| SUPERV  | ISORY V             |   |                  | Licensing a                           |   |                 |       |                      |                       | IOME       | S  |  |  |
|---|---------------------|---|------------------|---------------------------------------|---|-----------------|-------|----------------------|-----------------------|------------|--|--|--|
| Date of Visit:  | sit: Time of Visit: |   |                  |                                       | Type of Visit:  |                 |       |                      |                       |            |  |  |  |
| ARL No.:  | Hours               | of Operatior  | า:               | Overnig                               | ernight Care?  Yes No Facility Name:  |                 |       |                      |                       |            |  |  |  |
| Maximum Number of   | Children:           |   | Center           | Director/Desi                         | gnee:   |                 |       |                      |                       |            |  |  |  |
| Number of Infants:  |                     |   | Change           | e in Ownershi                         | -<br>p or Dir   | ector?          | l Yes | s 🗆 No               |                       |            |  |  |  |
| Items To Be Displayed   |                     |   |                  |                                       |   |                 |       | Has the add          | lress change          | ad2 □ V    | ίes □ No   |  |  |
| Telephone No.:  |                     |   |                  |                                       | r∕es ⊑  | ] No            |       |                      |                       |            |  |  |  |
|   |                     | _   |                  |                                       |   | 513 K. Staffing |       |                      |                       |            | Consent to<br>Release Policies Non-<br>Convictio |  |  |
| Name  | Date<br>Hired       | Education   | Orientation      | Experience                            | SLED  | Medical<br>Form | ТВ    | Health<br>Assessment | Consent to<br>Release | Policies   | Non-<br>Convictior                               |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Is a staff member on t<br>114-513 K. (5) (g)  | he premises d       | uring all hou   | urs of operation | on that has cu                        | rrent In  | fant/Child      | I CP  | R and First-A        | id certification      | on? 🗆 Y    | l<br>′es □ No                                    |  |  |
| Name  | Work                | First   | First Aid        |                                       |   | CPR             | Cer   | Certification Dates  |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Child's Age   | Child Staff         |   | 11<br>Caregiv    | 4-514 Super                           |   | Child           | Staff | :                    | Careg                 | iver       |  |  |  |
| Birth - One Year  |                     | +   | Jareyn           |                                       |   |                 | Jail  |                      | Carey                 |            |  |  |  |
| One - Two Years   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Two - Three Years   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Three - Four Years  |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Four - Five Years   |                     | _   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Five - Six Years  |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Six - Twelve Years  |                     |   |                  | of children ov                        |   | lladı           |       |                      |                       |            |  |  |  |
| Is the center over-enror<br>Please Check the Fo   |                     |   | yes, number      |                                       | er-enio   | iieu            |       |                      |                       |            |  |  |  |
|   |                     |   |                  | ealth, Sanitat                        |   | -               |       |                      |                       |            |  |  |  |
| <ul> <li>Medicine and harm</li> <li>First Aid supplies in</li> </ul>  |                     |   |                  |                                       | -   | observe p       | prope | er diaper chai       | nging practio         | ces? 114   | 1-515 F. (1                                      |  |  |
| Lighting and ventila  | tion sufficient     | 114-517 A   |                  | 4-507 Physic                          |   | e cushior       | nina  | materials; at        | least 6 ft_fa         | ll zone    |  |  |  |
| Carpet, ceiling, floo   | r, rugs, proper     | y secured   | 114-517 A. 5     | (d) 1                                 | 14-517  | . C. (9)        | -     |                      |                       |            |  |  |  |
| <ul> <li>□ Does at least one sink have hot and cold water 114-507 A. (12) (d</li> <li>□ Did you observe soap and towels in restrooms 114-517 A. (12) (g)</li> </ul> |                     |   |                  |                                       | Fencing, safety barriers proper height, in good repair<br>114-517 A. 5. (a) |                 |       |                      |                       |            |  |  |  |
| $\Box$ Cots, beds, mats, cribs, labeled for each child 114-517 D. (2)   |                     |   |                  |                                       | Grounds free of hazards and other litter 114-517 B. (1)                     |                 |       |                      |                       |            |  |  |  |
| <ul> <li>Building(s) adequat</li> <li>Playground equipmed</li> </ul>  | r (6-7) r           | Garbage and refuse stored properly in hands-free, plastic lined receptacle 114-517 A. (8) (d-f) |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Did you observe an  | y items that m      | ay cause st   |                  | · · · · · · · · · · · · · · · · · · · | Pest cor  | ntrol for in    | sect  | s and rodents        | s 114-517             | E. (1) (e) |  |  |  |
| or suffocation? 11  | 4-517 A. (5) (r     | ) (i-iii)   | 114-5            | 08 Meal Req                           | uireme  | nts             |       |                      |                       |            |  |  |  |
| □ Food stored and ha  | indled properly     | 114-518   |                  |                                       | Round firm food served 114-518 A. (3)                                       |                 |       |                      |                       |            |  |  |  |
| □ Refrigerators have  | thermometers        | 114-518 D   |                  | (14-509 Infant                        |   | ed to child     | lren  | under 4 years        | 8                     |            |  |  |  |
| Did you observe inf   | ants being pla      | ced on their  |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| □ Is the microwave us   | sed to heat for     | mula? 114   | -519 A. (3) (d   | )                                     | ,   |                 |       |                      |                       |            |  |  |  |
| Did you observe bo  | ttles being pro     | pped? 114   |                  | )<br>-515 Transpo                     | ortation  |                 |       |                      |                       |            |  |  |  |
| Does the GCCH trans   | port children?      | □ Yes □   |                  | -                                     |   |                 |       |                      |                       |            |  |  |  |
| □ Is there a plan to su   |                     |   |                  |                                       | -515 I. (   | (2) (b)         |       |                      |                       |            |  |  |  |
| Does the facility hav   | e a history of      | non-compl   | liance with tr   | aining? 🗆 Y                           | ′es □   | No If y         | /es,  | check traini         | ng hours.             |            |  |  |  |
| Are there any deficien  | cies? 🛛 Yes         | □ No If   | yes, please a    | ttach DSS 29                          | 42 and  | note any        | viola | ation(s) obsei       | ved not iten          | nized abo  | ove.   |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Comments:   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
|   | )                   |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Signature of Director/Operator/Designee:<br>Signature of Senior Child Care Specialist:  |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                     |   |                  |                                       |   |                 |       |                      |                       |            |  |  |  |
| Signature of Senior Cl<br>* Indicates determinat  |                     | ialist:   |                  |                                       |   |                 |       | Date:                |                       |            |  |  |  |