and noting the way staff members interact with them.

2 Inspector Professionalism

As they conduct their inspections, inspectors will:

- Treat everyone they meet with dignity and respect, using “people skills” to make others feel as comfortable as possible;
- Maintain an open dialogue with directors and staff members, while gathering the information needed to complete a fair evaluation of the facility’s performance;
- Enforce the regulations and their official interpretations as written;
- Look for patterns of non-compliance or risk to children, without being prescriptive in their enforcement of the standards;
- Remain objective during their information gathering, recognizing that things are not always as they appear at first glance;
- Protect confidential information gathered prior to and during the inspection, sharing it only with those who have the authority or permission to receive it; and
- Be aware of their own reactions to interpersonal conflict and strive to keep the inspection process on a professional footing.

3 Investigative Techniques

The focus of the inspection process should be to assess the actual delivery of care and services to children. Though the inspector must evaluate provider compliance with standards about documentation, his or her foremost concern should be with the well-being of the children. In order to do this adequately, the inspector must employ key investigative techniques for every inspection. To inspect means to check or test an individual or entity against established standards. Investigation, however, means to observe or study by close examination and systematic inquiry for the purposes of making a determination (of compliance) based on an in-depth analysis of facts. Good investigative techniques should be a component of every inspection.
3.1 Planning and Flexibility

Planning is essential in order to conduct a successful inspection. It assists in determining the pervasiveness and validity of violations, if there are any, and is an aid in the decision-making process. It should include both pre-planning before the start of the inspection and planning during the course of the inspection, since circumstances are unpredictable.

**PROVIDER FILE REVIEW**

Prior to the inspection, the inspector should do a thorough review of the program file, paying special attention to the following:

- The most recent application;
- The most recent staff list (bring a copy to the inspection);
- Whether facility fees and/or fines have been paid;
- Any allowable variances and/or stipulations on the license (photocopy or make a notation of relevant information for reference during the inspection);
- Floor plan (copy for inspection if necessary);
- Background check waivers (if applicable);
- The inspection summary and violation notice (if applicable) from the last inspection; and
- Any complaints since the last inspection (review outcomes and identify any patterns).

A thorough review and analysis of the provider file will help the inspector determine who may need to be interviewed, which records and documents will need to be reviewed, and what to carefully observe. It also helps the inspector gather any evidence that may be useful during the inspection. The inspector will also need these tools for the inspection: 1) laptop computer and printer (if he/she has one), 2) tape measure, 3) thermometer, 4) camera, 5) relevant technical assistance materials (which inspectors often copy onto their laptops), 6) directions and any other travel items, and 7) program contact information.

Though pre-planning and preparation are essential to the inspection process, flexibility during the inspection itself is equally important. Although the inspector may have pre-conceived ideas and a pre-planned strategy for performing any given inspection, he or she must be able to adapt as situations change and evidence emerges. The assumption is that when presented with unanticipated issues (or “red flags”), the inspector will fully investigate and follow-up, addressing all potential areas of non-compliance.
3.2 Evidence Verification

Inspectors must be thorough to ensure that compliance (or non-compliance) is accurately determined. It is important to verify information and to avoid making assumptions about what “appears” to be the case. For this reason, the inspector should not share information with children, their parents, or program staff and administration until he or she has made necessary observations and gathered adequate evidence. While it is important not to jeopardize collecting important evidence by discussing concerns with providers prematurely, it is also essential to inform them of potential violations at some point prior to the exit conference. This affords the provider an opportunity to produce information (including documents) that shows a citation is not warranted and helps inspectors avoid making conclusions without having all the facts. There may well be a reasonable explanation for what may appear to be a violation during an initial encounter.

Evidence is always strengthened when it is verified from a variety of sources. One observation or one document may be sufficient to support a violation, but serial observations of non-compliance made over an extended period of time are stronger than a single one. Along the same lines, an observation that is corroborated with an interview is strengthened by that interview. An observation, an interview, and a document combined present stronger evidence than a single observation, a single interview, or a single document. If the inspector observes a situation that potentially indicates non-compliance, it is essential to do the necessary follow-through to actually make that determination. As much as possible the inspector should document discussions with children, their parents/guardians, staff members, and the director. This would include, again as much as possible, the names of the individuals, as well as the date, time, and details of the information shared with the inspector.

NOTE: Since discussions with children will often be informal, with a group, and in a way that minimizes disruptions to their daily routine at the program, the inspector may not be able to record all the specific details mentioned here. It is helpful, however, to obtain as much information as possible, as this can be very useful at a later point.

It is essential that the inspector retain any notes in the provider record and include the details in any description of the violation (SOP-701: Provider Records).
4 Entrance Conference and the Tour

First impressions are very important during an inspection. Through the entrance conference, the inspector can set a professional tone for interactions with the program director. Likewise, the initial tour provides a unique opportunity to begin key observations about a given program. Through careful observation (paying close attention to what one sees, hears, smells, and touches) and the information offered by those he or she may talk to along the way, the inspector is able to form initial impressions about the program and identify any potential areas of non-compliance. This information helps the inspector devise a strategy for implementing the remaining tasks of the inspection.

In a sense, the tour begins with the first visual sighting of the program facility. The inspector should note any concerns with the exterior appearance and maintenance of the building and any potential safety issues. He or she should also note whether any children are outside the building and in what type of activity they may be engaged. Once inside the building, the inspector should present photo identification, briefly explain the purpose of the visit, present the inspection brochure (Appendix A - at least the first time the inspection protocol method is used at the program and to all new providers), and hand the director the form What Your Inspector Needs from You Today (Appendix B). This entrance conference should be very limited in duration, however, in order that the inspector may begin the tour as soon as possible. Any delay in starting this key task (even during complaint investigations), may greatly diminish the inspector’s ability to obtain valuable information and insight into what it is really like at the program on a daily basis. (Reminder: It is Division policy that inspections should be unannounced. [See SOP-301: Conducting an Inspection.])

Introducing oneself during the tour to participants, parents, and staff is key for the inspector, as this shows he or she is approachable. It provides an opening for these individuals to convey important information about the program, which may also inform the inspector’s strategy for the inspection. This would include which areas to investigate in greater detail. These interactions, along with observations during the tour, will also help the inspector chose whose files to review during the inspection.

All potentially significant observations from the tour (as well as throughout the inspection) should be recorded legibly with the date and time and in sufficient detail to adequately and objectively describe them at any later point. Inspectors have the option of using the Facility Review Form for Child Centered Care (Appendix C) for this purpose. The health, safety, and general welfare of the children in care must be the inspector’s primary concern. While the physical environment should be noted and addressed, this is largely to be assessed in terms of its impact on the children. Inspectors should also count staff on duty and note their physical location, number of children in care, and whether the personnel on duty correspond accurately to the required ratios. (NOTE: What Your Inspector Needs from You Today, mentioned above, is also an excellent tool for obtaining this information.)
At the end of the tour, the inspectors should reflect on the interactions with children and staff (covered in the next section) and observations, as well as the information gathered during pre-planning efforts, to formulate a plan for the remaining tasks of the inspection. This will include a formal classroom observation(s) or general child-caregiver observation (at a family day home [FDH]), which will be described in section six, selecting an appropriate sample for record review and interviewing tasks (see sample selection table in section nine) in order to determine if a potential violation is isolated in nature or potentially systemic, posing greater risk to the children in care.

5 Interactions and Interviews

It has been stated already that the most important element of an inspection is the inspector’s assessment of the care that children receive at a program in relation to the program standards. Though the inspector can gather information about this through observation and documentation review, interviews and interactions are also essential for an accurate assessment.

During an inspection at a child day program inspectors:

- Interact with children in care;
- Provide an opportunity to have discussions with parents/guardians;
- Converse with staff members;
- Interview the director; and
- Conduct any other interviews or follow-up discussions if indicated.

5.1 Care and Program Assessment

The interview process is crucial to the inspector’s ability to make an assessment of the provider’s compliance with standards related to the following areas: physical plant, food, services, activities, staff, supervision, medication, behavioral guidance, forbidden actions, parental involvement, transportation, and emergencies. Inspectors may also receive information through their interactions and interviews that would cause them to look further into other areas of the standards to uncover possible non-compliance.

5.2 Guidelines for Interactions and Interviews

Inspectors should follow certain principles in their interactions or interviews with children, parents, staff, and program administration. As a general rule, an inspector should:

- Introduce himself/herself and identify the purpose of the inspection;
- Develop a rapport with the individual(s), focus questions on the care and services that the program provides to participants, and thank the person for sharing his or her views;
NOTE: When children approach the inspector during the tour and he or she talks to them in casual conversation (see section below), it is OK to listen and take notes on any topics the children bring up on their own initiative. This reflects more of the interactive nature of conversations inspectors should have with children, as opposed to the more formal interview format.

- Document information that would be relevant to a determination decision such name, date, time, etc.
  NOTE: Though not always apparent during an interview or casual conversation, this information can be very important if used later on as evidence in support of a violation. The intent here is not to create extra work during the inspection, but to make the inspector’s job much easier when it comes to making decisions about whether to cite and, if so, how to construct the description of violation.

- Consider what is going on at the time of the interaction/interview in order to obtain routine information in the least intrusive way possible;
- Discontinue a conversation/interview if to continue would place a child in an unsafe position at the program;
- Make every effort to protect the identity of the person(s) who provides information unless he or she gives permission to share this with the program director; and
- Report immediately to CPS any allegations of abuse or neglect disclosed during the interviews.

There are also specific considerations for interactions with children, discussions with parents, and director and staff interviews. These are outlined below, with some additional information in the appendices of this protocol.

**INTERACTIONS WITH CHILDREN:**

During the tour, and/or at any other opportune time during the inspection, the inspector should engage a few children in casual conversation about the program. These interactions are essential as the children in care are the consumers of the care and services at the program and talking with them will give important insight into their experience and general level of satisfaction with the program. The conversations should be casual, brief, and friendly.

**Examples of the type of questions that may be used with children include:**

Tell me what you’re doing today.
What do you like about school?
What was your snack today?
What happens when someone does something wrong? *(This would be an appropriate question to ask a child, if the facility has a past history of complaints regarding child abuse/neglect.)*

Using this example, an inspector at a child day center (CDC) might be able to gather important information about 22 VAC 15-30-471, 481, 484, 487, and 620. An inspection at a family day home (FDH) might be able to gather important information at 22 VAC 40-111-580, 600, 630, 640, 870 and 880.
DISCUSSIONS WITH PARENTS:

Inspectors should make themselves available and accessible to any parent (or guardian) who wishes to speak with them during or after the inspection. The posting of the inspection notice on the front door at the beginning of the inspection to invite parents, staff members, or anyone else to talk to the inspector about the program (positive and/or negative aspects) lets parents know this is a possibility. Parents may also wish to speak to the inspector at another point by phone. Information gathered from these discussions can give the inspector important insight about the care and services provided to children in a particular program and can influence the inspector’s decisions about the inspection and its outcome. Information received after the inspector has finished documenting and synching the inspection to DOLPHIN, should be evaluated and may be considered as possible material for a complaint based on the criteria in SOP-401: Complaints.

CONVERSATIONS WITH STAFF:

Conversations with staff are also a part of the licensing inspector’s interaction during a tour of a facility or as part of a separate interview, if warranted. As with interactions with children, questions for staff will normally be part of general conversation during the facility tour. The licensing inspector should determine the extent and focus of questions for staff based on the history of the facility and what is discovered during the course of the inspection. If concerns are noted, more in-depth interviews are indicated.

Examples of the type of questions that could be used with staff and the areas that could be addressed include:

- What are your responsibilities here? What is your job title?
- How many children do you have directly under your care?
- How were you informed of your job duties and/or shown what to do when you started?
- What is the procedure when a staff person is absent?
- If there is an emergency that requires evacuation, what are you personally required to do?
- When was your last emergency drill? Shelter-in-place drill?
- When the director is absent, who’s in charge?
- How do you deal with a difficult child?
- What training have you had about reporting child abuse?
- How is suspected child abuse reported at your program?
- What is the school’s procedure for changing diapers, potty training, restroom time for children, etc.?
- What are you expected to do if a child in your care is injured?

Corresponding references to CDC standards would be 22VAC15-30-230, 260, 290, 430, 440, 484, 487, 600, & 610 and for FDHs 22VAC40-111-120, 200, 570, 630, 800, 810, 630, 840, & 860.
DIRECTOR INTERVIEWS:

In addition to conversations with staff members, the inspector will also interview the director of the program to obtain important information about operations and the care and services provided to children. The scope and number of questions will depend on the compliance history, what is observed during the inspection, and items discussed with children, staff, and/or parents. Sample interview questions can be found in Appendix D (for CDCs & FDHs).

6 Classroom Observation

At all non-residential programs the inspector will complete a formal classroom observation in addition to observations made throughout the tour. (NOTE: This would be general child-caregiver observation, not a “classroom” observation, at a family day home.) The inspector must first find a comfortable, inconspicuous spot within a classroom and simply observe what is happening there for a period of 10 minutes, at minimum. The inspector will observe interactions between the (lead) caregiver and the children, as well as any other activities that may be taking place in the classroom. Appendix E provides a useful reference for inspectors to review prior to or after the classroom observation. However, this tool is not intended to be used as a form, nor should the inspector reference it during the classroom observation. The inspector should simply observe, though it is acceptable for him or her to make notes of these observations, particularly if they may trigger further investigation and/or may be an indication of provider non-compliance with standards. The inspector will want to pay careful attention to areas of potential concern based on any history of noncompliance at the program and what is discovered throughout the inspection.

Once the observation is completed, the inspector should review the results to follow up on any items that may need further investigation. Follow-up activities might include further discussion(s) with some of the children in care, staff members, and/or the director; a review of a particular child or staff member’s record; an analysis of any written policies and procedures; and/or going through information on staff training.

7 Medication Administration Review

If the inspector discovers – either through interactions/interviews or through information obtained by using the form What Your Inspector Needs from You Today – that the provider administers medication to children in care, he or she should complete a review of medication administration. At some point during the tour, the inspector should use the Medication Checklist (Appendix F) as a guide and to document all of the medications for each child in the sample. Sample size varies based on the number of children in the program and the inspector can determine this by the sample selection table in section nine. The inspector should first review the medication log and record the name and type of medication(s), dosage, and the scheduled date/time of administration that is listed for each child in the sample. Next, the inspector should review the actual bottles/containers for the medications to see if what is listed on the
label matches what is recorded on the medication log. Finally, the inspector should review the authorization form to ensure that all of the permissions are in place. The inspector should include in the medication administration review, if applicable, any emergency medications, over the counter products, and/or topical skin products. Any errors or inconsistencies should be noted on the Medication Checklist and considered as possible evidence in support of a citation. Wherever possible, the inspector should use the children whose medications have been reviewed in the sample as part of the sample for interactions and record reviews. If the inspector suspects a pattern of problems with medication administration, he or she should increase the sample to determine the extent of the noncompliance.

8 Documentation Review

This section and the sample selection table in section nine outline the minimum requirements for children and employee record reviews and general documentation review. Though these must be met for all inspections (outside of focused, revisit inspections and complaint investigations), the inspector must ensure as well that the sample size for record reviews (as with interactions/interview and classroom/caregiver interaction observations) is sufficient to determine whether there is noncompliance and, if so, its pervasiveness. This is critical in determining how many children may be affected or potentially affected by the provider’s noncompliance. If the inspector identifies an issue in one area or for one child, he or she must also determine if it is a problem for others for the simple reason that as the pervasiveness of a problem increases, so does the risk of harm to any child in care. There is a balance inspectors must find, however, between being thorough and using their and the provider’s time efficiently. It is important that inspectors work strategically and efficiently in the time spent on-site with documentation review. If one is not careful, too much of the limited amount of time at the program can be spent on this task with little result, instead of focusing primarily on interacting with and observing those in care at the program. Inspectors must collect sufficient evidence to make a compliance determination, but must also know when they have been reasonably thorough and should stop. The best way to ensure this is to determine before starting documentation review exactly which items need to be verified and/or investigated in the sample files and general documents, based on potential problem areas or noncompliance identified through observations and interactions/interviews. Inspectors may use either the Facility Review Form for Child Centered Care (Appendix C) or Record Review Form (Appendix G) to assist them in documenting items discovered through documentation review.
CHILDREN’S RECORDS:
Inspectors should at minimum examine the following standards in their strategic review of children’s records in the sample they have selected:

- Parent agreements/authorizations
- Emergency contacts
- Physical / Immunization
- Proof of ID
- Notice of liability insurance (FDHs)

Based on the program’s history and/or items of potential concern identified through observations and interactions/interviews during the inspection, the inspector may also want to examine other aspects of the children’s records. This is useful to help corroborate any evidence gathered from other sources, determine the pervasiveness of any deficiency, and/or assess the risk that may be associated with the noncompliance.

EMPLOYEE RECORDS:
Inspectors should at minimum examine the following standards in their strategic review of employee records in the sample they have selected:

- Background checks
- Staff qualifications
- TB screening
- First aid/CPR, daily health observation training, and MAT certification (if required)
- Staff training

As with children’s records, the inspector may want to examine other aspects of the employee records if this is indicated from the program’s history and/or items identified through the inspection.

OTHER DOCUMENTATION TO REVIEW AT EACH PROTOCOL INSPECTION:
In addition to children and employee records, the inspector should also review specific documentation of a general nature at the program. This would include the annual health and fire inspections, emergency and shelter-in-place drill documentation (requested from the provider through the What Your Inspector Needs from You Today form), and items relating to any allowable variances (if applicable), which must be reviewed annually.
9 Sample Selection Table

Minimum sample selection for interactions/interviews, record reviews, the classroom/child-caregiver interaction observation, and review of medication administration during protocol inspections at non-residential programs are as follows:

<table>
<thead>
<tr>
<th>Number of children in care today</th>
<th>Number of interactions/interviews (children / staff / director or person in charge)</th>
<th>Number of record reviews (children / employee)</th>
<th>Number of classroom observations</th>
<th>Review of Medication Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 12</td>
<td>2 / 1 / 1</td>
<td>2 / 1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13 – 49</td>
<td>3 / 1 / 1</td>
<td>3 / 1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>50 – 99</td>
<td>4 / 2 / 1</td>
<td>4 / 2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>100 &amp; above</td>
<td>5 / 2 / 1</td>
<td>5 / 2</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**NOTES ON COLUMN THREE:** For children’s records, the inspector must:
- include in the sample records from both new participants and participants enrolled prior to the last inspection.  
  **EXAMPLE:** If there are 50 children at the center such that the inspector must review 4 records, he or she would look at records for two new participants, as well as those of two other children in care. For employee records, the inspector must include in the sample records of staff members in a leadership capacity at the program (other than the director), as well as other current staff members.
- ensure that the operation has complied with background check requirements for all household members and/or staff hired since the previous inspection.  
  **NOTE:** The inspector may review more records to evaluate compliance as needed, based on what is indicated from the history of compliance and/or information gathered during the inspection. Staff records for multiple facilities owned by the same entity and kept at a central location should be reviewed annually.

**NOTE ON COLUMN FOUR:** If only one classroom is available, then the inspector should spend the total amount of time observing that one classroom. (Example: In a YMCA afterschool program with 55 children, but just one classroom, the inspector could meet the requirement of three 10-minute observations by conducting just one 30-minute observation.)

It is essential that the inspector select which records to review based on the information he or she has gathered during the inspection. The inspector should not ask the provider to choose which record to include in the sample. Even if the inspector would like the sample to contain a randomly selected record, he or she should ask the provider to deliver record X (child/employee’s name). The inspector can usually determine the person’s name from what the provider has already provided with the form What Your Inspector Needs from You Today or from his or her interactions with children and employees during the tour.
10 Citation of Violations

Inherent in the philosophy of the regulatory environment is the concept of culpability. The inspector must always ask, “Did the provider have knowledge of this, or should the provider have known about it?” Observations that are incidental, statements from interactions/interviews that are not corroborated from other sources, and/or missing or incomplete items discovered during documentation review do not necessarily constitute a violation. The inspector must ensure that he or she has all possible evidence in order to avoid any subjective generalizations when making decisions about citations. It is useful to ask the provider questions, throughout the course of the inspection and/or prior to making citation decisions, to clarify various matters and to avoid making pre-judgments without having all the facts. DOLP has also introduced a particular structure and method for the construction of the “description of violation.” By carefully following the procedures in section 4.5.4 of SOP-304: Violation Notices and Inspection Summaries, the inspector will sometimes discover upon drafting his or her portion of the violation notice (the “description of violation”) that there is not strong enough evidence to support a citation.

10.1 Using Evidence Gathered from Children

Because evidence is always strengthened when it is verified from a variety of sources (see section 3.2), inspectors are encouraged to include information obtained from interactions with children whenever relevant. The inspector should consider statements from a child since children are in a great position to give an account of the care and services they receive in a program. When assessing statements from children as evidence to support a “description of noncompliance” (section 4.5.4 of SOP-304), the inspector must consider the child’s level of understanding and ability to express his or her views.

10.2 Words to Avoid in a Description of Violation

SOP-304, section 4.1.1.e, states that inspectors should avoid “subjective generalizations and words that imply a conclusion that is not supported by the evidence.” This is particularly important when recording and documenting observations of and interactions with children. Certain words should be avoided, especially in the “description of violation.” Here are some common red flag words to avoid:

Feelings cannot be objectively observed. Avoid these red flag words: happy, sad, mean, kind, angry, mellow, apathetic, bored, interested, proud, sympathetic, understanding, nasty, mischievous, lazy, crabby, laid-back.

Intelligence cannot be objectively observed. Avoid these red flag words: smart, bright, dumb, mediocre, above-average, overwhelmed, overachiever, underachiever.

Reasons for doing things cannot be objectively observed. Avoid these red flag words: provoked, tricked, determined, undirected, out-of-control, motivated, spiritual, conscientious.
Self-concept cannot be objectively observed. Avoid these red flag words: weak, competent, pretty, athletic, strong, secure, insecure. The inspector should instead use factual descriptions of what he or she observed and/or direct statements (short quotations whenever possible) from the child(ren). He or she should observe all confidentiality requirements described in SOP-304, section 4.1.2, which include utilizing a numbering system on inspection summaries and violation notices (such as, “Child #1, Staff #2”), with corresponding identities listed on the supplemental page.

11 Exit Meeting

The exit meeting takes place between the inspector and licensee (or designee) at the completion of an inspection. The purpose is for the licensing representative to deliver and review the inspection summary (or acknowledgement form [see SOP-304, 4.2 and Appendix A]), answer any questions from the licensee, see if there is anything he or she may have missed that the licensee can supply to demonstrate compliance, provide technical assistance, and indicate preliminary findings when there will likely be citations. The inspector may also use the exit meeting to discuss recent changes or new interpretations of licensing regulations, refer the provider to additional resources that might enhance understanding and compliance with standards, and give feedback on the provider’s ideas for plans of correction for any anticipated citations.

12 Acknowledgements

The Division of Licensing Programs would like to acknowledge that some of the materials in this document were inspired by and adapted from the following sources:

- Alan Jefferson (Director, Northwest Region, Commission for Social Care Inspection, United Kingdom), “Putting People Who Use Care Services at the Center of Our Work,” a presentation by at the 16th Annual Licensing Seminar of the National Association for Regulatory Administration (Richmond, Virginia: October 8-10, 2007).
- Patricia Marickovich, “Observation and Recording: It’s Not Always Obvious,” a four hour class sponsored by the Division of Child Care and Development (fall 2006), Virginia Department of Social Services.
Appendix A: Entrance Conference

Brochure (it is REQUIRED that the inspector give a brochure to any new program director [at either a new or existing program].)
Appendix B: Request for Information at Entrance Conference (It is REQUIRED that inspectors use this tool whenever the protocol is applied.)

Division of Licensing Programs

WHAT YOUR INSPECTOR NEEDS FROM YOU TODAY

Fill in blank spaces and use the back of this page and/or attach additional pages for lists:

- Current e-mail address of program/program director_____________________
- Today's census _______ and total enrollment _______
- Names of the following:
  - New hires (if applicable) since last inspection ______[date]
  - Van/vehicle drivers (if applicable)
  - Any children with special needs
- Are there any children taking medication while at the facility/program? (Yes/No)
- Any injury reports since the last inspection
- Any changes to policies and procedures since the last inspection
- Documentation of evacuation and shelter-in-place drills

CHILD DAY CENTERS ONLY:

- Current fire inspection (so inspector may review)
- Current health inspection (so inspector may review)
- Current liability insurance policy (so inspector may review)
- Names of new/promoted program leaders (if applicable)
- Names of employees with first aid, CPR, MAT cert., and daily health obs. training

FAMILY DAY HOMES ONLY:

- Names and birthdates of children present
- Names of new household members (if applicable) since last inspection ______[date]

Facility:_____________________
Date:_____________________
Appendix C: Facility Review Form for Child Centered Care (It is **RECOMMENDED** that inspectors use the form and although they are given some flexibility on this, for consistency, they **may not** create their own [alternate versions of the] form.)

*Alternatively use Record Review Form (Appendix G)*

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Inspector Name:</th>
<th>Inspection Date:</th>
</tr>
</thead>
</table>

**Facility Review Form for Child Centered Care (CDCs & FDHs)**

**HOW TO USE THIS FORM:**

This is an optional form, which can be used to assist the inspector in taking notes (in the margins or on the back) and keeping track of key standards for observation and review during the inspection. If notations are made on this form, it should be retained in the facility record, along with any other notes, required forms, or other applicable materials related to the inspection.

**KEY AREAS OF OBSERVATION:**

**CHILD DAY CENTERS:**

- Classrooms: [22VAC15-30-340, 380, 500]
  - Furniture and equipment age appropriate and in good repair
  - Heating, lighting and ventilation adequate
  - Drinking water readily available
  - Adequate storage for children's belongings
  - Space sufficient for number of children being served

- Isolation Area: [22VAC15-30-380]
  - Arrangements for isolation and care of ill children

- Bathrooms and Toiletting Area: [22VAC15-30-390]
  - Toilets flush? Faucets work?
  - Toilets and sinks reachable by children
  - Water temperature
  - Toilet paper, paper towels and soap available
  - Bathrooms clean; lighting and ventilation adequate

- Inspection of Food-Service Area: [22VAC15-30-350, 620]
  - Menu posted; if applicable, substitutions indicated
  - Required food groups served
  - Food preparation area adequately equipped, clean and free of hazards
  - Cleaning supplies out of reach of children, stored away from food & separately from food supplies
  - Adequate food for meals and/or snacks

- Inspection of Playground/Pool: [22VAC15-30-380, 410, 500, 550]
  - Climbing structures, swings, slides and other large play equipment securely anchored and have adequate resilient cushioning material underneath and around perimeter
  - Drinking water readily available on or near the play area
  - Adequate shade and resilient surfacing
  - Fencing around perimeter of play area if necessary
  - Equipment developmentally appropriate for age group
  - Playground free of miscellaneous debris such as tree branches, cans, bottles, glass, etc.
<table>
<thead>
<tr>
<th>Facility Review Form for Child Centered Care (CDCs &amp; FDHs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: [<em><strong>]  Inspector Name: [</strong></em>]  Inspection Date: [___]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD DAY CENTERS (cont.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Napping Equipment: [22VAC15-30-510, 520, 440]</td>
</tr>
<tr>
<td>- Sufficient cots and mats for each child in care</td>
</tr>
<tr>
<td>- Bedding, cots and sheets clean and stored properly</td>
</tr>
<tr>
<td>- Napping children properly supervised (within ratios)</td>
</tr>
<tr>
<td>Infants/Handwashing/Diapering: [22VAC15-30-350, 500, 620, 630, 575]</td>
</tr>
<tr>
<td>- Furniture and equipment age appropriate and in good repair (e.g., High chairs or feeding tables have broad-based legs, safety strap? Plastic seats in good repair? Trays lock onto the chair?)</td>
</tr>
<tr>
<td>- No baby walkers</td>
</tr>
<tr>
<td>- High chairs made of washable materials</td>
</tr>
<tr>
<td>- Sanitary solution out of infant’s reach</td>
</tr>
<tr>
<td>- Changing tables covered with washable surface</td>
</tr>
<tr>
<td>- Caregivers wash hands before and after each diaper change and before each feeding</td>
</tr>
<tr>
<td>- Toys safe, with no sharp edges, splinters or points, nor made of small parts that can be pulled off and swallowed</td>
</tr>
<tr>
<td>- Cribs or other appropriate napping equipment available for each infant</td>
</tr>
<tr>
<td>- Bedding separately identified and stored for each infant</td>
</tr>
<tr>
<td>- Placement of cribs, cots or mats allows for entry to/exit from the napping space</td>
</tr>
<tr>
<td>Health-Related Services: [22VAC15-30-310, 570, 375, 530, 590, 600, 610]</td>
</tr>
<tr>
<td>- Medication properly labeled and stored in original container</td>
</tr>
<tr>
<td>- Children greeted and checked for illness</td>
</tr>
<tr>
<td>- First aid supplies and flashlight, radio available; 1st aid and CPR certified staff available</td>
</tr>
<tr>
<td>- Accommodate children with special needs; needs being met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation: [22VAC15-30-640]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Vehicles in good repair</td>
</tr>
<tr>
<td>- Appropriate safety belts and child restraints</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Posting Requirements: [22VAC40-80-120; 22VAC15-30-50, 320, 471, 560, 610, 620, 640]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- License</td>
</tr>
<tr>
<td>- Menu</td>
</tr>
<tr>
<td>- Emergency plan</td>
</tr>
<tr>
<td>- Inspection summary</td>
</tr>
<tr>
<td>- Special orders</td>
</tr>
<tr>
<td>- Evacuation &amp; shelter-in-place procedures/maps posted</td>
</tr>
<tr>
<td>- 911 posted</td>
</tr>
<tr>
<td>- Asbestos plan</td>
</tr>
<tr>
<td>- Daily schedule</td>
</tr>
<tr>
<td>- Field trip notification</td>
</tr>
<tr>
<td>- Pool rules (if applicable)</td>
</tr>
</tbody>
</table>
Facility Review Form for Child Centered Care (CDCs & FDHs)

Facility Name: 
Inspector Name: 
Inspection Date: 

FAMILY DAY HOMES:

A physical plant inspection covers overall maintenance and operations, such as equipment and supplies, building and grounds (including an inspection of the garage), food-preparation areas, bathrooms, storage areas, lighting, medication and cleaning supplies, napping arrangements and compliance with fire clearances.

- License is available for review [22VAC40-80-120.D]
- Provider or substitute provider is continuously present when children are in care, outside the 2-hr per day maximum care may be given by an adult assistant [22VAC40-111-560]
- Home is clean, properly heated and ventilated [22VAC40-111-240, 400, 420, 450]
- Home has a working landline telephone [22VAC40-111-330]
- Children’s toys, play equipment and materials are safe and age appropriate [22VAC40-111-250, 480, 490, 500, 510, 520, 540, 550]
- Children are evaluated and isolated if infectious [[22VAC40-111-670]
- Food brought from the children’s homes is labeled with the child’s name and properly stored or refrigerated [22VAC40-111-890]
- Fireplaces and open-face heaters are screened [22VAC40-111-320]
- Children do not have access to stairs [22VAC40-111-430]
- Poisons, detergents, medicines are inaccessible to children [22VAC40-111-280]
- Firearms or dangerous weapons are in locked in a container(s), compartment(s), or cabinet(s) and ammunition is stored separately [22VAC40-111-270]
- Pools, hot tubs or other bodies of water are made inaccessible by a pool cover, fence, or other appropriate barrier [22VAC40-111-250]
- Outdoor play areas are fenced (if within 30’ of a hazard) and/or outdoor play is supervised [22VAC40-111-500]
- Baby walkers are not used for child care [22VAC40-111-540]
- Children are free from corporal punishment, physical or mental abuse, or interference with daily living functions [22VAC40-111-630, 640]
- There is no smoking in areas of the home where care is provide and children are present [22VAC40-111-470]
- If transportation is provided, the vehicle is in good repair; appropriate safety belts and child restraints available [22VAC40-111-1000, 1010]
- Posting of latest inspections summary, violation notice, enforcement items [22VAC40-80-120]
- Posting of Menu [22VAC40-111-920]
- Posting of emergency numbers [22VAC40-111-790]
Facility Review Form for Child Centered Care (CDCs & FDHs)

Facility Name: [Redacted]
Inspector Name: [Redacted]
Inspection Date: [Redacted]

KEY AREAS OF DOCUMENTATION REVIEW:

Records Review (CDCs and FDHs):

- Staff Files (of staff records not previously reviewed)
  - [for CDCs: 22VAC15-51-40; 22VAC15-30-90, 180, 190, 200, 230, 250, 280, 290, 310, & 590 and for FDHs: 22VAC40-191-40; 22VAC40-111-120, 140, 150, 170, 180, 190, 200, 210, 220, & 230]
  - □ Background checks (also review any background check waivers, if applicable)
  - □ Staff qualifications (Application or resume with supporting documentation / transcripts)
  - □ TB screening
  - □ First aid/CPR certification, daily health observation training, and MAT (if required)
  - □ Staff training
  - □ Application or resume

Children’s Files

- [for CDCs: 22VAC15-30-80, 110, 150, 160, 170, and § 63.2-1809 and for FDHs: 22VAC40-111-60, 70, 90, 100, 650, and § 63.2-1809 & 1809.1]
  - □ Parent information
  - □ Emergency contacts
  - □ Physical / Immunization
  - □ Proof of ID
  - □ Notice of liability insurance (FDHs)

General Documentation Review (CDCs and FDHs):

- [for CDCs: 22VAC15-30-330, 510, & § 63.2-1703 and for FDHs: 22VAC40-111-830 & § 63.2-1703]
  - □ Annual health inspection (CDCs only)
  - □ Annual fire inspection (CDCs only)
  - □ Evacuation drills
  - □ Annual review of allowable variance(s) if applicable
Appendix D: Sample Interview Questions for Director / FDH Provider

(It is RECOMMENDED that inspectors use the tool and although they are given some flexibility on this, for consistency, they may not create their own [alternate versions of the] tool.)

<table>
<thead>
<tr>
<th>Sample Interview Questions for Director / FDH Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: [ ] Inspector Name: [ ] Inspection Date: [ ] Person(s) interviewed: [ ]</td>
</tr>
</tbody>
</table>

### NUTRITION
- How do you ensure that foods posing a high risk of choking for infants and toddlers (e.g., hot dogs, whole grapes, hard raw vegetables, popcorn, and whole nuts) are not given to them? [22VAC40-111-960; 22VAC15-30-620]
- How do you ensure that appropriate snacks and meals are provided? [22VAC40-111-880; 22VAC15-30-620]
- How do you inform staff that a child has a disability, food allergy, medically based dietary need, or other special dietary need that requires accommodation? How do you know when you need to modify a menu/accommodate for this child? [22VAC40-111-30, 30; 22VAC15-30-80]
- What kinds of food do you serve to children? How do you ensure you are meeting age-appropriate nutritional requirements? Do children have to eat all of the foods offered? Are there times when children are not allowed to have something that is offered or are given something extra because of behavior? [22VAC40-111-60, 80, 890, 22VAC15-30-487, 620]
- Do staff members sit down with children at meal time? Is conversation shared during the meal? [not required in a FDH; 22VAC15-30-620]

### DIAPERING/TOILETING PRACTICES
- Describe practices related to potty use. [22VAC40-111-60; 22VAC15-30-575]
- Describe diapering practices in detail. [22VAC40-111-60; 22VAC15-30-575]
- How is the clean-up of bodily fluids handled? [22VAC40-111-60, 890; 22VAC15-30-570, 575]
- Are gloves available to staff, where are the gloves kept and how does staff determine whether or not they use gloves? [not required in a FDH; 22VAC15-30-575, 600]

### HEALTH AND SAFETY OF INFANTS AND TODDLERS
- Are infants held during bottle feeding? If not, describe. [22VAC40-111-960; 22VAC15-30-630]
- When and how often are toys sanitized? Review toys sanitizing schedule, if available. What products do you use to sanitize toys? Can you show me the product? [22VAC40-111-480; 22VAC15-30-570]
- What precautions are taken to ensure each child received his or her own mother’s breast milk or the correct formula? [22VAC40-111-960; 22VAC15-30-630]

### CLASSROOM SIZE AND STAFFING
- How many staff members are in the classroom? How many children are in the classroom? How many children are assigned to each teacher? [22VAC40-111-40, 570; 22VAC15-30-380, 440]
- When are parents allowed to visit the program and observe their children? [§ 63.2-1813]
- Are developmental assessments (or for FDHs information on child’s development, health, behavior, etc.) shared with parents throughout the program year? [22VAC40-111-650; 22VAC15-30-490]
- How do you ensure the children are supervised at all times? [22VAC40-111-560; 22VAC15-30-50, 430]
- To whom do you tell when facilities and/or equipment is unsafe or in need of repair? [22VAC40-111-240; 22VAC15-30-340]
**FIRST AID KITS**
- Do all staff working with children know where the first aid kit is located? [22VAC40-111-200, 760; 22VAC15-30-600]
- Are all items in the kit within the expiration date if applicable? [22VAC40-111-760; 22VAC15-30-600]
- Are kits inaccessible to children? [22VAC40-111-760; 22VAC15-30-600]
- Is there a portable kit to use on fieldtrips or on the playground? [22VAC40-111-760; 22VAC15-30-600]

**TRAINING**
- When did you receive training on identifying and reporting child abuse and neglect? What steps would you take if you suspected child abuse or neglect? [22VAC40-111-200, 210; 22VAC15-30-100, 250, 310]
- Describe the opportunities for ongoing, job-related training. [22VAC40-111-200, 210; 22VAC15-30-310]

**TRANSPORTATION**
- How do you know the people to whom each child can be released? [22VAC40-111-60; 22VAC15-30-80, 640]
- How do you monitor children when they have to cross the street? [22VAC40-111-1010; 22VAC15-30-640]
- How do you ensure that no child is left on the vehicle at the end of the route? [22VAC40-111-1010; 22VAC15-30-640]
- Describe procedures for using alternate routes in case of hazardous conditions. [not required in FDH: 22VAC15-30-610]

**ADDITIONAL QUESTIONS SPECIFICALLY FOR FAMILY DAY HOMES**
- Are smoke detectors installed? [22VAC40-111-320]
- What is the system of supervision that assures safety of children not within view for a period (e.g., the provider needs to use the bathroom or an infant is napping in one room while toddlers play in another)? [22VAC40-111-560]
- How many children are enrolled? What are their ages? [22VAC40-111-40, 570]
<table>
<thead>
<tr>
<th>Positive Interactions with Toddlers (16 months to 24 months)</th>
<th>Positive Interactions with Infants (0 to 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides warm and welcoming environment.</td>
<td>Provides warm and welcoming environment.</td>
</tr>
<tr>
<td>Ensures smooth transitions.</td>
<td>Ensures smooth transitions.</td>
</tr>
<tr>
<td>Supports the development and growth of young children.</td>
<td>Supports the development and growth of young children.</td>
</tr>
<tr>
<td>Encourages social and emotional development.</td>
<td>Encourages social and emotional development.</td>
</tr>
</tbody>
</table>

This tool is not intended to be used as a form, nor should the inspector reference it during the classroom observation. Instead, inspectors may review it prior to or after the classroom observation.
<table>
<thead>
<tr>
<th>CDC 447</th>
<th>Encourage decision-making. (FPH 80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC 448</td>
<td>Promote autonomy and independence. (FPH 80)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Interactions with Toddlers (16 months to 24 months)</th>
<th>Positive Interactions with Infants (birth to 16 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for toileting and sleeping.</td>
<td>Provides a regular routine for toileting and sleeping.</td>
</tr>
<tr>
<td>Responds consistently and promptly to toileting and sleeping.</td>
<td>Responds consistently and promptly to toileting and sleeping.</td>
</tr>
<tr>
<td>Provides a regular routine for feeding.</td>
<td>Provides a regular routine for feeding.</td>
</tr>
<tr>
<td>Responds consistently and promptly to feeding.</td>
<td>Responds consistently and promptly to feeding.</td>
</tr>
<tr>
<td>Change diaper when needed.</td>
<td>Change diaper when needed.</td>
</tr>
<tr>
<td>Change position of infant when needed.</td>
<td>Change position of infant when needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Interactions with Preschoolers (3 to 5 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for toileting and sleeping.</td>
</tr>
<tr>
<td>Responds consistently and promptly to toileting and sleeping.</td>
</tr>
<tr>
<td>Provides a regular routine for feeding.</td>
</tr>
<tr>
<td>Responds consistently and promptly to feeding.</td>
</tr>
<tr>
<td>Provides a regular routine for changing diapers.</td>
</tr>
<tr>
<td>Responds consistently and promptly to changing diapers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal hygiene practices.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for washing hands.</td>
</tr>
<tr>
<td>Responds consistently and promptly to washing hands.</td>
</tr>
<tr>
<td>Provides a regular routine for brushing teeth.</td>
</tr>
<tr>
<td>Responds consistently and promptly to brushing teeth.</td>
</tr>
<tr>
<td>Provides a regular routine for combing hair.</td>
</tr>
<tr>
<td>Responds consistently and promptly to combing hair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responds to toddler needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for personal hygiene.</td>
</tr>
<tr>
<td>Responds consistently and promptly to personal hygiene.</td>
</tr>
<tr>
<td>Provides a regular routine for mealtime.</td>
</tr>
<tr>
<td>Responds consistently and promptly to mealtime.</td>
</tr>
<tr>
<td>Provides a regular routine for rest.</td>
</tr>
<tr>
<td>Responds consistently and promptly to rest.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Toddlers (16 months to 24 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for toileting and sleeping.</td>
</tr>
<tr>
<td>Responds consistently and promptly to toileting and sleeping.</td>
</tr>
<tr>
<td>Provides a regular routine for feeding.</td>
</tr>
<tr>
<td>Responds consistently and promptly to feeding.</td>
</tr>
<tr>
<td>Provides a regular routine for changing diapers.</td>
</tr>
<tr>
<td>Responds consistently and promptly to changing diapers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responds to infant needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a regular routine for washing hands.</td>
</tr>
<tr>
<td>Responds consistently and promptly to washing hands.</td>
</tr>
<tr>
<td>Provides a regular routine for brushing teeth.</td>
</tr>
<tr>
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<td>Responds consistently and promptly to mealtime.</td>
</tr>
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<tr>
<td>Responds consistently and promptly to rest.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tr>
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<td>Provides a regular routine for mealtime.</td>
</tr>
<tr>
<td>Responds consistently and promptly to mealtime.</td>
</tr>
<tr>
<td>Provides a regular routine for rest.</td>
</tr>
<tr>
<td>Responds consistently and promptly to rest.</td>
</tr>
<tr>
<td>Situation</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Ensures needs do not change</td>
</tr>
<tr>
<td>Ensures needs do not change according to the child's or the family's situation</td>
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<tr>
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<td>Ensures needs do not change according to the child's or the family's situation</td>
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<tr>
<td>Ensures needs do not change according to the child's or the family's situation</td>
</tr>
<tr>
<td>Schoolage (5-12 years)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Positive Interactions with peers</td>
</tr>
</tbody>
</table>
Appendix F: Medication Checklist

*It is RECOMMENDED that inspectors use the tool and although they are given some flexibility on this, for consistency, they may not create their own [alternate versions of the] tool.*

For inspections at child day centers:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's name / Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Type of Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose / Frequency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date / Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTc Medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**
- Authorized by:
- Prescription / Emergency / Otc Medicine:

---

**Instructions:**
- In original medication container:
- Written prescription:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:
- Authorized by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:

---

**Actions:**
- Administered by:
- Signed and dated:
- Stocked in medication cabinet:
- Stored in locked area:
- Temperature controlled:
- Administered by:
Appendix G: Record Review Form

It is RECOMMENDED that inspectors use the form and although they are given some flexibility on this, for consistency, they may not create their own alternate versions of the form.

For inspections at child day centers:

<table>
<thead>
<tr>
<th>Name of Facility (Child Care Center)</th>
<th>Information Available</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alternatively use Facility Review Form for Child Centered Care (Appendix C).
For inspections at family day homes:

<table>
<thead>
<tr>
<th>Provider</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

**Location Details:**

- **Building Name:**
- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Emergency Contact:**
- **Contact Person:**
- **Phone:**
- **Email:**

**Inspection Details:**

- **Date of Inspection:**
- **Inspection Date:**
- **Inspection Time:**
- **Inspection Results:**
- **Inspection Recommendations:**
- **Inspection Follow-Up:**

**Additional Documents:**

- **Copy of License:**
- **Copy of Insurance:**
- **Copy of Background check:**
- **Copy of Monthly Report:**
- **Copy of Emergency Plan:**

**Important Notes:**

- **Register and renew all licenses for the family day care or child care center care:**