

RELATIVE CARE COMPLIANCE CHECKLIST FAMILY DAY CARE HOMES

PROVIDER NAME: _____ Maximum child capacity: _____
 Relative Care 1 (up to 8 related children) Relative Care 2 (up to 16 related children with two caregivers)

(Circle appropriate answer – explain all “NO” with appropriate corrective action / any “NO” answer disqualifies applicant)

GENERAL STANDARDS

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|-----|-----------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. | Provider is at least 18 years of age, has initial physical examination and negative TB test or x-ray. | Y | N |
| 2. | If there are nine or more children, there is an additional caregiver. | Y | N |
| 3. | The additional caregiver is at least 18 years of age. | Y | N |
| 4. | In provider’s absence, a caregiver left in charge of the children is at least 18 years of age. | Y | N |
| 5. | Parents are able/welcome to observe their children in day care. | Y | N |
| 6. | Provision is made to observe each child daily for signs of illness, neglect and abuse and for appropriate action to be initiated. | Y | N |
| 7. | The provider must attend training within 12 months of their first claim. | Y | N |
| 8. | The provider will release children or allow visits by only authorized persons. | Y | N |
| 9. | Supervision and Discipline guidelines discussed with provider. | Y | N |
| 10. | A clean cot, bed, or two inch mat with clean individual covers is provided for each child in the home over four hours. | Y | N |
| 11. | Family unit (economic unit) has one non-residential relative child in care. | Y | N |
| 12. | There must be a working phone in the house at all times. | Y | N |

RECORDS STANDARDS

- | | | | |
|----|-------------------------------------------------------------------------|---|---|
| 1. | The provider will maintain all records required by Relative Care rules. | Y | N |
|----|-------------------------------------------------------------------------|---|---|

SUITABILITY/SAFETY OF FACILITY STANDARDS

- | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. | Space and equipment are adequate for play, activities, and rest for the number and age range of children in care. Homes shall have a minimum of 35 usable square feet of indoor play space per child. Homes shall have 35 square feet of usable outdoor play area per child. | Y | N |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

ACTUAL= _____ Inside usable square ft. **ACTUAL**= _____ Outside usable square ft.

- | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 2. | Unsafe areas are separate and/or made inaccessible to the children. | Y | N |
| 3. | A fence or outdoor supervision is provided if there are hazards near outdoor play areas. | Y | N |
| 4. | All hazardous material such as drugs and cleaning supplies, flammable materials, matches, aerosol sprays, fire arms, and plastic bags are inaccessible to children. | Y | N |
| 5. | Electrical outlets within reach of preschool children are protected with outlet covers. | Y | N |

MEAL SERVICE STANDARDS

- | | | | |
|----|-----------------------------------------------------------------------------------|---|---|
| 1. | All meals/snacks served are in accordance with CACFP regulations and guidelines. | Y | N |
| 2. | Children are disciplined by methods other than using food as a reward/punishment. | Y | N |
| 3. | Meal service is adequate for the ages of children in care. | Y | N |
| 4. | Sufficient food is available for second servings. | Y | N |
| 5. | Meals are provided no less often than 3-hour intervals. | Y | N |

HEALTH AND SANITATION STANDARDS

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. | Current health/sanitation permit is on file on site and at sponsoring organization office (current – within 12 months). | Y | N |
| 2. | First aid supplies are available. | Y | N |
| 3. | A procedure is established to ensure that prompt medical treatment shall be obtained in case of emergency. | Y | N |
| 4. | The provider must document that tuberculosis skin testing has been completed. | Y | N |
| 5. | The provider must have parent documentation of permission to give medication. | Y | N |
| 6. | The provider must keep documentation of medication given to children. | Y | N |

**RELATIVE CARE COMPLIANCE CHECKLIST
FAMILY DAY CARE HOMES**

PROVIDER NAME: _____

CLEANLINESS STANDARDS

1. Provider shall maintain standard of personal cleanliness, including washing hands after going to the bathroom, before preparing food, before feeding infants, and before and after diapering infants. Y N

FIRE SAFETY STANDARDS

1. Current fire/building safety permit is on file on site and at sponsoring organization office (current = within 12 months) Y N
2. Fire drills are held as outlined by the fire department Y N
3. The provider has an approved fire extinguisher (Minimum 2A:10 BC rated multi-purpose, dry chemical) which shall be inspected annually Y N
4. The provider has an approved smoke alarm which is in working order and has a U.L. listing Y N

CIVIL RIGHTS STANDARDS

1. Child care services are available to all children without discrimination on the basis of race, color, national origin, age, sex or disability. Y N
2. Meals are provided to all children in care without discrimination on the basis of race, color, national origin, age, sex or disability. Y N

INFRACTIONS: _____

** (If any "NO's" were circled, this home is not in compliance and a follow-up date and visit must be given for final approval before a claim can be made.)

We certify that to the best of our knowledge this compliance check list is true and correct in all respects, that records are available to support this check list, that it is in accordance with the terms of existing agreement(s). I, as the provider, recognize that I will be fully responsible for any over claims which may result from fraudulent or wrong reporting herein. I also understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

PRINT Provider's Name:	Date	Sponsor Representative:	Date
Provider Signature:			
Provider Address:			
Provider Phone:			