



State of Illinois

Department of Human Services - Early Childhood Development

## CHILD CARE ASSISTANCE PROGRAM - CCAP

### HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE

The CCR&R Health & Safety Coach is a mandated reporter. If any abuse or neglect causing children to be in imminent danger is observed, they are required to stop the visit and call the DCFS hotline. 800-25-ABUSE (800-252-2873)

**Child Care Program Information**      **Provider Type (per CCMS):** ☐ License Exempt Family Child Care 764      ☐ License Exempt Child Care Center 761

**Provider/Program Name:** \_\_\_\_\_ **Director's Name:** \_\_\_\_\_

**Provider/Program Address:** \_\_\_\_\_

**Provider/Program Phone Number:** \_\_\_\_\_ **Provider/Program Email:** \_\_\_\_\_

**Gateways/DTP Org ID (starts with a "B"):** \_\_\_\_\_ **CCMS No.:** \_\_\_\_\_

**H&S Coach's Name:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

Based on the Health & Safety (H&S) Coach's observations and discussion with the provider, each standard will be marked either as Yes (Y) or No (N). In addition, The H&S Coach may provide a resource (R) for a specific standard. This review is specific for the time the H&S Coach is visiting the child care program.

#### 1 Building and Physical Location Safety

##### 1A Indoor Safety

1.A.1	The walls and woodwork in areas where child care is being provided is free of chipping and/or peeling paint.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.2	Space heaters, fireplaces, radiators, and other heating sources in areas occupied by children are separated by partitions or a sturdy barrier to prevent contact. Portable space heaters may not be used in a program during the hours that child care is provided. <input type="checkbox"/> There were no space heaters, fireplaces, etc., in the areas occupied by children.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.3	Safety plugs or protective covers are in all electrical outlets/sockets that are accessible to children.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.4	Electrical cords and all window blind cords within children's reach are inaccessible or secured.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.5	Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.6	The exit paths are clear and free of debris.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.7	There are multiple exit paths (including exit windows and doors).	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
<b>1A</b>	<b>Indoor Safety: STANDARDS 1A8-12 ARE APPLICABLE ONLY TO FAMILY CHILD CARE.</b>			
1.A.8	Choking hazards (e.g., small toys, art materials, buttons, coins, plastic bags, sharp or breakable objects, etc.) are kept away from children under the age of 3.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.9	There are working smoke detectors in the home. (a minimum of one approved smoke detector in operating condition on every floor level, including basements and occupied attics and in any room where children are allowed to nap or sleep.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.10	There are working carbon monoxide detectors in the home. (a minimum of one approved carbon monoxide detector in operating condition within 15 feet of rooms where children nap or sleep).	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.11	The kitchen is equipped with readily accessible and operable fire extinguisher rated for Class A, B, and C fires. Extinguishers shall have a valid date of verification.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
1.A.12	There is a working safety gate at the top or bottom of all indoor stairs when children under 30 months are present. <input type="checkbox"/> The provider does not care for children under 30 months      • <b>Provider's initials:</b> _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**CHILD CARE ASSISTANCE PROGRAM - CCAP****HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE****1 Building and Physical Location Safety (continued)****Outdoor Safety****1B**

- ☐ There is an outdoor play area on the premises of the child care program. (complete section 1B)
- ☐ Is there a pool on the premises? ☐ **Yes** ☐ **No** (complete section 1B)
- ☐ There is not a safe area for outdoor play (provider or public property). Alternatives for gross motor activities were discussed with the provider.
- **Provider's initials:** \_\_\_\_\_ (move to Standard 2)
- ☐ The Provider uses a public play area. Safety checks of a public play area were discussed with the provider.
- **Provider's initials:** \_\_\_\_\_ (move to Standard 2)

1.B.1	Outdoor area of the property is free of hazards and animal feces, broken glass, sharp edges, nails or other items that can injure children	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
1.B.2	Barriers are used to restrict children from unsafe areas. Such areas include, but are not limited to swimming pools, open drainage ditches, wells or holes	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>

**Comments for Standards 1A & 1B:****2 Emergency Preparedness and Disaster Response**

2A	There is a working telephone. (land line or cellular)	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
2B	A list of emergency telephone numbers (e.g., police, poison control, etc.) is posted near the telephone and/or in plain sight	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
2C	Provider has a written, accessible list of any/all allergies for each child, if applicable.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
2D	A first aid kit/supplies is available in the program consisting of adhesive bandages, scissors, thermometer, non-permeable gloves, Poison Control Center telephone number (1-800-222-1222 or 1-800-942-5969), sterile gauze pads, adhesive tape, tweezers and mild soap.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
2E	Provider has an emergency plan (e.g., exit plan, plan to notify parents, etc.).	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>
2F	Program maintains a portable written record that includes emergency number and information for each child that can be taken with them during an emergency situation.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>	<b>R</b> <input type="checkbox"/>

**Comments for Standard 2:**

**CHILD CARE ASSISTANCE PROGRAM - CCAP****HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE****3 General Health****3A Infectious Disease Prevention & Control**

3.A.1	Proper hand washing procedures were observed and are followed by both the provider & the children. <input type="checkbox"/> Hand washing was not observed but the proper procedure was reviewed. • <b>Provider's initials:</b> _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.A.2	The environment is cleaned and sanitized daily. <i>Process and procedure were discussed.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.A.3	The provider uses disposable gloves for various activities (i.e., diapering, assisting w/toileting, handling emergencies/accidents).	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.A.4	Provider has designated area for diapering. <input type="checkbox"/> NA Provider does not care for children in diapers at time of visit • <b>Provider's initials:</b> _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**3B Nutrition**☐ Provider currently participates in a USDA food program.☐ Provider prepares food for the children or ☐ Provider has food catered in ☐ Parents provide food for their child• **Provider's initials:** \_\_\_\_\_• **Provider's initials:** \_\_\_\_\_

3.B.1	Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around children's food allergies or other special requests in accordance with a plan developed by both the parent and provider.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.B.2	Food prep and serving areas are clean and sanitized after each use. Area(s) are also free of any hazards, such as but not limited to, sharp objects, dangerous appliances, etc.,	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**3C Administration of Medication**

3.C.1	Medication is kept locked and/or out of reach of children.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.C.2	Provider has written parent's permission to administer medication - including prescription and over-the counter.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.C.3	Provider keeps a log of medication given to each individual child. <input type="checkbox"/> At the time of the Health & Safety Visit, the provider had no request to administer medication. Process and procedure discussed. • <b>Provider's initials:</b> _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**3D Physical Activity**

3.D.1	Children are given an opportunity for gross motor activities.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.D.2	There are variety of materials for gross motor play (e.g., bikes, riding toys, balls, etc.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
3.D.3	There are materials for indoor play (e.g., blocks, cars, dolls)	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**Comments for Standards 3A-D:**

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**CHILD CARE ASSISTANCE PROGRAM - CCAP****HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE****4. Safe Sleep Practices (Only for programs serving birth - 15 months ) Standard 4 IS APPLICABLE TO FAMILY CHILD CARE ONLY**☐ Provider does not provide infant care (birth - 15 months)• **Provider's initials:** \_\_\_\_\_

4A	Infant sleeps alone in a crib, bassinet or pack and play. (birth - 15 months)	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
4B	Sleeping item (crib, bassinet, or pack and play) meet current safety standards.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
4C	Infant is placed on their back to sleep. (birth -15 months).	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
4D	Provider offers a safe sleep environment, which includes a firm sleep surface; no pillows, toys, blanket, crib bumpers, etc.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
4E	The sleeping area has a window that serves as a second exit out of the home.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
4F	Sleeping infants are within hearing distance of the provider.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**Comments for Standards 4:****5. Transportation (Only for programs providing transportation)**☐ Provider does not provide transportation.• **Provider's initials:** \_\_\_\_\_☐ Provider contracts with a transportation service (answer 5A).• **Provider's initials:** \_\_\_\_\_

5A	Provider has written permission to transport children, and makes families aware of when, where, and how children are transported (includes vehicle, walking, public transportation).	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
5B	Provider has valid /current insurance for the vehicle(s) used to transport children.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>
5C	Provider has valid/current license(s) to operate vehicle.	Y <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>

**Comments for Standards 5:**



# **CHILD CARE ASSISTANCE PROGRAM - CCAP**

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<b>6. Administrative</b>			
<b>6A LEFCC</b>	The provider was with in compliance with child/staff ratios - no more than three (3) children, including their own children, unless all the children are from the same household	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>6A LECCC</b>	Providers providing best practices with child/staff to give the appropriate amount of care.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>6B</b>	Provider maintains personal/staff records, which shall include but not limited to health clearances, required health & safety training completion, etc. This shall include documentation confirming that "Child Abuse/Neglect Mandated Reporter" has been completed and that First Aid/ CPR has been completed and is current.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>6C</b>	Program maintains a written record on each child which shall include the first and last name of the child, name(s), address and phone number of the child's parent(s); emergency contact information, written authorization for medical care; health record, including immunizations; and the schedule/ number of hours each child is served	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>6D</b>	Program has a daily sign in/out procedure and maintains records.	<b>Y</b> <input type="checkbox"/>	<b>N</b> <input type="checkbox"/>
<b>Comments for Standards 6:</b>			

### **Firearms**

☐ For License Exempt Centers: Handguns are prohibited on the premises of the child care program except in the possession of peace officers. **The program shall post a "no firearms" sign, as described in Section 65(d) of the Firearm Concealed Carry Act [430 ILCS 66/65(d)], in a visible location where parents pick up children.**

☐ For LE family child care: Firearms are prohibited on the premises of the home except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home. Unlawful firearms are prohibited and any firearm, other than a handgun in the possession of a peace officer or other person required because of employment, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. **The program shall post a "no firearms" sign, as described in Section 65(d) of the Firearm Concealed Carry Act [430 ILCS 66/65(d)], in a visible location where parents pick up children.**

**The above statements were discussed with provider.**

Provider's Printed Name

Provider's Signature

Date

Health & Safety Coach's Printed Name

Health & Safety Coach's Signature

Date



State of Illinois

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**CHILD CARE ASSISTANCE PROGRAM - CCAP**

**HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE**

**Preliminary Results:**

Thank you for taking the time to walk through the Health & Safety Checklist. Below are the Preliminary Results that were discussed at the end of our visit. A copy of the completed Health & Safety Checklist, and if applicable a Corrective Action Plan, will be sent to you within two (2) business days of the visit.

**Check all that apply:**

- ☐ The Health & Safety Coach reviewed the Health & Safety Standard Checklist with the provider.
- ☐ The provider is meeting the IDHS CCAP Health & Safety Standards. No corrective action plan is needed.
- ☐ There were Health & Safety Standard(s) marked "no". A corrective action plan was discussed. A written plan will be mailed within two (2) business days.

A follow up visit is scheduled for: \_\_\_\_\_

- ☐ If applicable, the following referrals will be made

☐ CCAP Specialist

☐ Quality Specialist

☐ Infant/Toddler Specialist

☐ Other \_\_\_\_\_

\_\_\_\_\_  
Provider's Printed Name

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health & Safety Coach's Printed Name

\_\_\_\_\_  
Health & Safety Coach's Signature

\_\_\_\_\_  
Date