

## CONTENT AREA 1 – HEALTH, NUTRITION AND SAFE ENVIRONMENTS

### TABLE OF CONTENTS

#### HEAD START PRESCHOOL

<b>1.1 - Health</b> .....	<b>5</b>
1.1.A Child's Health Status/Screenings .....	5
1.1.B Health Care Tracking and Follow-Up .....	18
1.1.C Health Procedures .....	25
1.1.D Hygiene (Hand Washing and Tooth Brushing) .....	32
<b>1.2 – Nutrition</b> .....	<b>37</b>
1.2.A Nutrition Tracking and Follow-Up .....	37
1.2.B Menus and Meal Services .....	42
1.2.C Special Diets .....	52
<b>1.3 – Safe Environments</b> .....	<b>54</b>
1.3.A Center Postings .....	54
1.3.B Office Inspection .....	58
1.3.C Kitchen/Food Preparation Area Inspection .....	65
1.3.D Restroom Inspection/Observation .....	70
1.3.E Classroom Inspection/Observation .....	73
1.3.F Playground Inspection/Observation .....	92
1.3.G Disaster Preparedness .....	101
<b>Performance Rating – Health Nutrition and Safe Environments (Preschool)</b> .....	<b>105</b>

#### EARLY HEAD START

<b>1.4 – Health</b> .....	<b>107</b>
1.4.A Child's Health Status/Screenings .....	107
1.4.B Health Care Tracking and Follow-Up .....	119
1.4.C Health Procedures .....	124
1.4.D Hygiene (Hand Washing and Tooth Brushing) .....	131
<b>1.5 – Nutrition</b> .....	<b>136</b>
1.5.A Nutrition Tracking and Follow-Up .....	136
1.5.B Menus and Meal Services .....	141
1.5.C Special Diets .....	154
<b>1.6 – Health Services for Pregnant Women and New Mothers</b> .....	<b>156</b>
1.6.A Prenatal Services .....	156
1.6.B New Mother Services .....	159

<b>1.7 – Safe Environments .....</b>	<b>161</b>
1.7.A Center Postings .....	161
1.7.B Office Inspection .....	165
1.7.C Kitchen/Food Preparation Area Inspection .....	172
1.7.D Restroom Inspection/Observation .....	177
1.7.E Classroom Inspection/Observation .....	180
1.7.F Playground Inspection/Observation .....	205
1.7.G Disaster Preparedness .....	215
<b>Performance Rating – Health Nutrition and Safe Environments (Early Head Start) .....</b>	<b>216</b>

## TOOLS

Chair for observation  
 Refrigerator thermometer  
 Liquid/solid thermometer  
 Measuring tape and ruler  
 Soil contamination report, if applicable.  
 HR report verifying first aid and CPR  
 verification of required staff  
 Lead test kit

Facilities lists indicating fire extinguisher service,  
 battery replacement for smoke detector, last smoke  
 detector test.  
 Facilities log for last inspection of fire alarm and  
 sprinkler system.  
 Program Support Services copy of center map with  
 classroom dimensions if possible.  
 Work order record for center.

Center laundry log for napping linens.  
 Health Nutrition Specialist log of First Aid Kit  
 inspection and replenishment.  
 Poisonous plant handout.  
 Center file in Program Support Services verifying  
 requirements of shock absorbing materials if solid.  
 Emergency Preparedness Binder  
 Current class roster

HEAD START PRESCHOOL

1.1 - Health					
1.1.A Child's Health Status/Screenings					
Compliance Requirement		Compliance			
1.	A completed emergency card is in each child's file.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no copy of a completed emergency card in the file. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.22(a)(2) 22 CCR 101221(a), (b)(5), (7), (8)(A-C)		<b>Guidance</b> Review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
2.	There is evidence that staff talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all procedures they will receive while enrolled in the program.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Staff have not talked with parents about familiarizing their children in advance about procedures they will receive while in the program. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.20(e)(3)		<b>Guidance</b> Interview parents; review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
3.	There is a completed (signed and dated) consent form on file indicating parent understanding of the rationale and consent given for required screenings.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no consent form on file.		<b>Regulations</b> 45 CFR 1304.20(e)(2)		<b>Guidance</b> Review child's file.	

1.1.A Child's Health Status/Screenings

<input type="checkbox"/> b. There is a consent form on file, but it is not signed and/or dated. <input type="checkbox"/> c. _____					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
4.	<b>The program maintains written documentation when a parent or other legally responsible adult refuses to give authorization for health services.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no written documentation when a parent refuses to give authorization for services. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.20(e)(5)	<b>Guidance</b> Review child's file.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
5.	<b>All 1<sup>st</sup> year children receive a hearing screening within 45 days of entry date.* (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 1 <sup>st</sup> year children received a hearing screen. <input type="checkbox"/> b. All 1 <sup>st</sup> year children received a hearing screen, but not all were within 45 days. <input type="checkbox"/> c. Actual results for hearing screen not documented. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(b)(1)	<b>Guidance</b> View ChildPlus reports; review child's file.  * Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IEP, etc.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		

1.1.A Child's Health Status/Screenings

		Met	Partial	Not Met	N/A
6.	All 2 <sup>nd</sup> year children receive a hearing screening within 1 year of last screening.* (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all 2<sup>nd</sup> year children received a hearing screen.</p> <p><input type="checkbox"/> b. All 2<sup>nd</sup> year children received a hearing screen, but it was not within 1 year of the last screen.</p> <p><input type="checkbox"/> c. Actual results for 2<sup>nd</sup> year hearing screen not documented.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>Delegates - within one year of last screening or within 45 days of second entry date.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IEP, etc.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	All 1 <sup>st</sup> year children receive a vision screening within 45 days of entry date.* (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all 1<sup>st</sup> year children received a vision screen.</p> <p><input type="checkbox"/> b. All 1<sup>st</sup> year children received a vision screen, but not all were within 45 days.</p> <p><input type="checkbox"/> c. Actual results for vision screen not documented.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IEP, etc.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

1.1.A Child's Health Status/Screenings

<b>8.</b>	<b>All 2<sup>nd</sup> year children receive a vision screening within 1 year of last screening. * (N/A permitted)</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all 2<sup>nd</sup> year children received a vision screen.</p> <p><input type="checkbox"/> b. All 2<sup>nd</sup> year children received a vision screen, but it was not within 1 year of the last screen.</p> <p><input type="checkbox"/> c. Actual results for 2<sup>nd</sup> year vision screen not documented.</p> <p><input type="checkbox"/> d. _____</p>	<p style="text-align: center;"><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p>	<p style="text-align: center;"><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>Delegates - within one year of last screening or within 45 days of second entry date.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IEP, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>Concerns:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				
<b>9.</b>	<b>All heights and weights are completed within 45 days of entry date and graphed within two weeks of measurement date.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all heights and weights are completed.</p> <p><input type="checkbox"/> b. All heights and weights are completed but not within 45 days</p> <p><input type="checkbox"/> c. Not all heights and weights are graphed.</p> <p><input type="checkbox"/> d. Not all heights and weights are graphed within two weeks.</p> <p><input type="checkbox"/> e. _____</p>	<p style="text-align: center;"><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p> <p>SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i></p>	<p style="text-align: center;"><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>Delegates - within one year of last screening or within 45 days of second entry date.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>Concerns:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				

1.1.A Child's Health Status/Screenings

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>10. All subsequent heights and weights are completed every six months and graphed within two weeks after measurement is taken. * (N/A permitted)</b>				<b>YES</b> <b>NO</b> <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>If Yes, List Recommendation(s):</b> <input type="checkbox"/> a. <b>If No, List Finding(s):</b> <input type="checkbox"/> a. Subsequent heights and weights are not completed. <input type="checkbox"/> b. Subsequent heights and weights completed, but not every 6 months. <input type="checkbox"/> c. Subsequent heights and weights not graphed. <input type="checkbox"/> d. Subsequent heights and weights graphed, but not within 2 weeks of measurement. <input type="checkbox"/> e.		<b>Regulations</b> 45 CFR 1304.23(a)(1) SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i>		<b>Guidance</b> View ChildPlus reports, review child's file * Unless valid documentation as to why not.	
<b>11. All blood pressure results are recorded within 45 days of entry date. * (Four-year olds only)</b>				<b>Met</b> <b>Partial</b> <b>Not Met</b> <b>N/A</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all blood pressure results are recorded. <input type="checkbox"/> b. All blood pressure results recorded, but not within 45 days. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)		<b>Guidance</b> View ChildPlus reports; review child's file. Delegates - within one year of last screening or within 45 days of second entry date. * Unless valid documentation as to why not.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

1.1.A Child's Health Status/Screenings

		Met	Partial	Not Met	N/A
12.	All 2 <sup>nd</sup> year blood pressure results are recorded within one year of last screening, if applicable.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. 2<sup>nd</sup> year blood pressure results are not recorded.</p> <p><input type="checkbox"/> b. 2<sup>nd</sup> year blood pressure results are recorded, but not within 1 year of 1<sup>st</sup> result.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>* Unless valid documentation as to why not.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
13.	There is evidence that all parents are informed of screening results and receive a copy of the Body Mass Index (BMI) percentile graph within two weeks after measurements are taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence that all parents are informed of screen results.</p> <p><input type="checkbox"/> b. There is no evidence that all parents receive a copy of the Body Mass Index (BMI) percentile graph.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(e)(1-2)</p> <p>SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i></p>		<p><b>Guidance</b></p> <p>Interview parents; review child's file.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
14.	All immunizations are up-to-date or complete according to the EPSDT guidelines and all documentation is accurate and kept. ( <i>Up-to-date immunizations are not a condition for exclusion in home-based</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all immunizations are up-to-date or complete.</p> <p><input type="checkbox"/> b. All documentation is not kept.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p> <p>22 CCR 101220.1(g), 101221(d)(1)(G)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>SOP documentation:</p> <p>1. EZIZ Record Printout indicating</p>	



1.1.A Child's Health Status/Screenings

			eligibility. 2. California School Immunization Record ("Blue Card", PM 286) for non-school age children (completed and signed) 3. Copy of Immunization Record Home-based: Only "Blue Card" required (completed and signed)		
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>			
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required				
<b>15.</b>	<b>All children have a TB risk assessment completed at enrollment. (Within 45 days for home-based)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>	<b>Regulations</b>	<b>Guidance</b>			
<input type="checkbox"/> a. Not all children have a TB risk assessment completed. <input type="checkbox"/> b. All children have a completed TB risk assessment, but not at enrollment. <input type="checkbox"/> c. _____	45 CFR 1304.20(a)(1)(ii)	Review child's file.			
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>			
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required				
<b>16.</b>	<b>All 2<sup>nd</sup> year TB risk assessments are completed within 1 year from first risk assessment.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>	<b>Regulations</b>	<b>Guidance</b>			
<input type="checkbox"/> a. Not all 2 <sup>nd</sup> year TB risk assessments are completed. <input type="checkbox"/> b. All 2 <sup>nd</sup> year TB risk assessments are completed, but not within 1 year of 1 <sup>st</sup> . <input type="checkbox"/> c. _____	45 CFR 1304.20(a)(1)(ii)	View ChildPlus reports; review child's file. Delegates - within one year of last risk assessment or within 45 days of second entry date. Locate 2 <sup>nd</sup> year signature and date on TB			

1.1.A Child's Health Status/Screenings

		Risk Assessment.	
<b>Concerns:</b>		<b>Recommendations:</b>	
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>17.</b>	<b>All children have a lead risk assessment completed at enrollment. (Within 45 days for home-based)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>	<b>Guidance</b>
<input type="checkbox"/> a. Not all children have a lead risk assessment completed. <input type="checkbox"/> b. All children have a completed lead risk assessment, but not at enrollment. <input type="checkbox"/> c. _____		45 CFR 1304.20(d)	View ChildPlus reports; review child's file.
<b>Concerns:</b>		<b>Recommendations:</b>	
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>18.</b>	<b>All 2<sup>nd</sup> year lead risk assessments are completed within 1 year from the first risk assessment.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>	<b>Guidance</b>
<input type="checkbox"/> a. Not all 2 <sup>nd</sup> year lead risk assessments are completed. <input type="checkbox"/> b. All 2 <sup>nd</sup> year lead risk assessments are completed, but not within 1 year of 1 <sup>st</sup> risk assessment. <input type="checkbox"/> c. _____		45 CFR 1304.20(d)	View ChildPlus reports; review child's file.  Delegates - within one year of last risk assessment or within 45 days of second entry date.  Locate 2 <sup>nd</sup> year signature and date on Lead Risk Assessment.
<b>Concerns:</b>		<b>Recommendations:</b>	
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required	
<b>Strengths:</b>			

1.1.A Child's Health Status/Screenings

		Met	Partial	Not Met	N/A
19.	All required physical exams are on file within 30 days of entry date (90 days for home-based).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all physical exams are on file.</p> <p><input type="checkbox"/> b. Physical exams are on file, but not all within 30 days.</p> <p><input type="checkbox"/> c. Not all physical exams are complete (missing info).</p> <p><input type="checkbox"/> d. Some physical exams are expired.</p> <p><input type="checkbox"/> e. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
20.	All required 2 <sup>nd</sup> year physical exams are on file within 30 days of expired 1 <sup>st</sup> year physical. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all 2<sup>nd</sup> year physical exams are on file.</p> <p><input type="checkbox"/> b. All 2<sup>nd</sup> year physical exams are on file, but not all within 30 days of expired 1<sup>st</sup> year physical exam.</p> <p><input type="checkbox"/> c. Some 2<sup>nd</sup> year physical exams are not complete.</p> <p><input type="checkbox"/> d. Some 2<sup>nd</sup> year physical exams are expired.</p> <p><input type="checkbox"/> e. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

1.1.A Child's Health Status/Screenings

			Met	Partial	Not Met	N/A	
21.	All children have a blood lead level result recorded within 90 days of entry date.* (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all blood lead level results are on file. <input type="checkbox"/> b. Blood lead level results are on file, but not all within 90 days. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.20(d)	<b>Guidance</b> View ChildPlus reports; review child's file.  Only one blood lead level is required. Most recent according to child's age.  * Unless valid documentation as to why not.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
22.	All hemoglobin/hematocrit (hgb/hct) results are recorded within 90 days of entry date.* (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all hgb/hct results are on file. <input type="checkbox"/> b. All hgb/hct results are on file, but not all within 90 days. <input type="checkbox"/> c. Some hgb/hct results are expired. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)	<b>Guidance</b> View ChildPlus reports; review child's file.  Most recent according to child's age – completed at 3 years and 4-5 years.  * Unless valid documentation as to why not.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
23.	All 2 <sup>nd</sup> year hemoglobin/hematocrit (hgb/hct) results are recorded within required time frame of periodicity table (3yrs and 4-5 years) * (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 2 <sup>nd</sup> year hgb/hct results are on file. <input type="checkbox"/> b. 2 <sup>nd</sup> year hgb/hct results are on file, but all not within required time	<b>Regulations</b> 45 CFR 1304.20(a)(1)	<b>Guidance</b> View ChildPlus reports; review child's file.				

1.1.A Child's Health Status/Screenings

	frame of periodicity table. <input type="checkbox"/> c. _____		* Unless valid documentation as to why not.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
<b>24.</b>	<b>All 1<sup>st</sup> year dental exams are completed within 30 days from entry date.* (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 1 <sup>st</sup> year dental exams are on file. <input type="checkbox"/> b. All 1 <sup>st</sup> year dental exams are on file, but not all within 30 days. <input type="checkbox"/> c. Not all 1 <sup>st</sup> year dental exams are complete (missing info). <input type="checkbox"/> d. Some 1 <sup>st</sup> year dental exams are expired. <input type="checkbox"/> e. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)(ii)	<b>Guidance</b> View ChildPlus reports; review child's file.  * Unless valid documentation as to why not.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
<b>25.</b>	<b>All subsequent dental exams are completed within one year of last exam. * (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all subsequent dental exams are on file. <input type="checkbox"/> b. All subsequent dental exams on file, but not all within 1 year of last exam. <input type="checkbox"/> c. Not all subsequent dental exams are complete (missing info). <input type="checkbox"/> d. Some subsequent dental exams are expired. <input type="checkbox"/> e _____	<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)	<b>Guidance</b> View ChildPlus reports; review child's file.  * Unless valid documentation as to why not.								

1.1.A Child's Health Status/Screenings

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>26.</b>	<b>All children are connected to a medical home.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Not all children have a medical home identified in the file. <input type="checkbox"/> b. _____		45 CFR 1304.20(a)(1)		View ChildPlus reports; review child's file.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>27.</b>	<b>All children are connected to a dental home.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Not all children have a dental home identified in the file. <input type="checkbox"/> b. _____		45 CFR 1304.20(a)(1)		View ChildPlus reports; review child's file.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>28.</b>	<b>All health histories are completed at enrollment. (Within 45 days for home-based)</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Not all health histories are on file. <input type="checkbox"/> b. Health histories are completed, but not all at enrollment. <input type="checkbox"/> c. Some health histories have missing information without valid documentation.		45 CFR 1304.20(a)(1)(i), 1304.22(b)(3)		View ChildPlus reports; review child's file.			

1.1.A Child's Health Status/Screenings

<input type="checkbox"/> d. _____								
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
29.	<b>All 2<sup>nd</sup> year health histories are reviewed and signed by staff and parents.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 2 <sup>nd</sup> year health histories are reviewed and signed by staff and parent. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.22(b)(3)		<b>Guidance</b> Review child's file. Delegates may complete new health history for 2 <sup>nd</sup> year students.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
30.	<b>All parent volunteer TB results are completed and current. (Required for all parents in home-based)*</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all parents/volunteers have a current TB on file. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.52(k)(2)		<b>Guidance</b> Review child's file. Ask about volunteer list; check HS Volunteer Activity Sheet. Parent Volunteers = 16+ hours per week * Pregnant mothers can be excluded from this requirement.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

(End Sub-Section 1.1.A Child's Health Status/Screenings)

1.1.B Health Care Tracking and Follow-Up

1.1 - Health			
1.1.B Health Care Tracking and Follow-Up			
Compliance Requirement		Compliance	
1.	Exclusion notices for missing physicals are sent 31 days after entry date or there is a documented verified appointment. <i>(Center-based only) (N/A permitted)</i>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Exclusion notices are not sent 31 days after entry date for missing physical exams. <input type="checkbox"/> b. Exclusion notices sent, but not 31 days after entry date. <input type="checkbox"/> c. Copy of exclusion notice not sent to Health Nutrition Specialist (SOP). <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.20(a)(1)(i-ii)	<b>Guidance</b> Review child's file; interview health nutrition specialist. NOTE: This is for 1 <sup>st</sup> year students only.
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
2.	Follow-up is documented on all children missing subsequent physical exams.	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No follow-up documented on missing physical exams. <input type="checkbox"/> b. Follow-up on missing physical exams is infrequent. <input type="checkbox"/> c. Follow-up on missing physical exams is not thorough. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)	<b>Guidance</b> Review child's file. Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>



1.1.B Health Care Tracking and Follow-Up

		Met	Partial	Not Met	N/A
3.	Follow-up is documented on all children missing blood lead level results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No follow-up is documented on missing blood lead level results.</p> <p><input type="checkbox"/> b. Follow-up on missing blood lead level results is infrequent.</p> <p><input type="checkbox"/> c. Follow-up on missing blood lead level results is not thorough.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
4.	Follow-up is documented on all children missing a 90 day hemoglobin/hematocrit (hgb/hct). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No follow-up is documented on missing hgb/hct.</p> <p><input type="checkbox"/> b. Follow-up on missing hgb/hct is infrequent.</p> <p><input type="checkbox"/> c. Follow-up on missing hgb/hct is not thorough.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
5.	Follow-up is documented on all children with abnormal blood pressure. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Follow-up is not documented on abnormal blood pressure results.</p> <p><input type="checkbox"/> b. Follow-up is not thorough on abnormal blood pressure results.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(iii)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to</p>	

1.1.B Health Care Tracking and Follow-Up

	<input type="checkbox"/> c. _____		exceed 30 days. After 2 follow-ups, refer to support staff.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
6.	<b>A referral for follow-up services is completed for all children whose TB risk assessment indicates follow-up is needed. (N/A permitted)</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No referral on file for children whose TB risk assessment indicates follow-up is needed. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(iii)		<b>Guidance</b> Review child's file. If child has current, passing TB result, there is no need to refer. It can be written on the TB risk assessment.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
7.	<b>Children requiring a re-screen (vision, hearing and blood pressure) were re-tested within 30 days of the original test date and/or no later than 60 days of entry date. (N/A permitted)</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Re-screens were not completed within 30 days of original test date. <input type="checkbox"/> b. Re-screens were not completed within 60 days of entry date. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(iii)		<b>Guidance</b> View ChildPlus reports; review child's file.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			

1.1.B Health Care Tracking and Follow-Up

		Met	Partial	Not Met	N/A
<b>8.</b>	<b>Follow-up is documented on all children with failed hearing or vision screenings. (Request for Follow-Up Services are sent within two weeks after second failed screening date) (6 weeks for delegates) (N/A permitted)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Follow-up is not documented on children with failed hearing screens.</p> <p><input type="checkbox"/> b. Follow-up is not documented on children with failed vision screens.</p> <p><input type="checkbox"/> c. Request for Follow-up Services is not sent within the required timeframe.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(iii)</p>		<p><b>Guidance</b></p> <p>Review child's file; interview health/nutrition specialist.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>9.</b>	<b>All data is up-to-date in ChildPlus within 30 days of entry date and reflects content of file. (N/A permitted)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. ChildPlus data is not up-to-date.</p> <p><input type="checkbox"/> b. ChildPlus data is not entered within the required timeframe.</p> <p><input type="checkbox"/> c. ChildPlus data does not reflect file content.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.51(g)</p>		<p><b>Guidance</b></p> <p>Compare ChildPlus reports to child's file.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>10.</b>	<b>Follow-up is documented thoroughly and on a regular basis for all children needing a medical home (i.e., flyers, parent meetings, etc.). (N/A permitted)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no follow-up for children needing a medical home.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(i)</p>		<p><b>Guidance</b></p> <p>Review child's file; review parent meeting</p>	

1.1.B Health Care Tracking and Follow-Up

	<input type="checkbox"/> b. Follow-up is infrequent for children needing a medical home. <input type="checkbox"/> c. Follow-up is not thorough for children needing a medical home. <input type="checkbox"/> d. _____		minutes; observe parent area.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
11.	<b>All health concerns identified on the health history or physical are addressed and thoroughly documented. (N/A permitted)</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Health concerns on physical exam are not addressed. <input type="checkbox"/> b. Health concerns on health history are not addressed. <input type="checkbox"/> c. There is not thorough documentation on health concerns. <input type="checkbox"/> d. _____	<table border="0"> <tr> <td style="text-align: center;"><b>Regulations</b></td> </tr> <tr> <td style="text-align: center;">45 CFR 1304.20(c)(1-2)</td> </tr> </table>	<b>Regulations</b>	45 CFR 1304.20(c)(1-2)	<table border="0"> <tr> <td style="text-align: center;"><b>Guidance</b></td> </tr> <tr> <td>Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</td> </tr> </table>	<b>Guidance</b>	Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.				
<b>Regulations</b>											
45 CFR 1304.20(c)(1-2)											
<b>Guidance</b>											
Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.											
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
12.	<b>Follow-up is documented thoroughly on a regular basis for all 1<sup>st</sup> year children needing a dental exam.</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no follow-up for children needing a 1 <sup>st</sup> year dental exam. <input type="checkbox"/> b. Follow-up is not thorough for children needing a 1 <sup>st</sup> year dental exam. <input type="checkbox"/> c. Follow-up is not on a regular basis for children needing a 1 <sup>st</sup> year dental exam. <input type="checkbox"/> d. _____	<table border="0"> <tr> <td style="text-align: center;"><b>Regulations</b></td> </tr> <tr> <td style="text-align: center;">45 CFR 1304.20(a)(1)(ii)</td> </tr> </table>	<b>Regulations</b>	45 CFR 1304.20(a)(1)(ii)	<table border="0"> <tr> <td style="text-align: center;"><b>Guidance</b></td> </tr> <tr> <td>Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</td> </tr> </table>	<b>Guidance</b>	Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.				
<b>Regulations</b>											
45 CFR 1304.20(a)(1)(ii)											
<b>Guidance</b>											
Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.											

1.1.B Health Care Tracking and Follow-Up

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
13.	<b>Follow-up is documented thoroughly on a regular basis for all 2<sup>nd</sup> year children needing a dental exam.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no follow-up for children needing a 2nd year dental exam. <input type="checkbox"/> b. Follow-up is not thorough for children needing a 2 <sup>nd</sup> year dental exam. <input type="checkbox"/> c. Follow-up is not on a regular basis for children needing a 2 <sup>nd</sup> year dental exam. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(i-ii)		<b>Guidance</b> Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
14.	<b>Follow-up is documented thoroughly on a regular basis for all children needing dental treatment.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no follow-up for children needing dental treatment. <input type="checkbox"/> b. Follow-up is not on a regular basis for children needing dental treatment. <input type="checkbox"/> c. Follow-up is not thorough on children needing dental treatment. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(c)(1), (2), (3)(i-ii)		<b>Guidance</b> Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

1.1.B Health Care Tracking and Follow-Up

		Met	Partial	Not Met	N/A
15.	Follow-up is documented thoroughly on a regular basis for all children needing a dental home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no follow-up for children needing a dental home.</p> <p><input type="checkbox"/> b. Follow-up is not on a regular basis for children needing a dental home.</p> <p><input type="checkbox"/> c. Follow-up is not thorough on children needing a dental home.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(i)</p>		<p><b>Guidance</b></p> <p>Review child's file; review parent meeting minutes; view parent area.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
16.	There is evidence that all parents have been provided information on oral health and hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence that parents have been provided information on oral health and hygiene.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p>		<p><b>Guidance</b></p> <p>Review child's file; review parent meeting minutes; view parent area.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.1.B Health Care Tracking and Follow-Up)

1.1 – Health					
1.1.C Health Procedures					
Compliance Requirement		Compliance			
1.	All children receive a daily health check upon entering the center. <i>(Center-based only)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all children receive a health check upon entering the center.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101226.1</p> <p>SETA HS Policies and Procedures – <i>Daily Health Check</i></p>	<p><b>Guidance</b></p> <p>Observe greeting/drop off.</p>		
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>		
2.	If an injury occurs during hours of operation and medical attention is not required, an injury report is completed and the child’s authorized representative is notified of the nature of the injury at pick up. <i>(Center-based only) (N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Parents are not informed of minor injuries.</p> <p><input type="checkbox"/> b. Injury reports are not completed.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101226(a)(2)</p>	<p><b>Guidance</b></p> <p>Review child’s file; interview parents and staff.</p>		
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>		
3.	If an injury occurs during hours of operation and medical attention is required, an Unusual Incident Report is made to Licensing. <i>(Center-based only) (N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Unusual Incident Report not sent to Licensing.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101212(d)(1)(A) &amp; (B), 101212(f)</p>	<p><b>Guidance</b></p> <p>Review child’s file; interview parents and staff.</p>		

1.1.C Health Procedures

			<i>Unusual Incident/Injury or Death Report (LIC 624) should be submitted to Licensing and a copy in the file.</i>						
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>						
<b>4.</b>	<b>Staff ensure that a child with a short term injury (that cannot be readily accommodated) or a short term contagious illness is temporarily excluded from participating in program activities, home visits, and group socializations. (Exposure notice is posted-Center-based only)</b>					<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children with short term injuries/contagious illness are not excluded. <input type="checkbox"/> b. Exposure notices are not posted. <input type="checkbox"/> c. _____		<b>Regulations</b>  45 CFR 1304.22(b)(1)		<b>Guidance</b>  Review child's file; interview parents and staff; view center for posting.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>						
<b>5.</b>	<b>Staff ensure that children are not subjected to long term exclusion solely because of their health care needs or medication requirements (unless reasonable accommodations cannot be made without fundamentally altering the nature of the program).</b>					<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children who are enrolled in the program are subjected to long term exclusion solely because of health care needs/medication requirements. <input type="checkbox"/> b. _____		<b>Regulations</b>  45 CFR 1304.22(b)(2)		<b>Guidance</b>  Review child's file; interview staff.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>						



<b>6. Individual records are maintained for all medications dispensed and the records are regularly reviewed with the child's parents. (Center-based only)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Records are not maintained for medications dispensed. <input type="checkbox"/> b. Medication records for medications dispensed are not regularly reviewed with parents. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(c)(4) 22 CCR 101226(e)(5)		<b>Guidance</b> Review individual medication records (e.g., medication log) found in the classroom.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>7. Medications are properly labeled and have not expired. (Center-based only) (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Medications are not properly labeled. <input type="checkbox"/> b. Medications are expired. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(c)(1)		<b>Guidance</b> Observe medication labels.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>8. All medication forms are complete. (Center-based only) (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Medication forms are not complete. <input type="checkbox"/> b. Medication forms are expired. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(c)(3) 22 CCR 101221(a), (b)(10)		<b>Guidance</b> Review child's file.	

1.1.C Health Procedures

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>9. There is documentation in the classroom of individual authorization to administer medication. (Center-based only) (N/A permitted)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no documentation of individual authorization to administer medication. <input type="checkbox"/> b. _____				<b>Regulations</b> 45 CFR 1304.22(c)(3) 22 CCR 101221(a), (b)(10)		<b>Guidance</b> Observe documentation for authorization to administer medication (Care Plan in file).				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>10. Medication is stored in a locked box or in a locked box in the refrigerator if necessary.* (Center-based only) (N/A permitted)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Medication is not in a locked box. <input type="checkbox"/> b. Medication needing refrigeration is not refrigerated. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.22(c)(1) 22 CCR 101226(e)(1)(A) & (C)		<b>Guidance</b> Observe medication location. *Except in the case of rescue medications (i.e., Epi-pen, inhaler, etc.).				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						

			Met	Partial	Not Met	N/A	
11.	All staff are aware of the medication policy and procedures. <i>(Center-based only)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Staff are not aware of the medication policy and procedures. <input type="checkbox"/> b. Medication is at the center for children who are no longer enrolled. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(c)(6) 22 CCR 101226(e)(6)	<b>Guidance</b> Observe medications; interview staff.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
12.	All children have a completed sunscreen permission form on file. <i>(N/A permitted for Delegates)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all files contain a completed sunscreen permission form. <input type="checkbox"/> b. _____	<b>Regulations</b> SETA HS Policies and Procedures- <i>Sun Protection</i>	<b>Guidance</b> Review child's file.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
13.	Care plan(s) for children with special medical problems are current and accessible. <i>(Center-based only) (N/A permitted)</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Care plans are not posted. <input type="checkbox"/> b. Care plans are not current. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(c)(6) 22 CCR 101226(e)(5)	<b>Guidance</b> Review child's file; observe classroom for care plans.  After one year, should be reviewed with parents and initialed if no changes.				

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
14.	<b>The diapering procedure is posted in diapering area. (Center-based only) (N/A permitted)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Diapering procedure is not posted. <input type="checkbox"/> b. Diapering procedure is posted, but not in diapering area. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(e)(5)		<b>Guidance</b> Observe diapering area.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
15.	<b>The diapering procedure is consistently followed. (Center-based only) (N/A permitted)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Diapering procedure not followed. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.22(e)(5)		<b>Guidance</b> Observe diapering; interview staff.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

		Met	Partial	Not Met	N/A
16.	Each child being toilet trained has a written developmentally appropriate training plan/schedule and is followed. <i>(Center-based only) (N/A permitted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children do not have training plans/schedules.</p> <p><input type="checkbox"/> b. Toilet training plans are not developmentally appropriate.</p> <p><input type="checkbox"/> c. Training plans/schedules are not followed</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xv)</p> <p>22 CCR 101428(a)</p>		<p><b>Guidance</b></p> <p>Review toilet training plans/schedules; observe toileting; interview staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.1.C Health Procedures)

1.1.D Hygiene (Hand Washing and Tooth Brushing)

1.1 – Health					
1.1.D Hygiene (Hand Washing and Tooth Brushing)					
Compliance Requirement		Compliance			
1.	All adults wash their hands before and after food preparation, setting the table, eating and dispensing medications.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not wash hands before food preparation, setting the table, eating, or dispensing medications. <input type="checkbox"/> b. Adults do not wash hands after food preparation, eating or dispensing medications. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(e)(1)(ii) 22 CCR 101227(a)(14)	<b>Guidance</b> Observe mealtimes and medication dispensing.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
2.	Proper hand washing procedures are posted in food preparation areas.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Hand washing procedures are not posted. <input type="checkbox"/> b. Hand washing procedures are posted but not in food prep area. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(e)(1)(2)	<b>Guidance</b> Observe food prep area for hand washing procedures.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
3.	During the hand washing process, there is effective supervision and all children effectively wash their hands before setting the tables, before and after eating, and after handling pets, bodily fluids and toilet use.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not wash their hands.		<b>Regulations</b> 45 CFR 1304.22(e)(1)(ii)	<b>Guidance</b> Observe children’s hand washing.		

1.1.D Hygiene (Hand Washing and Tooth Brushing)

	<input type="checkbox"/> b. Children wash their hands, but not effectively. <input type="checkbox"/> c. Children are not supervised during the hand washing process. <input type="checkbox"/> d. _____		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>4.</b>	<b>All children receive instruction or assistance if needed with hand washing after toilet use.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not receive hand washing instruction or assistance when needed after toilet use. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.22(e)(2)(iii)	<b>Guidance</b> Observe hand washing after toilet use.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>5.</b>	<b>Proper hand washing procedures are posted in the toileting area.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Proper hand washing procedure is not posted in the toileting area. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCL 101239(i)	<b>Guidance</b> Observe toileting area for posting.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>

1.1.D Hygiene (Hand Washing and Tooth Brushing)

		Met	Partial	Not Met	N/A
6.	All adults wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, toilet use/diapering and after removing gloves. (Bloodborne pathogen procedure is followed if needed) (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Adults do not wash hands after contact with blood, assisting with nose wiping, handling animals, treating a wound, toilet use/diapering and after removing gloves.</p> <p><input type="checkbox"/> b. Bloodborne pathogen procedure is not followed.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.22 (e)(1)(i)(iii)(iv), (e)(2)(i-iii), (e)(3) &amp; (e)(4)</p>		<p><b>Guidance</b></p> <p>Observe classroom and toileting area; observe outside time.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	Tooth brushing occurs after a meal (within 30 minutes). (Including at socializations, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children do not brush teeth.</p> <p><input type="checkbox"/> b. Tooth brushing does not occur within 30 minutes of meal.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
8.	During the tooth brushing process, there is effective supervision and assistance if needed with staff encouraging proper brushing techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children are not supervised during tooth brushing.</p> <p><input type="checkbox"/> b. Assistance not given when needed.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p> <p>SETA HS Policies and Procedures, <i>Tooth</i></p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	



1.1.D Hygiene (Hand Washing and Tooth Brushing)

	<input type="checkbox"/> c. Staff do not encourage proper brushing. <input type="checkbox"/> d. _____	Brushing									
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
9.	All toothbrushes are in good condition (clean and bristles not frayed).		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toothbrushes are frayed. <input type="checkbox"/> b. Toothbrushes are not rinsed well. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(b)(3)	<b>Guidance</b> Observe tooth brushing.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
10.	All toothbrushes are labeled with the child’s name and properly stored. ( <i>Center-based only</i> )		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toothbrushes are not labeled with names. <input type="checkbox"/> b. Toothbrushes are not properly stored. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.23(b)(3)	<b>Guidance</b> Observe toothbrushes and storage.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

1.1.D Hygiene (Hand Washing and Tooth Brushing)

		Met	Partial	Not Met	N/A
11.	Children are given a pea-sized amount of toothpaste dispensed separately. SOP uses an individual, disposable rinse cup. <i>(Center-based only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Toothpaste is not pea-sized.</p> <p><input type="checkbox"/> b. Toothpaste is not properly dispensed in an individual, disposable rinse cup. (SOP only)</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p> <p>SETA HS Policies and Procedures, <i>Tooth Brushing</i></p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.1.D Hygiene (Hand Washing and Tooth Brushing))

1.2.A Nutrition Tracking and Follow-Up

1.2 – Nutrition			
1.2.A Nutrition Tracking and Follow-Up			
Compliance Requirement		Compliance	
1.	All nutrition histories are completed at enrollment. <i>(Within 45 days for home-based)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all nutrition histories are completed.</p> <p><input type="checkbox"/> b. Nutrition histories are completed but not all at enrollment.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a), (a)(2&amp;3)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	All 2 <sup>nd</sup> year nutrition histories are reviewed and signed by staff and parents.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all nutrition histories for 2<sup>nd</sup> year children are reviewed/ signed by parent.</p> <p><input type="checkbox"/> b. Not all nutrition histories for 2<sup>nd</sup> year children are reviewed/ signed by staff.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a), (a)(2&amp;3)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Delegates may complete a new nutrition history for 2<sup>nd</sup> year students.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
3.	All nutrition concerns identified on the nutrition history or physical are addressed and thoroughly documented. <i>(N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all nutrition history concerns are addressed or thoroughly</p>	<p><b>Regulations</b></p> <p>45 FR1304.20(a)(1)(ii)(C)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p>

1.2.A Nutrition Tracking and Follow-Up

	documented. <input type="checkbox"/> b. Not all concerns on physical exam are addressed or thoroughly documented. <input type="checkbox"/> c. _____										
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
4.	<b>Proper consent forms are completed for nutrition referrals with parent signatures. (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Consent forms not completed for nutrition referrals. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.20(b)(2)	<b>Guidance</b> Review child's file.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
5.	<b>There is evidence of nutrition intervention/follow-up within 90 days of entry date. (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No evidence of nutrition intervention/follow up within 90 days of entry date. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Guidance</b> Review child's file. Nutrition intervention/follow-up by the registered dietician, nurse, WIC, etc.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

			Met	Partial	Not Met	N/A	
<b>6.</b>	<b>Follow-up is documented on all children not receiving WIC services with hgb 10.0-11.5 g/dl, hct 30-34% (nutrition education provided). (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow-up not documented for children not receiving WIC with hgb 10-11.5/hct 30-34%. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)	<b>Guidance</b> Review child's file.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>7.</b>	<b>Follow-up is documented on all children with hgb&lt;10 g/dl, hct&lt;30%, regardless of existing services. (Request for Follow-Up Services/Referral). (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow-up not documented for hgb<10/hct<30%. <input type="checkbox"/> b. Referral for low hgb/hct is not completed within the required timeframe. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)	<b>Guidance</b> Review child's file.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>8.</b>	<b>Follow-up is documented on all children not receiving WIC services with a BMI percentile between 85-94% (Request for Follow-Up Services to program health services within 60 days of enrollment). (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow-up is not documented for BMI percentile between 85-94%. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(a)(1)  SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i>	<b>Guidance</b> Review child's file.				

1.2.A Nutrition Tracking and Follow-Up

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>9. Follow-up is documented on all children with BMI percentile &lt;5% or ≥95%, regardless of existing services. (Request for Follow-Up Services/Referral). (N/A permitted)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow up is not documented for BMI percentile <5% <input type="checkbox"/> b. Follow up is not documented on BMI ≥95%. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.23(a)(1) SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i>	
				<b>Guidance</b> Review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>10. A referral for follow-up services is completed for all children with a blood lead level of ≥10.0.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No referral on file for child with blood lead level ≥10. <input type="checkbox"/> b. _____				<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)	
				<b>Guidance</b> Review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

1.2.A Nutrition Tracking and Follow-Up

		Met	Partial	Not Met	N/A
11.	A referral for follow-up services is completed for all children whose lead risk assessment indicates follow-up is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No referral on file for children whose lead risk assessment indicates follow-up is needed.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>If child has current, passing lead level result, there is no need to refer. It can be written on the lead risk assessment.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.2.A Nutrition Tracking and Follow-Up)

1.2 – Nutrition							
1.2.B Menus and Meal Services							
Compliance Requirement			Compliance				
1.	All A.M. and full day children are provided breakfast. <i>(Center-based only) (N/A permitted if P.M. program)</i>			Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. AM/Full Day children are not provided breakfast. <input type="checkbox"/> b. Not all AM/Full Day children are offered breakfast. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(b)(1)(iii)		<b>Guidance</b> Observe breakfast; review meal count forms.  Breakfast should be offered to all children, including those who arrive late.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
2.	All meals start by the appropriately scheduled time: a minimum of 3 hours between breakfast and lunch (AM only) and a minimum of 2 hours between a meal and a snack. <i>(Center-based only)</i>			Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meals do not start by scheduled time. <input type="checkbox"/> b. Meal schedule is not appropriate. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(b)(1)		<b>Guidance</b> Observe meals; observe daily schedule.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
3.	Menu is posted and current. <i>(Center-based only)</i>			Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Menu is not posted. <input type="checkbox"/> b. Posted menu is not current.		<b>Regulations</b> 45 CFR 1304.23(b)(1)(ii) 22 CCR 101227(6)		<b>Guidance</b> Observe menu.			



1.2.B Menus and Meal Services

<input type="checkbox"/> c. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>4. A Civil Rights poster (11X17 "And Justice for All" poster) is displayed in a prominent location. (Center-based only)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Civil Rights poster is not posted. <input type="checkbox"/> b. Civil Rights poster is not in prominent location. <input type="checkbox"/> c. Civil Rights poster is not full size or in color. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)  Per FNS Instruction 113-1, "And Justice for All" poster must be 11"W X 17"H.	<b>Guidance</b> Observe center for posting.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
		<input type="checkbox"/> Response Required	
<b>5. A CACFP Meal Pattern with required portions is posted at the center. (Center-based only)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The CACFP Meal Pattern is not posted. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal prep area for posting.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
		<input type="checkbox"/> Response Required	

1.2.B Menus and Meal Services

			Met	Partial	Not Met	N/A
<b>6.</b>	<b>Meal counts are recorded at the time of meal service each day and do not exceed daily attendance records/sign-in sheets. (Center-based only)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meal counts are not recorded at point of service. <input type="checkbox"/> b. Meal counts exceed daily attendance records/sign in sheets. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal service; review attendance records, sign in sheets, and meal count form.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>7.</b>	<b>Staff serve meals according to menu unless written notification has been received of changes from food services. (Center-based only)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meals are not served according to menu. <input type="checkbox"/> b. Menu changes from food services are not documented. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(b)(1)(ii)	<b>Guidance</b> Observe meal prep area; observe meal service.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>8.</b>	<b>Menus are accessible to parents.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Menus are not accessible to parents. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(b)(1)(ii)	<b>Guidance</b> Interview staff and parents.			

1.2.B Menus and Meal Services

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>9. Home-based programs provide appropriate snacks and meals to each child during group socialization activities. (Home Base option only)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Appropriate snacks and meals are not provided at socializations. <input type="checkbox"/> b. _____			<b>Regulations</b> 45 CFR 1304.23(b)(2)		<b>Guidance</b> Observe socialization; review socialization plan for menu.					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>10. All meals are consumed on-site and no outside food is brought on-site. (SOP only)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food is taken from the site. <input type="checkbox"/> b. Outside food is brought on-site. <input type="checkbox"/> c. _____			<b>Regulations</b> SETA HS Policy and Procedure - <i>No Outside Food</i>		<b>Guidance</b> Observe classroom.					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>11. All meals are offered family-style in a manner in which children serve themselves and are seated while eating.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meals are not offered family style.			<b>Regulations</b> 45 CFR 1304.23(c)(4)		<b>Guidance</b> Observe meal service.					

1.2.B Menus and Meal Services

<input type="checkbox"/> b. Children do not serve themselves. <input type="checkbox"/> c. _____					
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>12.</b>	<b>Children participate in setting the table and are adequately supervised.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not participate in table setting. <input type="checkbox"/> b. Children are not adequately supervised during table setting. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(c)(4)	<b>Guidance</b> Observe table setting.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>13.</b>	<b>Adults sit at the same time as children, are eating the same foods, role modeling and supervising at every meal.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not sit with children during meals. <input type="checkbox"/> b. Adults do not eat same foods during meals. <input type="checkbox"/> c. Adults do not role model during meals. <input type="checkbox"/> d. Adults do not supervise during meals. <input type="checkbox"/> e. _____		<b>Regulations</b> 45 CFR 1304.23(c)(4)	<b>Guidance</b> Observe meal times.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			

			Met	Partial	Not Met	N/A	
14.	Children are offered and encouraged to join in at mealtimes and to try all foods, but are not forced.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are forced to try foods. <input type="checkbox"/> b. Children are not encouraged to try all foods. <input type="checkbox"/> c. Not all children are offered to join in meal times. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.23 (c)(4)	<b>Guidance</b> Observe meal times.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
15.	Food is served in portions that are safe for a child to swallow.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food is not served in portions that are safe for a child swallow. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101227	<b>Guidance</b> Observe meal times.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
16.	There is sufficient time (approx. 30 minutes) for children to finish their meal and children are not rushed.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are not given sufficient time to finish meals. <input type="checkbox"/> b. Children are rushed to finish meals. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(c)(3)	<b>Guidance</b> Observe meal times.				

1.2.B Menus and Meal Services

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
17.	<b>There is conversation during meals centered around the children’s interests and includes foods and nutrition.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no conversation at meal times. <input type="checkbox"/> b. Conversation is not centered around children’s interests. <input type="checkbox"/> c. Conversation does not include foods and nutrition. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.23(c)(4)		<b>Guidance</b> Observe meal times.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
18.	<b>Children clear their place from the table after meals.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not clear their place after meals. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.23(c)(3)		<b>Guidance</b> Observe meal times.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
19.	<b>Hot entrée food temperatures are taken and recorded daily on Quality Assurance sheets. (SOP center-based only) (N/A for delegates)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food temperatures are not taken.		<b>Regulations</b> 45 CFR 1304.23(e)(1)		<b>Guidance</b> Observe meal prep; review QA sheets,				

1.2.B Menus and Meal Services

	<input type="checkbox"/> b. Food temperatures are not documented on QA sheets. <input type="checkbox"/> c. _____		interview staff/parent aide.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
20.	Perishable food is fresh and refrigerated up to one hour prior to serving.		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Perishable food is left out longer than 1 hour prior to serving. <input type="checkbox"/> b. Perishable food is not fresh. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal preparation; observe meal prep area.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
21.	Proper procedure is followed when hot food temperatures fall below 140° and staff are aware of the reheating procedures. <i>(SOP center-based only)</i>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Proper procedure is not followed when hot food temperature is below 140°. <input type="checkbox"/> b. Staff are not aware of reheating procedure. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal preparation; interview staff.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

		Met	Partial	Not Met	N/A
22.	Proper procedures for sanitizing all food contact surfaces are followed and refrigerators, warmers, carts, and microwaves are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Proper sanitizing procedures are not followed. <input type="checkbox"/> b. Food contact surfaces, refrigerator, warmer, cart, and/or microwave are not clean. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)		<b>Guidance</b> Observe sanitizing procedures, observe meal prep area.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
23.	All perishable leftover food is labeled, dated and thrown away after 48 hours (no hot entrées are kept). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Perishable food is not labeled. <input type="checkbox"/> b. Perishable food is not dated. <input type="checkbox"/> c. Perishable food is kept longer than 48 hours. <input type="checkbox"/> d. Hot entrées are kept. <input type="checkbox"/> e. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)		<b>Guidance</b> Observe meal prep area; observe refrigerator.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	



1.2.B Menus and Meal Services

			Met	Partial	Not Met	N/A		
24.	Chemicals are not stored with food.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Chemicals are stored with food.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(iii)</p>	<p><b>Guidance</b></p> <p>Observe meal preparation and food storage areas.</p>					
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>					

(End Sub-Section 1.2.B Menus and Meal Services)

1.2 – Nutrition			
1.2.C Special Diets			
Compliance Requirement		Compliance	
1.	<b>If a special diet need is identified prior to enrollment, a special diet verification is obtained by a licensed physician, nurse or physician’s assistant. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet verification is not obtained by licensed physician, nurse, physician’s assistant. <input type="checkbox"/> b. _____	<b>Guidance</b> Review child’s file. Verification from licensed physician, etc. only for medical reasons.	
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
2.	<b>A completed request for follow-up is sent to the appropriate support staff if special diets are identified and menu modifications and food substitutions are developed. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Appropriate support staff are not notified of special diets. <input type="checkbox"/> b. Menu modifications are not made for special diets. <input type="checkbox"/> c. Food substitutions are not developed. <input type="checkbox"/> d. _____	<b>Guidance</b> Review child’s file; observe meal prep area.	
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
3.	<b>Special diet forms are completed and copies are kept in the child’s file.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet forms are not completed.	<b>Guidance</b> Review child’s file.	

<input type="checkbox"/> b. Special diet forms are not kept in file. <input type="checkbox"/> c. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>4. Special diet foods are labeled with child's name.</b>			<b>Met</b> <input type="checkbox"/>
			<b>Partial</b> <input type="checkbox"/>
			<b>Not Met</b> <input type="checkbox"/>
			<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet foods are not labeled with child's name. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.23	<b>Guidance</b> Observe meal prep area and refrigerator.
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>5. Special diets with child's name and modifications/special diet are posted near meal prep area. (In socialization binder for home-based)</b>			<b>Met</b> <input type="checkbox"/>
			<b>Partial</b> <input type="checkbox"/>
			<b>Not Met</b> <input type="checkbox"/>
			<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diets are not posted near meal prep area. <input type="checkbox"/> b. Special diet postings do not include all modifications/substitutions. <input type="checkbox"/> c. Special diet postings do not include child's picture. (SOP) <input type="checkbox"/> d. Special diets are not in socialization binder. (Home-based) <input type="checkbox"/> e. _____		<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Guidance</b> Observe meal prep area. SOP includes picture.
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	

(End Sub-Section 1.2.C Special Diets)

1.3 – Safe Environments					
1.3.A Center Postings					
Compliance Requirement		Compliance			
1.	A “tobacco-free” sign/sticker is posted prominently.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Tobacco-free posting is not evident. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.58(a)(8) 22 CCR 101231(a); HSC 1596.795(b) SETA HS Policies and Procedures- <i>Tobacco Free Policy</i>	<b>Guidance</b> Tobacco-free decal is located on entry door, side-light windows or in window of office at entrance.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
2.	“No outside food policy” and “no nut policy” postings are visible upon entering the center (SOP only).	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. “No outside food policy” is not evident. <input type="checkbox"/> b. “No nut policy” is not evident. <input type="checkbox"/> c. _____		<b>Regulations</b> SETA HS Policies and Procedures- <i>No Outside Food; Nut and Shell Fish – Free Zones Policy</i>	<b>Guidance</b> “No outside food policy” and “No nut policy” should be visible upon entering.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

			Met	Partial	Not Met	N/A
<b>3.</b>	<b>Community Care License (203A) is posted prominently.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Community care license is not displayed prominently. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.3(6)(i) 22 CCR 101160(a)	<b>Guidance</b> Community care license is found in the entry area on the wall with other licensing documents.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>4.</b>	<b>The Emergency Disaster Plan (LIC 610) is posted prominently with up-to-date staff assignments.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Emergency Disaster Plan (LIC 610) is not displayed. <input type="checkbox"/> b. Emergency Disaster Plan (LIC 610) is out of date with inaccurate staff names. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22 22 CCR 101174	<b>Guidance</b> Emergency Disaster Plan (LIC 610) is found in the entry area on the wall with other licensing documents.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>5.</b>	<b>Earthquake Preparedness Checklist (LIC 9148) is completed/implemented and attached to the Emergency Disaster Plan (LIC 610).</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Earthquake Preparedness Checklist (LIC 9148) is not displayed. <input type="checkbox"/> b. The Earthquake Preparedness Checklist (LIC 9148) is not displayed in close proximity to the license and other important documents. <input type="checkbox"/> c. The Earthquake Preparedness Checklist (LIC 9148) is not accessible	<b>Regulations</b> California Health and Safety Code Section 1596.867	<b>Guidance</b> The Earthquake Preparedness Checklist (LIC 9148) is found in the entry area on the wall with other licensing documents.			

to staff and parents. <input type="checkbox"/> d. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>6. If a type A deficiency was received in the last 12 months, the deficiency notice is prominently posted for 30 days from the date of receipt.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The type A deficiency notice is not displayed. <input type="checkbox"/> b. The type A deficiency notice is displayed after time required. <input type="checkbox"/> c. The type A deficiency notice is not displayed prominently prior to entering the center. <input type="checkbox"/> d. _____		<b>Regulations</b> Health and Safety Code (HSC) sections 1596.859, 1596.8595, 1596.8895, and 1597.05	<b>Guidance</b> The type A deficiency notice is located prominently prior to entering the center.  During file review, a copy of the type A deficiency notice will be noticeable, corresponding to the notice displayed. Date should be reviewed to assure notice is/ or is not displayed per requirements.
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>7. Doors are free of paper postings.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Doors leading into and out of entry have paper postings. <input type="checkbox"/> b. _____		<b>Regulations</b> CFC 2501.5	<b>Guidance</b> Upon entering the center, doors leading in and out of entry are free of paper postings.
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	

		Met	Partial	Not Met	N/A
8.	Emergency evacuation procedures are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The emergency evacuation procedures are not posted at the exit door leading outside.</p> <p><input type="checkbox"/> b. The emergency evacuation procedures are illegible or in poor visual condition.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.22(a)(3) 22 CCR 101174(a)</p>		<p><b>Guidance</b></p> <p>To locate the emergency evacuation procedures document, the exit door should be located.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.3.A Center Postings)

1.3 – Safe Environments					
1.3.B Office Inspection					
Compliance Requirement		Compliance			
1.	Electrical outlets are covered with approved safety covers when not in use.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Some electrical outlets were uncovered and easily accessible to children.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(x)</p>	<p><b>Guidance</b></p> <p>When performing the office inspection, electrical outlets should be viewed and noted if uncovered.</p>		
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>		
2.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of reach of children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Cabinets are unlocked or chemicals are within reach of children.</p> <p><input type="checkbox"/> b. Supplies are not labeled.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(iii) 22 CCR 101238(g)(1), 101238.4(d)</p>	<p><b>Guidance</b></p> <p>Upon inspection of supplies, cabinets are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.</p>		
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>		
3.	Doors are free of paper postings.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The office door has paper postings.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>CFC 2501.5</p>	<p><b>Guidance</b></p>		



<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			
4.	<b>Trash containers are away from a heat or flame source.</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater. <input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials. <input type="checkbox"/> c. _____		<b>Regulations</b> CFC 315.2 19 CCR 3.19		<b>Guidance</b> When inspecting the office space, observe trash containers location and contents.			
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			
5.	<b>Center temperature is maintained between 68 degrees and 85 degrees (in cases of extreme heat, center temperature cannot exceed 20 degrees less than the outside temperature).</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Temperature of center is outside the boundaries of the required temperatures. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239		<b>Guidance</b> View the temperature on the thermostat or visible indoor thermometer.			
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			

		Met	Partial	Not Met	N/A
6.	Staff are aware of the off-site evacuation location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Staff are not aware of off-site evacuation location.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101174(d)(2)</p>		<p><b>Guidance</b></p> <p>Inspect the community care license emergency preparedness information for off-site evacuation location.</p> <p>Note if the off-site evacuation drill log is completed, part of the fire drill and earthquake drill form.</p> <p>Interview staff regarding their knowledge of the off-site evacuation location.</p> <p>If applicable, observe the off-site evacuation drill.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	The center is smoke, lead, pesticide, water and dirt contaminant free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Center office has indications of smoking, lead, pesticide, water, and/or dirt contamination present.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(8)</p>		<p><b>Guidance</b></p> <p>Inspect for evidence of smoke, lead, pesticide, water, and/or dirt contamination present.</p> <p>Smoke: smell the air, observe environment for cigarette butts or ash.</p> <p>Lead: inspect dishes and utensils for lead warnings, use lead evidence handout, observe lead campaign poster, ensure alternative dishes and utensils are available if evidence of contamination is found.</p> <p>Pesticide: smell the air, look for evidence of dead insects or rodents, and check for</p>	

1.3.B Office Inspection

				posting of pesticide use.  Water: view government warning in center (if applicable); assure center has alternative drinking water if there is evidence of contamination.  Dirt: prior to going to center request soil contamination report from Program Support Services manager if available, inspect grounds for any unusual spills or substances, notify site supervisor, program officer and PSS manager.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>
<b>8. There is an easily identified adult restroom.</b>				<b>Met</b> <input type="checkbox"/>
				<b>Partial</b> <input type="checkbox"/>
				<b>Not Met</b> <input type="checkbox"/>
				<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not have a designated restroom. <input type="checkbox"/> b. _____		<b>Regulations</b>  22 CCR 101239(i) unless the center has a waiver		<b>Guidance</b>  During office inspection, locate the adult designated restroom.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>
<b>9. Type A deficiency notice is in licensing file, if applicable.</b>				<b>Met</b> <input type="checkbox"/>
				<b>Partial</b> <input type="checkbox"/>
				<b>Not Met</b> <input type="checkbox"/>
				<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Type A Deficiency notice is not on file. <input type="checkbox"/> b. _____		<b>Regulations</b>  Health and Safety Code Section 1596.859, 1596.8595, 1596.8895 and 1597.05, requires licensees to post and give to parent/guardian copies of Type A violations.		<b>Guidance</b>  During office inspection, review center licensing file.

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>						
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required								
<b>10.</b>	<b>There is proof on file that the Type A deficiency has been cleared, if applicable.</b>						<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence on file that the Type A deficiency has been cleared. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101193(a)		<b>Guidance</b> Review center licensing file.					
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>						
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required								
<b>11.</b>	<b>There is evidence on file that parents of children enrolled in the last 12 months have received notice of the deficiency, if applicable.</b>						<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Type A deficiency notice is not in any child's file. <input type="checkbox"/> b. The Type A deficiency notice is in some children's files. <input type="checkbox"/> c. The Type A deficiency notice has not been placed in new student's file at time of enrollment. <input type="checkbox"/> d. _____		<b>Regulations</b> Health and Safety Code Section 1596.859, 1596.8595, 1596.8895 and 1597.05, requires licensees to post and give to parent/guardian copies of Type A violations.		<b>Guidance</b> During office inspection, randomly check children's files, including new enrollment and enrollment occurring prior to receipt of notice.					
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>						
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required								

			Met	Partial	Not Met	N/A	
12.	There is evidence that decorative materials such as curtains are treated with flame retardant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence on file that decorative materials were treated with flame retardant. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(ii) CFC 807.4.3.2, 807.1.2 19 CCR 1.09 & 3.08	<b>Guidance</b> During office inspection, office file is reviewed for application of flame retardant on decorative materials.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
13.	Required staff is certified in first aid and CPR with documentation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence of required staff having first aid and CPR certification. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.52(l)(5)(v) 22 CCR 101215.1 HSC, Div. 2, 3.4, Section 1596.798	<b>Guidance</b> Prior to visiting center, request verification of staff certification from Human Resources During office inspection, review employee files for first aid and CPR certification/request from Site Supervisor staff first aid and CPR certification				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
14.	There is evidence of earthquake, off-site evacuations and fire drills performed per established schedule.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Center does not display or perform regularly scheduled drills. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 408.3.1, 408.3.3, 408.3.4	<b>Guidance</b> During office inspection, review drill log for regularly scheduled and dated drills. If visiting the center during a drill, observe				

1.3.B Office Inspection

			and verify according to log.
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>	
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required		
<b>15.</b>	<b>Material Safety Data Sheet (MSDS) book is easily accessible and all staff are aware of the MSDS.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>	<b>Guidance</b>
<input type="checkbox"/> a. MSDS binder is not present. <input type="checkbox"/> b. MSDS binder is broken and missing pages. <input type="checkbox"/> c. Not all staff are aware of the MSDS. <input type="checkbox"/> d. _____		29 CFR 1910.1030	During office inspection, locate MSDS binder and review contents.  Ensure the binder is in good repair and accessible to staff.
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>	
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required		

(End Sub-Section 1.3.B Office Inspection)

1.3.C Kitchen/Food Preparation Area Inspection

1.3 – Safe Environments			
1.3.C Kitchen/Food Preparation Area Inspection			
Compliance Requirement		Compliance	
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Center has hot water registering below or above requirements.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239(e)(1-2)</p>	<p><b>Guidance</b></p> <p>Upon inspection of center, test water temperature of running water where hot water is being used.</p> <p>Test water temperature for unnecessary water faucets in unused bathtubs or sinks, or where hot water may be accessible to children.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Flammable and dangerous supplies are stored in locked cabinets or out of reach of children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Cabinets are unlocked.</p> <p><input type="checkbox"/> b. Supplies are not labeled.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(iii)</p> <p>22 CCR 101227(a)(16), 101238(g)(1), 101238.4(d)</p>	<p><b>Guidance</b></p> <p>Upon inspection of supplies, cabinets are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

1.3.C Kitchen/Food Preparation Area Inspection

			Met	Partial	Not Met	N/A
<b>3.</b>	<b>Garbage containers are covered and contents are disposed of properly.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Garbage containers are uncovered. <input type="checkbox"/> b. Garbage containers are full and beyond capacity. <input type="checkbox"/> c. Garbage container smells and attracts flies. <input type="checkbox"/> d. Garbage containers and surrounding walls or appliances are not clean. <input type="checkbox"/> e. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(xvii) 22 CCR 101239(f)(1) 19 CCR 3.19	<b>Guidance</b> Inspect the kitchen and/or food preparation areas for covered garbage containers and that surrounding walls and appliances are clean.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>4.</b>	<b>Trash containers are away from a heat source.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater. <input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials. <input type="checkbox"/> c. _____	<b>Regulations</b> CFC 315.2 19 CCR 3.19	<b>Guidance</b> When inspecting the kitchen or food preparation area, observe the trash containers and their location.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			



1.3.C Kitchen/Food Preparation Area Inspection

			Met	Partial	Not Met	N/A
<b>5.</b>	<b>The refrigerator and microwave are clean.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Refrigerator has spills. <input type="checkbox"/> b. Refrigerator has external spills and grime. <input type="checkbox"/> c. Microwave has spills. <input type="checkbox"/> d. Microwave has external spills and grime. <input type="checkbox"/> e. Both appliances have spills and grime. <input type="checkbox"/> f. _____	<b>Regulations</b> 45 CFR 1304.23(vii)(e)(1) 7 CFR 226.20(l) 22 CCR 101227(a)(20)	<b>Guidance</b> Inspect refrigerator and microwave by external and internal observation.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>6.</b>	<b>Food warmer and food cart are clean.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food warmer has spills/food left inside. <input type="checkbox"/> b. Food warmer has external spills and grime. <input type="checkbox"/> c. Food cart has spills. <input type="checkbox"/> d. Both food warmer and food cart have spills and grime. <input type="checkbox"/> e. _____	<b>Regulations</b> 45 CFR 1304.23(vii)(e)(1) 7 CFR 226.20 Cal Food Code 11411(d)(5) Local County of Sacramento Food Code (36)	<b>Guidance</b> Inspect food warmer and food cart by external and internal observation.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			

1.3.C Kitchen/Food Preparation Area Inspection

			Met	Partial	Not Met	N/A	
7.	Food preparation area is separate from the eating, restroom, diaper changing, and play areas.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food preparation area is in close proximity to eating, restroom, diaper changing, and/or play areas. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 13043.53(a)(10)(xiv)		<b>Guidance</b> Inspect food preparation area and check for proximity to eating, restroom, diaper changing, and play areas.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
8.	Food preparation area including counters, tabletops and floors are clean/swept.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food preparation area counters are dirty. <input type="checkbox"/> b. Food preparation area tabletop is dirty. <input type="checkbox"/> c. Food preparation area floor is dirty. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1) 22 CCR 101227(a)(18)		<b>Guidance</b> Observe food preparation area for cleanliness and regular cleanup.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			

1.3.C Kitchen/Food Preparation Area Inspection

		Met	Partial	Not Met	N/A
9.	Refrigerators have a thermometer located in the back and registers 40 degrees or less; freezers have a thermometer in the back and registers 0 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Refrigerator thermometer does not register 40 degrees or less. <input type="checkbox"/> b. Freezer thermometer does not register 0 degrees or less. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1) 22 CCR 101227(a)(15) (45 degrees or less)		<b>Guidance</b> Inspect refrigerator and freezer and validate temperature for accuracy. Thermometer should be located in back.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

(End Sub-Section 1.3.C Kitchen/Food Preparation Area Inspection)

1.3 – Safe Environments			
1.3.D Restroom Inspection/Observation			
Compliance Requirement		Compliance	
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Temperature of water does not fall within requirements.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239(e)(1-2)</p>	<p><b>Guidance</b></p> <p>Test running water where hot water is available.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Restrooms are easily accessible to children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children’s restroom entrance is blocked.</p> <p><input type="checkbox"/> b. Children’s restroom is cluttered resulting in difficulties with access.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(e)(4), (h)(1), (i)(1-2)</p>	<p><b>Guidance</b></p> <p>Inspect children’s restrooms for accessibility.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
3.	Restroom is separate from areas of cooking, eating or children’s activities.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children’s restroom is close to cooking area presenting an unsanitary condition.</p> <p><input type="checkbox"/> b. Children’s restroom is close to eating area presenting an unsanitary condition.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xiv)</p>	<p><b>Guidance</b></p> <p>Inspect children’s restrooms in proximity to cooking, eating and children’s activities area.</p>

1.3.D Restroom Inspection/Observation

	<input type="checkbox"/> c. Children’s restroom is close to children’s activities presenting an unsanitary condition. <input type="checkbox"/> d. _____										
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
4.	<b>Items needed for hand washing and toileting are easily accessible to children.</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are unable to access soap dispensing devices. <input type="checkbox"/> b. Children are unable to access paper towel dispensing devices. <input type="checkbox"/> c. Children are unable to safely access toilets or urinals. <input type="checkbox"/> d. _____	<table border="0"> <tr> <th style="text-align: center;">Regulations</th> </tr> <tr> <td>45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(m)</td> </tr> </table>	Regulations	45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(m)	<table border="0"> <tr> <th style="text-align: center;">Guidance</th> </tr> <tr> <td>Inspect children’s restrooms for accessibility to soap and paper towel dispensers, and toilet and urinal placement.</td> </tr> </table>	Guidance	Inspect children’s restrooms for accessibility to soap and paper towel dispensers, and toilet and urinal placement.				
Regulations											
45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(m)											
Guidance											
Inspect children’s restrooms for accessibility to soap and paper towel dispensers, and toilet and urinal placement.											
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
5.	<b>Children’s sinks are at child’s level or accessible by stable safety step.</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children’s restroom sink is too high or low for safe access. <input type="checkbox"/> b. Step or stool for access are unstable or slip on the floor. <input type="checkbox"/> c. _____	<table border="0"> <tr> <th style="text-align: center;">Regulations</th> </tr> <tr> <td>45 CFR 13043.53(a)(10)(xiv) 22 CCR 101239(m)</td> </tr> </table>	Regulations	45 CFR 13043.53(a)(10)(xiv) 22 CCR 101239(m)	<table border="0"> <tr> <th style="text-align: center;">Guidance</th> </tr> <tr> <td>Inspect children’s restrooms for sink accessibility and safe step or stool.</td> </tr> </table>	Guidance	Inspect children’s restrooms for sink accessibility and safe step or stool.				
Regulations											
45 CFR 13043.53(a)(10)(xiv) 22 CCR 101239(m)											
Guidance											
Inspect children’s restrooms for sink accessibility and safe step or stool.											
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

1.3.D Restroom Inspection/Observation

		Met	Partial	Not Met	N/A
6.	In general, the restrooms are clean, free of odor and well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children’s restrooms are dirty, have foul odor and are poorly maintained. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(10)(xiv) 22 CCR 101239(e)(4)		<b>Guidance</b> Inspect children’s restrooms for cleanliness, odor, and maintenance.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

(End Sub-Section 1.3.D Restroom Inspection/Observation)

1.3 – Safe Environments			
1.3.E Classroom Inspection/Observation			
Compliance Requirement		Compliance	
1.	Accurate emergency numbers are posted near the telephone in each classroom.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. One or more classrooms did not have posted emergency telephone numbers by phone.</p> <p><input type="checkbox"/> b. Emergency numbers are not accurate.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>CCL Form 610 states information to be located near telephone</p> <p>HSC 1597.54</p> <p>No evidence of necessity to be in every classroom</p>	<p><b>Guidance</b></p> <p>Verify there are emergency telephone numbers by classroom telephone.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Procedures for poisoning, CPR, choking and dental emergencies are posted in each classroom.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Procedures are not posted in each classroom.</p> <p><input type="checkbox"/> b. Procedures are not up to date.</p> <p><input type="checkbox"/> c. Procedures are not visible to staff.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>No evidence, this is best practice</p>	<p><b>Guidance</b></p> <p>Verify that each classroom is displaying procedures.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

			Met	Partial	Not Met	N/A
<b>3.</b>	<b>First aid manual is located in each classroom and is accessible to staff.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. First aid manuals are not in each classroom. <input type="checkbox"/> b. First aid manuals are not accessible to staff. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(d)(1-2)	<b>Guidance</b> Verify that each classroom has a first aid manual and it is easily accessible to staff.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>4.</b>	<b>An onsite evacuation map is prominently displayed by the door in each classroom.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Onsite evacuation maps are not present in one or more classrooms. <input type="checkbox"/> b. Onsite evacuation maps are not located by exit doors. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(a)(3) 22 CCR 101174	<b>Guidance</b> Verify that each classroom has a current onsite evacuation map posted by an exit door.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>5.</b>	<b>Exits are clearly marked with signage in each classroom.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classrooms exits are not clearly marked with signage. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 16.2.10	<b>Guidance</b> Inspect classroom exits for lighting and/or condition.  Commercial reflective signage. At least one sign is visible at an exit for safe evacuation to outside.			



1.3.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>6. Exits in each classroom are unobstructed and have a 3 foot clearance.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Exits in one or more classrooms have an obstruction preventing safe exiting. <input type="checkbox"/> b. There are objects diminishing the three foot clearance for entry and exit. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.53(a)(10)(vii) 22 CCR 101174(a); 101238(b)(1) CFC 2501.5	
				<b>Guidance</b> Examine exit area for obstruction preventing a safe exit.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>7. Fire extinguishers are mounted, accessible and clearly marked in every classroom.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or more classrooms do not have a mounted fire extinguisher. <input type="checkbox"/> b. One or more classrooms do not have signage indicating the location of a fire extinguisher. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.53(a)(7), 1306.30(c) 5 CCR 14001(f) 8 CCR 6151	
				<b>Guidance</b> Verify that each classroom has a fire extinguisher that are accessible, mounted, and have clear signage indicating location.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

			Met	Partial	Not Met	N/A	
<b>8.</b>	<b>Fire extinguishers are serviced annually from date of last inspection and evidenced by service tag.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, fire extinguisher service tag is missing. <input type="checkbox"/> b. In one or more classrooms, fire extinguisher tag indicates it has been more than a year since service was performed. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.53(a)(7) 5 CCR 14001(f) 8 CCR 6151	<b>Guidance</b> SOP: If fire extinguisher has a broken seal or is expired, immediately contact facilities for replacement.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>9.</b>	<b>There are working smoke detectors in each classroom.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, smoke detectors are not present. <input type="checkbox"/> b. In one or more classrooms, the smoke detectors do not work. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(vi), 1306.35(b)(2)(ii) California Building Code (CBC) Sect. 907.2, 3.2	<b>Guidance</b> Verify that smoke detectors are present in each classroom. Watch for blinking light indicating battery is installed and detector is working.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>10.</b>	<b>There is a working fire alarm or sprinkler system in each classroom.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the fire alarm and/or sprinkler system is not working. <input type="checkbox"/> b. _____	<b>Regulations</b> Health and Safety Code Section 18897.3 CCL 101158	<b>Guidance</b> Review fire alarm and sprinkler inspection log from facilities for timely and passed inspections.				

1.3.E Classroom Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>11.</b>	<b>Electrical outlets are covered with approved safety covers when not in use.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. In one or more classrooms, electrical outlets were uncovered and easily accessible to children. <input type="checkbox"/> b. _____		45 CFR 1304.53(a)(10)(xi) HSC Section 18897.3 CCL 101158		When performing the classroom inspection, electrical outlets should be viewed and noted if uncovered.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>12.</b>	<b>Electrical cords and surge protectors are out of reach of children.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Electrical cords and surge protectors are accessible to children. <input type="checkbox"/> b. _____		HSC Section 18897.3 CCL 101158		When inspecting the classroom, areas around desks, file cabinets, copy machines, fax machines and computers should be inspected for electrical cords and surge protectors.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

			Met	Partial	Not Met	N/A
<b>13. Electrical cords do not obstruct foot traffic or doorways.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, electrical cords obstruct foot traffic and doorways. <input type="checkbox"/> b. _____		<b>Regulations</b> HSC Section 18897.3 CCL 101158	<b>Guidance</b> When inspecting the classroom, areas around desks, file cabinets, copy machines, fax machines and computers should be inspected for electrical cords obstructing foot traffic or doorways.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>14. Windows can be locked from the inside.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the window lock is inoperative. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)	<b>Guidance</b> When inspecting the classroom, verify the window locks is present and operable.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>15. Window screens are in good repair and free of debris, if applicable. (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the window screen is in poor condition. <input type="checkbox"/> b. In one or more classrooms, the window screen has an accumulation of debris. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)	<b>Guidance</b> When inspecting the classroom, verify the window screens are in good condition and free of debris.			

1.3.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>16. Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of the reach of children.</b>		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>			
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Cabinets are unlocked. <input type="checkbox"/> b. Supplies are not labeled. <input type="checkbox"/> c. Children have access to cabinets. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii) 22 CCR 101238(g)(1), 101238.4(d)		<b>Guidance</b> Upon inspection of classrooms, cupboards are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>17. Decorative materials or postings are not blocking exits or emergency equipment.</b>		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>			
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, decorative materials or postings are blocking exits or emergency equipment. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)		<b>Guidance</b> When inspecting a classroom, verify that decorative materials and postings are not blocking or encroaching on exits and emergency equipment is easily accessible such as fire extinguishers and disaster preparedness supplies.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

1.3.E Classroom Inspection/Observation

			Met	Partial	Not Met	N/A
<b>18.</b>	<b>Decorative materials or postings cover 25% or less of wall space.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, decorative materials or postings cover more than 25% of wall space. <input type="checkbox"/> b. _____	<b>Regulations</b> 19 CCR 3.08 CFC 807	<b>Guidance</b> When inspecting a classroom, verify that decorative materials and postings are covering 25% or less of wall space. Classroom dimensions can be found in program support center binders in the manager’s office. Measure wall dimensions if necessary or take a picture to document.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>19.</b>	<b>Classroom decorations are a minimum of three (3) feet away from exits or adjoining walls.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classroom decorations were less than three (3) feet away from exits or adjoining walls. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 1028.2	<b>Guidance</b> When inspecting a classroom, verify that decorative materials are three (3) feet from exits or adjoining walls.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>20.</b>	<b>Doors are free of paper postings.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, paper postings were found on doors. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 2501.5	<b>Guidance</b> When inspecting classrooms, verify doors are free of paper postings.			

1.3.E Classroom Inspection/Observation

<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>21. Garbage containers for disposing food or diapers are covered and contents are disposed of properly.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, garbage containers are uncovered. <input type="checkbox"/> b. In one or more classrooms, garbage containers are full and beyond capacity. <input type="checkbox"/> c. In one or more classrooms, garbage container smells and attracts flies. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xvii) 22 CCR 101239(f)(1) 19 CCR 3.19		<b>Guidance</b> Inspect the classroom food preparation areas or diaper changing area for covered garbage containers and surrounding walls and appliances are clean	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>22. Trash containers are away from a heat or flame source</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater. <input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials. <input type="checkbox"/> c. _____		<b>Regulations</b> CFC 315.2 19 CCR 3.19		<b>Guidance</b> When inspecting the classroom, observe trash containers location and abundance of contents.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	

<b>23. Any items used by classroom pets are kept out of the reach of children.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classroom pet items are not kept out of the reach of children. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101438.1(a)		<b>Guidance</b> Inspect classroom for evidence of classroom pets to insure all items used by pets are out of reach of toddlers.  Pet food should be free of nuts.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>24. In general, the classroom is clean, free of odor and well-maintained.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or more classrooms are unclean. <input type="checkbox"/> b. One or more classrooms have foul odor. <input type="checkbox"/> c. One or more classrooms are poorly maintained. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.53(10)(xiv) 22 CCR 101239(e)(4)		<b>Guidance</b> Inspect classroom for cleanliness and odor, and review work order for evidence of requested maintenance.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>25. Napping mats are spaced three (3) feet apart when in use to allow for easy access to each child, if applicable.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Napping mats and/or cribs are not spaced 3 feet apart when in use. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.22(e)(7) 22 CCR 101239.1(d)		<b>Guidance</b> Observe rest time; verify mats/cribs are spaced at least 3 feet apart when in use.	



1.3.E Classroom Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>26.</b>	<b>Napping mats, if applicable, are stored so that each mat and bedding does not touch the other.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Napping mats are stored so that mats and/or bedding touch each other. <input type="checkbox"/> b. _____		22 CCR 101239.1(c)(2)		Napping mats are inspected and verified that mats do not touch each other.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>27.</b>	<b>Napping mats and bedding are cleaned weekly or when soiled, or when the mat/bedding is to be occupied by another child, if applicable.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. In one or more classrooms, there is no evidence napping linens have been laundered. <input type="checkbox"/> b. Upon inspection, napping linens are soiled or have a foul odor. <input type="checkbox"/> c. _____		22 CCR 101239.1(b)(4), (c)(1)&(3)(4)		Inspect random napping mats and linens for cleanliness and odor.  Interview staff regarding laundering practices/schedule.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>28.</b>	<b>Rugs have a non-slip backing or strips to avoid slipping.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. In one or more classrooms, rugs have missing or deteriorated non-slip		22 CCR 101238(b)(1)		Inspect rugs in classroom for intact non-skid			

1.3.E Classroom Inspection/Observation

	backing. <input type="checkbox"/> b. _____		backing or strips. Test the rug for movement.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
29.	<b>Doors used by children can be easily opened by staff and children.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, doors were difficult to open. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Open doors in classrooms to test for ease of opening and functioning closer. Facilities can adjust door if needed.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
30.	<b>Doors shut closed after entry or exit.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, doors did not open and shut adequately. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Open doors in classrooms to test for ease of opening, closing and functioning closer. Facilities can adjust door if needed.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

			Met	Partial	Not Met	N/A
31.	Doors have rubber gaskets to prevent finger pinching.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, door jambs have deteriorated or no rubber gasket.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238(b)(1)</p>	<p><b>Guidance</b></p> <p>Open doors in classrooms and inspect door jamb for condition of rubber gasket.</p> <p>Note: Each door should have a “smoke seal.”</p>			
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>			
32.	Heating/Cooling systems are out of reach of children.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, heating and/or cooling system registers or radiator are easily accessible to children.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238(b)(1)</p>	<p><b>Guidance</b></p> <p>Inspect the classroom for location of heating/cooling registers or radiators.</p>			
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>			
33.	Classrooms are free of portable heating/cooling devices including fans.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Classroom staff use a portable heating/cooling device.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238(b)(1)</p>	<p><b>Guidance</b></p> <p>Inspect the classroom for portable heating/cooling devices.</p>			

1.3.E Classroom Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>34.</b>	<b>Drawers are closed to prevent tripping hazards</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, drawers were found open presenting a tripping hazard. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(b)(1)		<b>Guidance</b> Inspect the classroom cabinets and counters for open drawers.		
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>35.</b>	<b>Pull cords for blinds are out of reach of children and free of knots.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, pull cords for blinds were accessible to children. <input type="checkbox"/> b. In one or more classrooms, pull cords were knotted and presented a choking hazard. <input type="checkbox"/> c. _____		<b>Regulations</b> 22 CCR 101238(b)(1)		<b>Guidance</b> Inspect the classroom blinds for condition of pull cords.		
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

			Met	Partial	Not Met	N/A
<b>36.</b>	<b>Step stools are safe and stable.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, step stools are un-sturdy or in poor repair. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101239.2(a)(2)	<b>Guidance</b> Inspect step stools or step devices for sturdiness and condition.			
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>37.</b>	<b>Children have access to drinking water.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, there is no drinking water available. <input type="checkbox"/> b. In one or more classrooms, there was no access to cups for drinking (if applicable). <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101239.2(a)(1)	<b>Guidance</b> Inspect classroom for adequate drinking water supply and for cups if applicable.			
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>38.</b>	<b>First Aid kits are in every classroom, out of reach of children but accessible to staff.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the first aid kit was missing. <input type="checkbox"/> b. In one or more classrooms, the first aid kit was not accessible to staff. <input type="checkbox"/> c. In one or more classrooms, the first aid kit was in a location accessible to children.	<b>Regulations</b> 45 CFR 1304.22(f)(1) 29 CFR 1910.151(b) 22 CCR 101226(d)	<b>Guidance</b> Inspect the classroom for location of first aid kit and staff accessibility, out of reach of children.			

1.3.E Classroom Inspection/Observation

<input type="checkbox"/> d. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>39. First Aid supplies are in a closed secure container.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the first aid kit has a broken latch and was not secure. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101226(d) 45 CFR 1304.22(f)(1) Does not state locked, but must be inaccessible	<b>Guidance</b> Locate the first aid kit and ensure that the kit is latched and secured.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>40. First aid kit is well stocked with fresh supplies.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the first aid kit is missing items and there is no evidence of request for supplies. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101226(d) 45 CFR 1304.22(f)(1)	<b>Guidance</b> Locate the first aid kit and verify supplies with list included in kit.  Interview site supervisor for evidence new supplies have been requested to replenish the kit.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	

<b>41. Children’s belongings are stored separately from other children’s belongings.</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the children’s belongings were not separated. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238.4(a)	<b>Guidance</b> Inspect classroom for storage of children’s belongings.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>		
<b>42. Staff purses and backpacks are stored out of reach of children.</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the staff purses and backpacks were not stored properly and were accessible to children. <input type="checkbox"/> b. _____		<b>Regulations</b>	<b>Guidance</b> Inspect classroom for placement of staff purses and backpacks.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>		
<b>43. Staff who work with children wear closed toed shoes on a daily basis. (SOP only)</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all staff working with children wear closed toed shoes. <input type="checkbox"/> b. _____		<b>Regulations</b> SETA Head Start Personnel Policies and Procedures: Section 11.15 Head Start/Early Head Start Uniform Policy	<b>Guidance</b> Check that staff working directly with children wear closed toe shoes.			

1.3.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>44. Toys are safe, do not contain sharp points, edges or splinters, and small parts cannot be pulled off and swallowed.</b>		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>			
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toys are not age-appropriate. <input type="checkbox"/> b. Toys are not appropriate for play (dirty; sharp points, edges, or splinters). <input type="checkbox"/> c. Small toys/parts could present a choking hazard. <input type="checkbox"/> d. _____		<b>Regulations</b> 22 CCR 101439(l)		<b>Guidance</b> Randomly inspect toys for cleanliness, safety condition and age-appropriateness.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>45. There is a designated area for contaminated toys and toys are cleaned on a regular basis.</b>		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>			
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no designated area for contaminated toys. <input type="checkbox"/> b. Toys appear dirty and not appropriate for play. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.53(b)(2) 22 CCR 101438(1)(d) & (3)(e)		<b>Guidance</b> Randomly inspect children toys for cleanliness. Locate designated area in classroom for contaminated toys. Interview staff for procedure.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	



			Met	Partial	Not Met	N/A	
46.	Indoor climbing equipment is over approved mats that extend six (6) feet from structure.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, indoor climbing equipment is not on approved mats. <input type="checkbox"/> b. Mats under indoor climbing equipment do not extend at least six feet. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.53(b)(1)(vi) 22 CCR 101238.2(e)(1) & (e)(2) (outdoor)		<b>Guidance</b> Inspect indoor climbing equipment for sturdiness and mats for required floor coverage.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
47.	Indoor climbing equipment is a maximum height for the children’s ages (3 ft./3 years).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, indoor climbing equipment does not meet requirements of 1 foot per 1 year in age. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(b)(1)(vi)		<b>Guidance</b> Inspect indoor climbing equipment and measure for requirements.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			

(End Sub-Section 1.3.E Classroom Inspection/Observation)

1.3.F Playground Inspection/Observation

1.3 – Safe Environments			
1.3.F Playground Inspection/Observation			
Compliance Requirement		Compliance	
1.	Children have access to drinking water.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Water fountain or water spigot on container is inoperative.</p> <p><input type="checkbox"/> b. Drinking water container is empty.</p> <p><input type="checkbox"/> c. There are no cups available for drinking.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239.2(a)(1)</p>	<p><b>Guidance</b></p> <p>Inspect playground for availability of drinking water.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Outdoor areas are maintained and safe, free of trash, broken equipment and standing water.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Playground has uneven surfaces creating potential tripping hazards.</p> <p><input type="checkbox"/> b. Playground swings and/or slides are not maintained.</p> <p><input type="checkbox"/> c. Ride-on equipment was in poor repair.</p> <p><input type="checkbox"/> d. Trash is present in various locations on the playground.</p> <p><input type="checkbox"/> e. Outdoor area contains standing water.</p> <p><input type="checkbox"/> f. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(7), (10)(x) &amp; (viii)</p> <p>22 CCR 101238(a)</p>	<p><b>Guidance</b></p> <p>Inspect the playground equipment, ride-on equipment, and presence of trash.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

1.3.F Playground Inspection/Observation

			Met	Partial	Not Met	N/A
<b>3.</b>	<b>Outdoor areas are free of animal excrement and poisonous plants or berries.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Animal excrement is present in children’s play area. <input type="checkbox"/> b. Poisonous plants and berries are easily accessible to children when on the playground. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238(f)	<b>Guidance</b> Review poisonous plant handout while inspecting the playground.  Inspect children’s play areas, such as sandbox, for animal excrement.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>4.</b>	<b>Sandbox and sensory tables are clean and covered when not in use.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Sandbox is not clean and covered when not in use. <input type="checkbox"/> b. Sensory table is not clean and covered when not in use. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238.2(f)	<b>Guidance</b> Inspect sandbox and/or sensory tables for cleanliness and cover when not in use.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>5.</b>	<b>Wading pools are inaccessible to children without supervision and emptied after each use.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Wading pool(s) are accessible to children without supervision. <input type="checkbox"/> b. Wading pool(s) are not emptied after each use. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238(e) (inaccessibility when not in use)  22 CCR 101238.5(a)(1) (emptied after each use)	<b>Guidance</b> Inspect playground for any wading pools.			

1.3.F Playground Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>6. Outdoor area has some protection from the elements and is in good repair.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Outdoor area has no protection from the elements. <input type="checkbox"/> b. Materials and/or structures used to provide protection from the elements is in poor condition <input type="checkbox"/> c. _____				<b>Regulations</b> 22 CCR 101238.2(b)(1)	
<b>Guidance</b> Inspect outdoor area for protection from the elements. Inspect materials and/or structures used to provide protection from the elements for condition.					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>7. Exposed concrete and hard anchoring materials are covered.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Regularly survey the playground for unsafe conditions of concrete and anchoring materials. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(c) & (d)		<b>Guidance</b> Inspect playground for concrete protrusions and exposed anchoring materials that may cause tripping.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>8. Tree branches are trimmed and do not intrude on play area (7 foot clearance).</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Tree branches intrude on playground and pose safety hazard.		<b>Regulations</b> SOP Best Practice.		<b>Guidance</b> Inspect playground for tree branches and	

1.3.F Playground Inspection/Observation

	<input type="checkbox"/> b. Overgrown vegetation intrudes on playground. <input type="checkbox"/> c. No evidence of request for maintenance. <input type="checkbox"/> d. _____		overgrown vegetation. Review facilities request for maintenance.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
<b>9. Bike and trike paths are separate from other equipment.</b>			<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Bike and trike paths are close to or pass through playground equipment. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101238.2(c)	<b>Guidance</b> Inspect location of bike and trike paths and proximity to playground equipment.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
<b>10. The playground slide has an enclosed top for children to rest and get into position.</b>			<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The playground slide does not have an enclosed area for the child to rest and get into position. <input type="checkbox"/> b. _____	<b>Regulations</b> <i>Public Playground Safety Handbook</i>	<b>Guidance</b> Inspect the playground slide for enclosure.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

1.3.F Playground Inspection/Observation

<b>11. Slides have a flat surface at the bottom to slow children down.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The slide drops off abruptly at the bottom posing a safety hazard. <input type="checkbox"/> b. _____		<b>Regulations</b> <i>Public Playground Safety Handbook</i>		<b>Guidance</b> Inspect the playground slide for safety when reaching the bottom.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>12. Bottom of slide is 11 inches or lower to the ground.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The distance from the bottom of the slide to the ground is more than 11 inches. <input type="checkbox"/> b. _____		<b>Regulations</b> <i>Public Playground Safety Handbook</i>		<b>Guidance</b> Using the measuring tape, ensure the distance from the bottom of the slide to the ground is 11 inches or less.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>13. Play area is free of tripping hazards (i.e., roots, holes, etc.).</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The playground contains one or more tripping hazards. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(c), (d)		<b>Guidance</b> Inspect the playground for tripping hazards.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	

1.3.F Playground Inspection/Observation

		Met	Partial	Not Met	N/A
14.	<b>The playground layout minimizes possible injury to children.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There are tripping or slipping hazards from sand or shock absorbing materials.</p> <p><input type="checkbox"/> b. Seasonal activities or equipment (i.e. water table) block the flow of the playground.</p> <p><input type="checkbox"/> c. Use of equipment infringes on other activities.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238.2(c)</p>		<p><b>Guidance</b></p> <p>Upon inspection of the playground, verify the layout of equipment, bike path and activity areas can be used freely without obstruction.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
15.	<b>The classroom and playground (of sites with a non-ambulatory license) are accessible to staff, parents and children with disabilities (i.e., ramps in good repair, furnishings not blocking pathways, etc.). (N/A permitted)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The playground contains various obstacles prohibiting access of children with disabilities such as a wheelchair or equipment used for walking.</p> <p><input type="checkbox"/> b. There is no evidence of request for ADA upgrades to the playground.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(7), (10)</p>		<p><b>Guidance</b></p> <p>Review ADA compliance.</p> <p>Inspect playground for accessibility for children with disabilities</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
16.	<b>The playground equipment is over nine (9) inches of shock-absorbing material, if applicable.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The shock absorbing material under playground equipment is less</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(x)</p>		<p><b>Guidance</b></p> <p>Inspect and measure shock absorbing</p>	

1.3.F Playground Inspection/Observation

	than nine inches. <input type="checkbox"/> b. _____	22 CCR 101238.2(e)	materials under playground equipment. Review information regarding solid shock absorbing material for meeting requirements under playground equipment.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>17.</b>	<b>Shock absorbing material extends at least six (6) feet clearance space from playground equipment.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The shock absorbing materials extends less than six feet clearance space from playground equipment. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(x) <i>Public Playground Safety Handbook</i>	<b>Guidance</b> Measure the distance from the playground equipment to the perimeter of shock absorbing materials.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>18.</b>	<b>Shock absorbing material extends at least six (6) feet from walkways, buildings and other structures.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The shock absorbing materials extends less than six (6) feet space from walkways, buildings and other structures. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(x) <i>Public Playground Safety Handbook</i>	<b>Guidance</b> Measure the distance from walkways buildings and other structures to the perimeter of shock absorbing materials.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>



1.3.F Playground Inspection/Observation

			Met	Partial	Not Met	N/A	
19.	The outdoor area is enclosed with a fence or natural barrier that allows for observation of children.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The outdoor area fence or natural barrier is in poor repair obstructing the ability to observe children.</p> <p><input type="checkbox"/> b. There is no evidence of request to repair fence or natural barrier.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238.2(g) 45 CFR 1304.53(a)(9)</p>	<p><b>Guidance</b></p> <p>Inspect outdoor area fence or natural barrier to ensure it is in good repair.</p> <p>Review Facilities repair orders for repair request.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>				
20.	Outdoor fences/barriers have at least two (2) working exits.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. One or both exits in outdoor fencing/barriers are in poor repair.</p> <p><input type="checkbox"/> b. Location of key to unlock exits is not general knowledge to staff and/or easily accessible.</p> <p><input type="checkbox"/> c. There is no evidence of facility request for repair.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p><i>Head Start Center Design Guide, 6.7.1</i></p>	<p><b>Guidance</b></p> <p>Inspect outdoor exits. At least one exit in fence; second exit can be into center. Exits must be unlocked.</p> <p>Interview staff for location of keys.</p> <p>Locate keys and use to ensure locks can be opened without difficulty allowing for exit if necessary.</p> <p>Review Facilities repair orders for repair request.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>				

1.3.F Playground Inspection/Observation

			Met	Partial	Not Met	N/A	
21.	Playgrounds have self-closing gates with self-latching mechanisms that can be opened by children.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or more closers on gates are in poor repair and allow for children to exit at will. <input type="checkbox"/> b. There is no evidence of facility request for repair. <input type="checkbox"/> c. _____		<b>Regulations</b> <i>Head Start Center Design Guide, 6.7.1</i> 22 CCR 101238(e)(1)		<b>Guidance</b> Inspect outdoor gate mechanisms. Review facilities repair order for repair request.			
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			
22.	Openings in outdoor playground equipment, fences or handrails are less than 3.5 inches or greater than nine (9) inches wide.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Openings in outdoor playground equipment, fences or handrails are greater than 3.4 inches and less than nine inches posing safety concerns for entrapment or strangulation. <input type="checkbox"/> b. There is no facilities request for repair. <input type="checkbox"/> c. _____		<b>Regulations</b> <i>Head Start Center Design Guide, 6.7.1</i>		<b>Guidance</b> Inspect outdoor playground equipment, fences, and/or handrails for safety and measurement compliance. Measure distance between openings. Review facilities order for repair request.			
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			

(End Sub-Section 1.3.F Playground Inspection/Observation)

1.3 – Safe Environments			
1.3.G Disaster Preparedness			
Compliance Requirement		Compliance	
1.	Staff know the primary off-site evacuation location and procedure.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The emergency preparedness plan located on the CCL is not up-to-date.</p> <p><input type="checkbox"/> b. Random interviewing of staff reveals that staff is not aware of location or procedure.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101174(b)(2)(D) 45 CFR 13063.6(c)</p>	<p><b>Guidance</b></p> <p>Review the CCL emergency preparedness posting.</p> <p>Locate the emergency preparedness binder.</p> <p>Randomly interview staff for knowledge of off-site location and procedure.</p> <p>Review drill log for off-site evacuation drill.</p>
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	A one-day supply of emergency food and water for staff and children is accessible and stored securely.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Emergency storage containers are in locked cabinets, off-site or determined not easily accessible.</p> <p><input type="checkbox"/> b. Emergency storage containers are unsealed and have noticeable damage.</p> <p><input type="checkbox"/> c. Emergency storage containers are hidden by clothing or materials obstructing visibility and access.</p> <p><input type="checkbox"/> d. No evidence of request from Facilities or Program Support Services for repair or replenishment.</p> <p><input type="checkbox"/> e. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(3)</p>	<p><b>Guidance</b></p> <p>Locate emergency storage containers and inspect seal for damage and that it is dated within one year.</p> <p>Inspect facilities request for repair log.</p>

1.3.G Disaster Preparedness

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>3. Emergency backpacks are well stocked, secured and accessible in each classroom.</b>				<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Emergency backpacks are in locked cabinets, off-site or determined not easily accessible. <input type="checkbox"/> b. Emergency backpacks are unsealed and have noticeable damage. <input type="checkbox"/> c. Emergency backpacks are hidden by clothing or materials obstructing visibility and access. <input type="checkbox"/> d. No evidence of request from Facilities or Program Support Services for repair or replenishment. <input type="checkbox"/> a. _____		45 CFR 1304.53(a)(3)		Locate emergency backpacks and inspect seal for damage. Inspect facilities request log for repair.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>4. Emergency cards are readily accessible for evacuation.</b>				<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Emergency cards are not accessible for evacuation. <input type="checkbox"/> b. Emergency cards are not up-to-date. <input type="checkbox"/> c. _____		22 CCR 101221(a)(7) Seta HS Policies and Procedures- <i>Disaster Preparedness</i>		Inspect classroom for location of emergency cards to be used in case of an evacuation. Review current class roster and compare names with emergency cards to validate accuracy.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

		Met	Partial	Not Met	N/A
5.	There is emergency lighting available in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, emergency lighting was not found.</p> <p><input type="checkbox"/> b. In one or more classrooms, flashlight was inoperable.</p> <p><input type="checkbox"/> c. No evidence of request for battery replacement or lighting replacement.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(ix) California Building Code §1003.2.9.2</p>		<p><b>Guidance</b></p> <p>Locate flashlight and operate to determine if batteries are functioning.</p> <p>Inspect facilities request log for replacement or repair.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
6.	A Storm Station is accessible, plugged in and in working order. (SOP only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Storm Station could not be found.</p> <p><input type="checkbox"/> b. Storm Station was unplugged.</p> <p><input type="checkbox"/> c. Storm Station was inaccessible in case of an emergency.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>SOP Head Start</p>		<p><b>Guidance</b></p> <p>Locate Storm Station and determine if it is easily accessible.</p> <p>Verify the Storm Station is plugged in.</p> <p>Verify if the Storm Station is operational.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

		Met	Partial	Not Met	N/A
7.	<b>Cabinets and bookcases are free of potential falling objects in the case of an earthquake or explosion.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, office, kitchen area or entry there was evidence of potential falling objects from tops of bookcases, cabinets and other tall furniture. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)		<b>Guidance</b> Inspect center for potential falling hazards from high places in case of an earthquake. Ensure there is an up-to-date earthquake plan attached to the CCL posting. Locate the Seta Disaster Preparedness binder.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

(End Sub-Section 1.3.G Disaster Preparedness)

Performance Rating – Health Nutrition and Safe Environments (Preschool)

1.1 - HEALTH

1.1.A Child's Health Status/ Screenings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
Total				

1.1.B Health Care Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Total				

1.1.C Health Procedures				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
Total				

1.1.D Hygiene (Hand Washing and Tooth Brushing)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.2 - NUTRITION

1.2.A Nutrition Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.2.B Menus and Meal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
Total				

1.2.C Special Diets				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

M = Met    P = Partial    NM = Not Met    N/A = Not Applicable

**1.3 - SAFE ENVIROMENTS**

1.3.A Center Postings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

1.3.C Kitchen/Food Preparation Area Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

1.3.E Classroom Inspection/Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				

30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
Total				

1.3.F Playground Inspection/Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
Total				

1.3.G Disaster Preparedness				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

1.3.B Office Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				

1.3.D Restroom Insection/Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

M = Met      P = Partial      NM = Not Met      N/A = Not Applicable



EARLY HEAD START

1.4 – Health					
1.4.A Child's Health Status/Screenings					
Compliance Requirement		Compliance			
1.	A completed emergency card is in each child's file.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>Partial</b> or <b>Not Met</b> , List Finding(s): <input type="checkbox"/> a. There is no copy of a completed emergency card in the file. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.22(a)(2) 22 CCR 101221(a),(b)(5), (7), (8)(A-C)	<b>Guidance</b> Review child's file.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
2.	There is evidence that staff talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all procedures they will receive while enrolled in the program.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>Partial</b> or <b>Not Met</b> , List Finding(s): <input type="checkbox"/> a. Staff have not talked with parents about familiarizing their children in advance about procedures they will receive while in the program. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.20(e)(3)	<b>Guidance</b> Interview parents; review child's file.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
3.	There is a completed (signed and dated) consent form on file indicating parent understanding of the rationale and consent given for required screenings.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
If <b>Partial</b> or <b>Not Met</b> , List Finding(s):		<b>Regulations</b> 45 CFR 1304.20(e)(2)	<b>Guidance</b> Review child's file.		

1.4.A Child’s Health Status/Screenings

	<input type="checkbox"/> a. There is no consent form on file. <input type="checkbox"/> b. There is a consent form on file, but it is not signed and/or dated. <input type="checkbox"/> c. _____										
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
4.	<b>The program maintains written documentation when a parent or other legally responsible adult refuses to give authorization for health services.</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If <span style="color: red;">Partial</span> or <span style="color: red;">Not Met</span>, List Finding(s):</b> <input type="checkbox"/> a. There is no written documentation when a parent refuses to give authorization for services. <input type="checkbox"/> b. _____	<table border="0"> <tr> <td style="text-align: center;"><b>Regulations</b></td> </tr> <tr> <td style="text-align: center;">45 CFR 1304.20(e)(5)</td> </tr> </table>	<b>Regulations</b>	45 CFR 1304.20(e)(5)	<table border="0"> <tr> <td style="text-align: center;"><b>Guidance</b></td> </tr> <tr> <td style="text-align: center;">Review child’s file.</td> </tr> </table>	<b>Guidance</b>	Review child’s file.				
<b>Regulations</b>											
45 CFR 1304.20(e)(5)											
<b>Guidance</b>											
Review child’s file.											
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
5.	<b>Hearing observations are completed on all 1<sup>st</sup> year children within 45 days of entry date.* (N/A permitted)</b>		<table border="0"> <tr> <td style="text-align: center;"><b>Met</b></td> <td style="text-align: center;"><b>Partial</b></td> <td style="text-align: center;"><b>Not Met</b></td> <td style="text-align: center;"><b>N/A</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If <span style="color: red;">Partial</span> or <span style="color: red;">Not Met</span>, List Finding(s):</b> <input type="checkbox"/> a. Not all 1 <sup>st</sup> year children have a completed hearing observation. <input type="checkbox"/> b. All 1 <sup>st</sup> year children received a hearing observation, but not all were within 45 days. <input type="checkbox"/> c. _____	<table border="0"> <tr> <td style="text-align: center;"><b>Regulations</b></td> </tr> <tr> <td style="text-align: center;">45 CFR 1304.20(b)(1)</td> </tr> </table>	<b>Regulations</b>	45 CFR 1304.20(b)(1)	<table border="0"> <tr> <td style="text-align: center;"><b>Guidance</b></td> </tr> <tr> <td style="text-align: center;">View ChildPlus reports; review child’s file.</td> </tr> <tr> <td style="text-align: center;">* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.</td> </tr> </table>	<b>Guidance</b>	View ChildPlus reports; review child’s file.	* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.			
<b>Regulations</b>											
45 CFR 1304.20(b)(1)											
<b>Guidance</b>											
View ChildPlus reports; review child’s file.											
* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.											
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

1.4.A Child's Health Status/Screenings

<b>6. All subsequent hearing observations are on-going and current.* (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all children receive subsequent hearing observations.</p> <p><input type="checkbox"/> b. Children received subsequent hearing observations, but not all were within the required time period.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p> <p>SETA Head Start Policy and Procedures – <i>Early Head Start Health Screens</i></p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.</p> <p>SOP: Refer to hearing observation form for timeframes.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>7. Vision observations are completed on all 1<sup>st</sup> year children within 45 days of entry date.* (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all 1<sup>st</sup> year children have a completed vision observation.</p> <p><input type="checkbox"/> b. All 1<sup>st</sup> year children received a vision observation, but not all were within 45 days.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

1.4.A Child’s Health Status/Screenings

		Met	Partial	Not Met	N/A
<b>8.</b>	<b>All subsequent vision observations are on-going and current.* (N/A permitted)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all children receive subsequent vision observations.</p> <p><input type="checkbox"/> b. Children received subsequent vision observations, but not all were within the required time period.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(b)(1)</p> <p>SETA Head Start Policy and Procedures – <i>Early Head Start Health Screens</i></p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child’s file.</p> <p>* Unless valid documentation as to why not. Valid documentation may include a child who has a valid reason for not being available to screen such as documented excused absence, impairment on IFSP, etc.</p> <p>SOP: Refer to vision observation form for timeframes</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>9.</b>	<b>All heights, weights and head circumferences are completed within 45 days of entry date and graphed within two weeks of measurement date.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all heights, weights and head circumferences are completed.</p> <p><input type="checkbox"/> b. All heights, weights and head circumferences are completed but not all were within 45 days.</p> <p><input type="checkbox"/> c. Not all heights, weights and head circumferences are graphed.</p> <p><input type="checkbox"/> d. Not all heights, weights and head circumferences are graphed within 2 weeks.</p> <p><input type="checkbox"/> e. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p> <p>SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i></p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child’s file.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

1.4.A Child's Health Status/Screenings

10.	All subsequent heights, weights and head circumferences are completed at each well baby check and are graphed within two weeks after the measurements were taken. (N/A permitted)	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all subsequent heights, weights and head circumferences are completed.</p> <p><input type="checkbox"/> b. Subsequent heights, weights and head circumferences completed, but not all at each well baby check.</p> <p><input type="checkbox"/> c. Not all subsequent heights, weights and head circumferences are graphed.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p> <p>SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i></p>		<p><b>Guidance</b></p> <p>View ChildPlus reports, review child's file</p> <p>* Unless valid documentation as to why not.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
11.	There is evidence that all parents are informed of screening results and receive a copy of the Body Mass Index (BMI) percentile graph within two weeks after measurements are taken.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence that all parents are informed of screen results.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(e)(1); 1304.20(e)(2)</p> <p>SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i></p>		<p><b>Guidance</b></p> <p>Interview parents; review child's file.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
12.	All immunizations are up-to-date or complete according to the EPSDT guidelines and all documentation is accurate and kept. (Up-to-date immunizations are not a condition for exclusion in home-based)	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all immunizations are up-to-date or complete.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p>	

1.4.A Child's Health Status/Screenings

<input type="checkbox"/> b. All documentation is not kept. <input type="checkbox"/> c. _____		SOP documentation: 1. EZIZ Record Printout indicating eligibility. 2. California School Immunization Record ("Blue Card", PM 286) for non-school age children (completed and signed) 3. Copy of Immunization Record Home-based: Only "Blue Card" required (completed and signed)	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>13. All children have a TB risk assessment completed at enrollment. (Within 45 days for home-based)</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all children have a completed TB Risk Assessment. <input type="checkbox"/> b. All children have a completed TB Risk Assessment, but not all at enrollment. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)	<b>Guidance</b> Review child's file.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>14. All 2<sup>nd</sup> year TB risk assessments are completed within 1 year from first risk assessment.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 2 <sup>nd</sup> year TB Risk Assessments are completed. <input type="checkbox"/> b. 2 <sup>nd</sup> year TB Risk Assessments are completed, but not all within 1 year of 1 <sup>st</sup> . <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)	<b>Guidance</b> View ChildPlus reports; review child's file.  Delegates - within one year of last risk assessment or within 45 days of second entry date.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			

1.4.A Child's Health Status/Screenings

			Locate 2 <sup>nd</sup> year signature and date on TB Risk Assessment.								
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>									
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required										
<b>15.</b>	<b>All children have a lead risk assessment completed at enrollment. (Within 45 days for home-based)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all children have a completed Lead Risk Assessment. <input type="checkbox"/> b. All children have a completed Lead Risk Assessment, but not all at enrollment. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.20(d)	<b>Guidance</b> View ChildPlus reports; review child's file.									
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>									
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required										
<b>16.</b>	<b>All 2<sup>nd</sup> year lead risk assessments are completed within 1 year from the first risk assessment.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 2 <sup>nd</sup> year Lead Risk Assessments are completed. <input type="checkbox"/> b. 2 <sup>nd</sup> year Lead Risk Assessments are completed, but not all within 1 year of 1 <sup>st</sup> . <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.20(d)	<b>Guidance</b> View ChildPlus reports; review child's file.  Delegates - within one year of last risk assessment or within 45 days of second entry date.  Locate 2 <sup>nd</sup> year signature and date on Lead Risk Assessment.									
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>									
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required										

1.4.A Child's Health Status/Screenings

17. All required well baby checks are on file within 30 days of entry date (90 days for home-based).		Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all well baby checks are on file.</p> <p><input type="checkbox"/> b. Well baby checks are on file, but not all within 30 days.</p> <p><input type="checkbox"/> c. Not all well baby checks are complete.</p> <p><input type="checkbox"/> d. Some well baby checks are expired.</p> <p><input type="checkbox"/> e. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
18. All children have up-to-date well baby checks on file.* (N/A permitted)		Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all well baby checks are up-to-date and on file.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(ii)</p>		<p><b>Guidance</b></p> <p>View ChildPlus reports; review child's file.</p> <p>*Unless valid documentation as to why not.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	



1.4.A Child's Health Status/Screenings

			Met	Partial	Not Met	N/A
19.	All children have a blood lead level result recorded within 90 days of entry date and a 2nd blood lead level result recorded, if required (completed at 10-12 months and 24 months). * (N/A permitted)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all blood lead level results are on file and there is no valid documentation as to why not. <input type="checkbox"/> b. Blood lead level results are on file, but not all are within 90 days. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.20(d)	<b>Guidance</b> View ChildPlus reports; review child's file.  2 <sup>nd</sup> blood lead level result is dependent on child's age at entry.  * Unless valid documentation as to why not.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
20.	All hemoglobin/hematocrit results are recorded within 90 days of entry date (completed at 9 months, 12 months and 24 months). * (N/A permitted)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all hgb/hct results are on file and there is no valid documentation as to why not. <input type="checkbox"/> b. All hgb/hct results are on file, but not all are within 90 days. <input type="checkbox"/> c. Some hgb/hct results are expired. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.23(a)(1)	<b>Guidance</b> View ChildPlus reports; review child's file.  * Unless valid documentation as to why not.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			

1.4.A Child’s Health Status/Screenings

			Met	Partial	Not Met	N/A	
21.	All subsequent hemoglobin/hematocrit results are recorded within required time frame of periodicity table (9 months, 12 months and 24 months). * (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all subsequent hgb/hct results are on file and there is no valid documentation as to why not.</p> <p><input type="checkbox"/> b. Subsequent hgb/hct results are on file, but not all are within required time frame of periodicity table.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)</p>	<p><b>Guidance</b></p> <p>View ChildPlus reports; review child’s file.</p> <p>Unless valid documentation as to why not.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				
22.	All children are connected to a medical home.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all children have a medical home identified in the file.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)</p>	<p><b>Guidance</b></p> <p>View ChildPlus reports; review child’s file.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				
23.	All children are connected to a dental home.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all children have a dental home identified in the file.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)</p>	<p><b>Guidance</b></p> <p>View ChildPlus reports; review child’s file.</p>				

1.4.A Child’s Health Status/Screenings

	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>24.</b>	<b>All health histories are completed up to developmentally appropriate age at enrollment. (Within 45 days for home-based)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all health histories are on file. <input type="checkbox"/> b. Health histories are completed, but not all at enrollment. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.20(a)(1)(i), 1304.22(b)(3)	<b>Guidance</b> View ChildPlus reports; review child’s file.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>25.</b>	<b>All 2<sup>nd</sup> year health histories are reviewed and signed by staff and parents.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all 2 <sup>nd</sup> year health histories are reviewed and signed by staff and parent. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.22(b)(3)	<b>Guidance</b> Review child’s file. Delegates may complete a new health history for 2 <sup>nd</sup> year children.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>

1.4.A Child's Health Status/Screenings

		Met	Partial	Not Met	N/A			
26.	All parent volunteer TB results are completed and current. <i>(Required for all parents in home-based) *</i>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all parents/volunteers have a current TB on file. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.52(k)(2)		<b>Guidance</b> Review child's file. Ask about volunteer list; check HS Volunteer Activity Sheet.  Parent Volunteers = 16+ hours per week  *Pregnant mothers can be excluded from this requirement.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

(End Sub-Section 1.4.A Child's Health Status/Screenings)

1.4.B Health Care Tracking and Follow-Up

1.4 - Health			
1.4.B Health Care Tracking and Follow-Up			
Compliance Requirement		Compliance	
1.	Exclusion notices for missing initial well baby checks are sent 31 days after entry date or there is a documented verified appointment. <i>(Center-based only)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all exclusion notices are sent 31 days after entry date for missing initial well baby checks.</p> <p><input type="checkbox"/> b. Exclusion notices are sent, but not all are sent 31 days after entry date.</p> <p><input type="checkbox"/> c. Not all copies of exclusion notices are sent to Health Nutrition Specialist (SOP).</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(i-ii)</p>	<p><b>Guidance</b></p> <p>Review child's file; interview health nutrition specialist.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Follow-up is documented on all children missing subsequent well baby checks.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No follow up documented on missing well baby checks.</p> <p><input type="checkbox"/> b. Follow up on missing well baby checks is infrequent.</p> <p><input type="checkbox"/> c. Follow up on missing well baby checks is not thorough.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

1.4.B Health Care Tracking and Follow-Up

		Met	Partial	Not Met	N/A
3.	Follow-up is documented on all children missing blood lead level results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No follow-up is documented on missing blood lead level results.</p> <p><input type="checkbox"/> b. Follow-up on missing blood lead level results is infrequent.</p> <p><input type="checkbox"/> c. Follow-up on missing blood lead level results is not thorough.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
4.	Follow-up is documented on all children missing a 90 day hemoglobin/hematocrit (hgb/hct) result. * (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No follow-up documented on missing hgb/hct.</p> <p><input type="checkbox"/> b. Follow-up on missing hgb/hct is infrequent.</p> <p><input type="checkbox"/> c. Follow-up on missing hgb/hct is not thorough.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
5.	A referral for follow-up services is completed for all children whose TB risk assessment indicates follow-up is needed. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Follow-up is not documented on children whose TB risk assessment indicates follow-up is needed.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(iii)</p>		<p><b>Guidance</b></p> <p>Review child's file; interview health/nutrition specialist.</p>	

1.4.B Health Care Tracking and Follow-Up

<input type="checkbox"/> b. _____				*Unless valid documentation as to why not. If child has current, passing TB result, there is no need to refer. It can be written on the TB risk assessment.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>7. All data is up-to-date in ChildPlus within 60 days of entry date and reflects content of file.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. ChildPlus data is not up to date. <input type="checkbox"/> b. ChildPlus data is not entered within the required timeframe. <input type="checkbox"/> c. ChildPlus data does not reflect file content. <input type="checkbox"/> a. _____		<b>Regulations</b> 45 CFR 1304.51(g)		<b>Guidance</b> Compare ChildPlus reports to child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>8. Follow-up is documented thoroughly and on a regular basis for all children needing a medical home (i.e., flyers, parent meetings, etc.). (N/A permitted)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no follow-up for children needing a medical home. <input type="checkbox"/> b. Follow-up is infrequent for children needing a medical home. <input type="checkbox"/> c. Follow-up is not thorough for children needing a medical home. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(i)		<b>Guidance</b> Review child's file; review parent meeting minutes; observe parent area.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.	

1.4.B Health Care Tracking and Follow-Up

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>9. All health concerns identified on the prenatal history, health history or physical are addressed and thoroughly documented. * (N/A permitted)</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all health concerns on physical exam are addressed. <input type="checkbox"/> b. Not all health concerns on health history/prenatal history are addressed. <input type="checkbox"/> c. There is not thorough documentation on health concerns. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(c)(1)(2)		<b>Guidance</b> Review child's file.  *Unless valid documentation as to why not. Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>10. Follow-up is documented thoroughly on a regular basis for all children needing dental treatment.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no follow-up for children needing dental treatment. <input type="checkbox"/> b. Follow-up is not on a regular basis for children needing dental treatment. <input type="checkbox"/> c. Follow-up is not thorough on children needing dental treatment. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.20(c)(1 )& (2), (3)(i-ii)		<b>Guidance</b> Review child's file.  Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			



1.4.B Health Care Tracking and Follow-Up

		Met	Partial	Not Met	N/A
11.	Follow-up is documented thoroughly on a regular basis for all children needing a dental home (i.e., flyers, parent meetings, etc.). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no follow-up for children needing a dental home.</p> <p><input type="checkbox"/> b. Follow-up is not on a regular basis for children needing a dental home.</p> <p><input type="checkbox"/> c. Follow-up is not thorough on children needing a dental home.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.20(a)(1)(i)</p>		<p><b>Guidance</b></p> <p>Review child's file; review parent meeting minutes; view parent area.</p> <p>Follow-up is every two weeks but not to exceed 30 days. After 2 follow-ups, refer to support staff.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
12.	There is evidence that all parents have been provided information on oral health and hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence that parents have been provided information on oral health and hygiene.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p>		<p><b>Guidance</b></p> <p>Review child's file; review parent meeting minutes; view parent area.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.4.B Health Care Tracking and Follow-Up)

1.4 - Health					
1.4.C Health Procedures					
Compliance Requirement		Compliance			
1.	All children receive a daily health check upon entering the center. <i>(Center-based only)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all children receive a health check upon entering the center. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101226.1 SETA HS Policies and Procedures – <i>Daily Health Check</i>	<b>Guidance</b> Observe greeting/drop off.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
2.	If an injury occurs during hours of operation and medical attention is not required, an injury report is completed and the child’s authorized representative is notified of the nature of the injury at pick up. <i>(Center-based only) (N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Parents are not informed of minor injuries. <input type="checkbox"/> b. Injury reports are not completed. <input type="checkbox"/> c. _____		<b>Regulations</b> 22 CCR 101226(2)	<b>Guidance</b> Review child’s file; interview parents and staff.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
3.	If an injury occurs during hours of operation and medical attention is required, an Unusual Incident Report is made to Licensing. <i>(Center-based only) (N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Unusual Incident Report not sent to Licensing. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101212(d)(1)(A)&(B), 101212(f)	<b>Guidance</b> Review child’s file; interview parents and staff.		

1.4.C Health Procedures

			<i>Unusual Incident/Injury or Death Report (LIC 624) should be submitted to Licensing and a copy in the file.</i>					
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>				
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required						
<b>4.</b>	<b>Staff ensure that a child with a short term injury (that cannot be readily accommodated) or a short term contagious illness is temporarily excluded from participating in program activities, home visits, and group socializations. (Exposure notice is posted-Center-based only)</b>				<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>				
<input type="checkbox"/> a. Children with short term injuries/contagious illness are not excluded. <input type="checkbox"/> b. Exposure notices are not posted. <input type="checkbox"/> c. _____		45 CFR 1304.22(b)(1)		Review child's file; interview parents and staff; view center for posting.				
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>				
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required						
<b>5.</b>	<b>Staff ensure that children are not subjected to long term exclusion solely because of their health care needs or medication requirements (unless reasonable accommodations cannot be made without fundamentally altering the nature of the program).</b>				<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>				
<input type="checkbox"/> a. Children who are enrolled in the program are subjected to long term exclusion solely because of health care needs/medication requirements. <input type="checkbox"/> b. _____		45 CFR 1304.22(b)(2)		Review child's file; interview staff.				
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>				
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required						

1.4.C Health Procedures

Compliance Requirement		Compliance			
<b>6.</b>	<b>Individual records are maintained for all medications dispensed and the records are regularly reviewed with the child's parents. (Center-based only)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Records are not maintained for medications dispensed.</p> <p><input type="checkbox"/> b. Medication records for medications dispensed are not regularly reviewed with parents.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.22(c)(4) 22 CCR 101226(e)(5)</p>		<p><b>Guidance</b></p> <p>Review individual medication records (e.g., medication log) found in the classroom.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>7.</b>	<b>Medications are properly labeled and have not expired. (Center-based only) (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Medications are not properly labeled.</p> <p><input type="checkbox"/> b. Medications are expired.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.22(c)(1)</p>		<p><b>Guidance</b></p> <p>Observe medication labels.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

			Met	Partial	Not Met	N/A	
<b>8.</b>	<b>All medication forms are complete. (Center-based only) (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Medication forms are not complete. <input type="checkbox"/> b. Medication forms are expired. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(c)(3) 22 CCR 101221(a); 101221(b)(10)	<b>Guidance</b> Review child's file.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>9.</b>	<b>There is documentation in the classroom of individual authorization to administer medication. (Center-based only) (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no documentation of individual authorization to administer medication. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.22(c)(3) 22 CCR 101221(a); 101221(b)(10)	<b>Guidance</b> Observe documentation for authorization to administer medication (Care Plan in file).				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>10.</b>	<b>All children have a completed sunscreen permission form on file. (N/A permitted for delegates)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all files contain a completed sunscreen permission form. <input type="checkbox"/> b. _____	<b>Regulations</b> SETA HS Policy and Procedures- Sun Protection	<b>Guidance</b> Review child's file.				

1.4.C Health Procedures

	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
11.	<b>Medication is stored in a locked box or in a locked box in the refrigerator if necessary*. (Center-based only) (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Medication is not in a locked box. <input type="checkbox"/> b. Medication needing refrigeration is not refrigerated. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(c)(1) 22 CCR 101226(e)(1)(A) & (C)	<b>Guidance</b> Observe medication location. *Except in the case of rescue medications (i.e., Epi-pen, inhaler, etc.).
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
12.	<b>All staff are aware of the medication policy and procedures. (Center-based only)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Staff are not aware of medication policy and procedures. <input type="checkbox"/> b. Medication is at the center for children who are no longer enrolled. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(c)(6) 22 CCR 101226(e)(6)	<b>Guidance</b> Observe medications; interview staff.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
13.	<b>Care plan(s) for children with special medical problems are current and accessible. (Center-based only) (N/A permitted)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Care plans are not posted.	<b>Regulations</b> 45 CFR 1304.22(c)(6)	<b>Guidance</b> Review child's file; observe classroom for

1.4.C Health Procedures

	<input type="checkbox"/> b. Care plans are not current. <input type="checkbox"/> c. _____	22 CCR 101226(e)(6) SETA Head Start Policy and Procedures	care plans. After one year, should be reviewed with parents and initialed if no changes.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>14. The diapering procedure is posted in the diapering area. (Center-based only)</b>			<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The diapering procedure is not posted. <input type="checkbox"/> b. The diapering procedure is posted, but not in diapering area. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(e)(5)	<b>Guidance</b> Observe diapering area.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>15. The diapering procedure is consistently followed. (Center-based only)</b>			<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The diapering procedure is not followed. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.22(e)(5)	<b>Guidance</b> Observe diapering; interview staff.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>

		Met	Partial	Not Met	N/A
16.	Each child being toilet trained has a written developmentally appropriate training plan/schedule and is being followed. <i>(Center-based only) (N/A permitted)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children do not have training plans/schedules.</p> <p><input type="checkbox"/> b. Toilet training plans are not developmentally appropriate.</p> <p><input type="checkbox"/> c. Toilet training plans are not followed.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xv)</p> <p>22 CCR 101428(a), 101419.2(b)(2)</p>		<p><b>Guidance</b></p> <p>Review toilet training plans/schedules; interview staff; observe toileting.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
17.	There is evidence of daily communication between parents and staff regarding current feeding schedule, voiding pattern and developmental change in feeding (i.e. Daily Information Exchange). <i>(Center-based only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is evidence of communication between parents and staff, but not on a daily basis.</p> <p><input type="checkbox"/> b. There is no evidence of communication between parents and staff.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xv)</p> <p>22 CCR 101428(a), 101419.2(b)&amp;(c)</p>		<p><b>Guidance</b></p> <p>Check the child's file to see copies of the past 3 months Daily Information Exchange forms.</p> <p>Observe the classroom to see Daily Information Exchange forms present and being used.</p> <p>If observing during drop off/pick up times, observe the parents and staff using this as a way to communicate about the child's day.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.4.C Health Procedures)



1.4.D Hygiene (Hand Washing and Tooth Brushing)

1.4 – Health					
1.4.D Hygiene (Hand Washing and Tooth Brushing)					
Compliance Requirement		Compliance			
1.	All adults wash their hands before and after food preparation, setting the table, eating and dispensing medications.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not wash hands before food preparation, setting the table, eating, or dispensing medications. <input type="checkbox"/> b. Adults do not wash hands after food preparation, eating or dispensing medications. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(e)(1)(ii) 22 CCR 101227(a)(14), 101438.1(b)(1-2)	<b>Guidance</b> Observe mealtimes and medication dispensing.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
2.	Proper hand washing procedures are posted in food preparation areas.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Hand washing procedures are not posted. <input type="checkbox"/> b. Hand washing procedures are posted but not in food prep area. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22(e)(1)(2)	<b>Guidance</b> Observe food prep area for hand washing procedures.		
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
3.	During the hand washing process, there is effective supervision and all children effectively wash their hands before setting the tables, before and after eating, and after handling pets, bodily fluids and toilet use/diapering.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not wash their hands.		<b>Regulations</b> 45 CFR 1304.22(e)(1)(ii)	<b>Guidance</b> Observe children’s hand washing.		

1.4.D Hygiene (Hand Washing and Tooth Brushing)

	<input type="checkbox"/> b. Children wash their hands, but not effectively. <input type="checkbox"/> c. Children are not supervised during the hand washing process. <input type="checkbox"/> d. _____				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
<b>4.</b>	<b>All children receive instruction or assistance if needed with hand washing after toilet use/diapering.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not receive hand washing instruction or assistance when needed after toilet use. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.22(e)(2)(iii) 22 CCR 101428(f) ITERS Rating Scale, Section 9	<b>Guidance</b> Observe hand washing after toilet use.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
<b>5.</b>	<b>Proper hand washing procedures are posted in the toileting area.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Proper hand washing procedure is not posted in the toileting area. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101239(i)	<b>Guidance</b> Observe toileting area for posting.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		

1.4.D Hygiene (Hand Washing and Tooth Brushing)

		Met	Partial	Not Met	N/A
6.	All adults wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, toilet use/diapering and after removing gloves. (Blood borne pathogen procedure was followed if needed) (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Adults did not wash hands after contact with blood, assisting with nose wiping, handling animals, treating a wound, toilet use/diapering or after removing gloves.</p> <p><input type="checkbox"/> b. Blood borne pathogen procedure not followed.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.22(e)(1)(i)(iii)(iv), (e)(2)(i)(ii)(iii); (e)(3); (e)(4)</p> <p>22 CCR 101438.1(b)(1-2)</p>		<p><b>Guidance</b></p> <p>Observe classroom and toileting area; observe outside time.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	Tooth brushing occurs after a meal (within 30 minutes). (Including at socializations, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children do not brush teeth.</p> <p><input type="checkbox"/> b. Tooth brushing does not occur within 30 minutes of meal.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
8.	During the tooth brushing process, there is effective supervision and assistance if needed with staff encouraging proper brushing techniques. (Center-based only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children are not supervised during tooth brushing.</p> <p><input type="checkbox"/> b. Assistance not given when needed.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p> <p>SETA HS Policies and Procedures, <i>Tooth</i></p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	

1.4.D Hygiene (Hand Washing and Tooth Brushing)

	<input type="checkbox"/> c. Staff do not encourage proper brushing. <input type="checkbox"/> d. _____	Brushing									
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
9.	<b>All toothbrushes are in good condition (clean and bristles not frayed). (Center-based only)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toothbrushes are frayed. <input type="checkbox"/> b. Toothbrushes are not rinsed well. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(b)(3)	<b>Guidance</b> Observe tooth brushing.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
10.	<b>All toothbrushes are labeled with the child’s name and properly stored. (Center-based only)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toothbrushes are not labeled with names. <input type="checkbox"/> b. Toothbrushes are not properly stored. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(b)(3)	<b>Guidance</b> Observe toothbrushes and storage.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

1.4.D Hygiene (Hand Washing and Tooth Brushing)

		Met	Partial	Not Met	N/A
11.	Children are given a pea-sized amount of toothpaste dispensed separately. SOP uses an individual, disposable rinse cup. <i>(Center-based only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Toothpaste is not pea-sized.</p> <p><input type="checkbox"/> b. Toothpaste is not properly dispensed in an individual, disposable rinse cup. (SOP only)</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(3)</p> <p>SETA HS Policies and Procedures, <i>Tooth Brushing</i></p>		<p><b>Guidance</b></p> <p>Observe tooth brushing.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.4.D Hygiene (Hand Washing and Tooth Brushing))

1.5.A Nutrition Tracking and Follow-Up

1.5 – Nutrition			
1.5.A Nutrition Tracking and Follow-Up			
Compliance Requirement		Compliance	
1.	All nutrition histories are completed for children at enrollment. <i>(Within 45 days for home-based)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all nutrition histories are completed.</p> <p><input type="checkbox"/> b. Some nutrition histories are completed after enrollment.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a), (a)(2&amp;3)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p> <p>This only applies to children over 12 months of age.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	All 2 <sup>nd</sup> year nutrition histories are reviewed and signed by staff and parents.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all nutrition histories for 2<sup>nd</sup> year children are reviewed/ signed by parent.</p> <p><input type="checkbox"/> b. Not all nutrition histories for 2<sup>nd</sup> year children are reviewed/ signed by staff.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a), (a)(2&amp;3)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Delegates may complete a new nutrition history for 2<sup>nd</sup> year children.</p> <p>This only applies to children over 12 months of age.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
3.	Infant nutrition histories are on-going and up-to-date. <i>(N/A permitted)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Not all infant nutrition histories are on-going and up-to-date.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(a), (a)(2)&amp;(3)</p>	<p><b>Guidance</b></p> <p>Review child's file.</p>

1.5.A Nutrition Tracking and Follow-Up

	<input type="checkbox"/> b. Not all infant nutrition histories are reviewed/ signed by staff. <input type="checkbox"/> c. _____		This only applies to children under 12 months of age.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
4.	<b>All nutrition concerns identified on the nutrition history or physical are addressed and thoroughly documented. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all nutrition history concerns are addressed or thoroughly documented. <input type="checkbox"/> b. Not all concerns on physical exam are addressed or thoroughly documented. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)(C)	<b>Guidance</b> Review child's file.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
5.	<b>Proper consent forms are completed for nutrition referrals with parent signatures. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Consent forms not completed for nutrition referrals. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.20(b)(2)	<b>Guidance</b> Review child's file.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		

1.5.A Nutrition Tracking and Follow-Up

		Met	Partial	Not Met	N/A
6.	There is evidence of nutrition intervention/follow-up within 90 days of entry date. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. No evidence of nutrition intervention/follow up within 90 days.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(c)(6)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p> <p>Nutrition intervention/follow-up by the registered dietician, nurse, WIC, etc.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	Follow-up is documented on all children not receiving WIC services with hgb 10.0-11.5 g/dl, hct 30-34% (nutrition education provided). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Follow-up not documented for children not receiving WIC with hgb 10-11.5/hct 30-34%.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
8.	Follow-up is documented on all children with hgb<10 g/dl, hct<30%, regardless of existing services. (Request for Follow-Up Services/Referral). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Follow-up not documented for hgb&lt;10/hct&lt;30%.</p> <p><input type="checkbox"/> b. Referral for low hgb/hct is not completed within the required timeframe.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(a)(1)</p>		<p><b>Guidance</b></p> <p>Review child's file.</p>	



1.5.A Nutrition Tracking and Follow-Up

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>9. Follow-up is documented on all children not receiving WIC services with a BMI percentile between 85-94% (Request for Follow-Up Services to program health services within 60 days of enrollment). (N/A permitted)</b>					
		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
		<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow-up not documented for BMI percentile between 85-94%. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.23(a)(1) SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i>		<b>Guidance</b> Review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>10. Follow-up is documented on all children with BMI percentile &lt;5% or ≥95%, regardless of existing services. (Request for Follow-Up Services/Referral). (N/A permitted)</b>					
		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
		<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Follow-up is not documented for BMI percentile <5% <input type="checkbox"/> b. Follow-up is not documented on BMI ≥95%. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(a)(1) SETA Head Start Policies and Procedures – <i>Body Mass Index (BMI)</i>		<b>Guidance</b> Review child's file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>11. A referral for follow-up services is completed for all children with a blood lead level of ≥10.0.</b>					
		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
		<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No referral on file for child with blood lead level ≥10.		<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)		<b>Guidance</b> Review child's file.	

1.5.A Nutrition Tracking and Follow-Up

<input type="checkbox"/> b. _____								
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
12.	<b>A referral for follow-up services is completed for all children whose lead risk assessment indicates follow-up is needed.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No referral on file for children whose lead risk assessment indicates follow up is needed. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.20(a)(1)(ii)		<b>Guidance</b> Review child's file.  If child has current, passing lead level result, there is no need to refer. It can be written on the lead risk assessment.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

(End Sub-Section 1.5.A Nutrition Tracking and Follow-Up)

1.5 – Nutrition			
1.5.B Menus and Meal Services			
Compliance Requirement		Compliance	
1.	All A.M. and full day children are provided breakfast. <i>(Center-based only) (N/A permitted if P.M. program)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. AM/Full Day children are not provided breakfast.</p> <p><input type="checkbox"/> b. Not all AM/Full Day children are offered breakfast.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(1)(iii)</p>	<p><b>Guidance</b></p> <p>Observe breakfast; review meal count forms.</p> <p>Breakfast should be offered to all children, including those who arrive late.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	All meals start by the appropriately scheduled time: a minimum of 3 hours between breakfast and lunch (AM only) and a minimum of 2 hours between a meal and a snack, and on demand, as needed, for infants. <i>(Center-based only)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Meals do not start by scheduled time.</p> <p><input type="checkbox"/> b. Meal schedule is not appropriate.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(1)(vii)</p>	<p><b>Guidance</b></p> <p>Observe meals; observe daily schedule.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
3.	Menu is posted and current. <i>(Center-based only)</i>	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Menu is not posted.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(b)(1)(ii)</p>	<p><b>Guidance</b></p> <p>Observe menu.</p>

1.5.B Menus and Meal Services

	<input type="checkbox"/> b. Posted menu is not current. <input type="checkbox"/> c. _____	22 CCR 101227(6)					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
4.	<b>A Civil Rights poster (11X17 “And Justice for All” poster) is displayed in a prominent location. (Center-based only)</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Civil Rights poster is not posted. <input type="checkbox"/> b. Civil Rights poster is not in prominent location. <input type="checkbox"/> c. Civil Rights poster is not full size or in color. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)  Per FNS Instruction 113-1, “And Justice for All” poster must be 11”W X 17”H.		<b>Guidance</b> Observe center for posting.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
5.	<b>A CACFP Meal Pattern with required portions is posted at the center. (Center-based only)</b>			<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The CACFP Meal Pattern is not posted. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1)		<b>Guidance</b> Observe meal prep area for posting.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			

1.5.B Menus and Meal Services

			Met	Partial	Not Met	N/A	
<b>6.</b>	<b>Meal counts are recorded at the time of meal service each day and do not exceed daily attendance records/sign-in sheets. (Center-based only)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meal counts are not recorded at point of service. <input type="checkbox"/> b. Meal counts exceed daily attendance records/sign in sheets. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal service; review attendance records, sign in sheets, and meal count form.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>7.</b>	<b>Staff serve meals according to menu unless written notification has been received of changes from food services. (Center-based only)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meals are not served according to menu. <input type="checkbox"/> b. Menu changes from food services are not documented. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(b)(1)(ii)	<b>Guidance</b> Observe meal prep area; observe meal service.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>8.</b>	<b>Menus are accessible to parents.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Menus are not accessible to parents. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(b)(1)(ii)	<b>Guidance</b> Interview staff and parents.				

1.5.B Menus and Meal Services

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>9. Home-based programs provide appropriate snacks and meals to each child during group socialization activities. (Home Base option only)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Appropriate snacks and meals are not provided at socializations. <input type="checkbox"/> b. _____			<b>Regulations</b> 45 CFR 1304.23(b)(2)		<b>Guidance</b> Observe socialization; review socialization plan for menu.					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>10. All meals are consumed on-site and no outside food is brought on-site. (SOP only)</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food is taken from the site. <input type="checkbox"/> b. Outside food is brought on-site. <input type="checkbox"/> c. _____			<b>Regulations</b> SETA HS Policies and Procedures- <i>Outside Food</i>		<b>Guidance</b> Observe classroom.					
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>11. All meals are offered family-style in a manner in which children serve themselves and are seated in age-appropriate chairs/highchairs while eating.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Meals are not offered family style.			<b>Regulations</b> 45 CFR 1304.23(c)(4)		<b>Guidance</b> Observe meal service.					

1.5.B Menus and Meal Services

	<input type="checkbox"/> b. Children do not serve themselves. <input type="checkbox"/> c. Children are not seated in age-appropriate chairs. <input type="checkbox"/> d. _____	ITERS Rating Scale, Section 2 (5.1)				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
12.	<b>Children participate in setting the table and are adequately supervised.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not participate in table setting. <input type="checkbox"/> b. Children are not adequately supervised during table setting. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(c)(4)	<b>Guidance</b> Observe table setting.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
13.	<b>Adults sit at the same time as children, are eating the same foods, role modeling and supervising at every meal.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not sit with children during meals. <input type="checkbox"/> b. Adults do not eat same foods during meals. <input type="checkbox"/> c. Adults do not role model during meals. <input type="checkbox"/> d. Adults do not supervise during meals. <input type="checkbox"/> e. _____	<b>Regulations</b> 45 CFR 1304.23(c)(4)	<b>Guidance</b> Observe meal times.			

1.5.B Menus and Meal Services

<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>14. Children are offered and encouraged to join in at mealtimes and to try all foods, but are not forced.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are forced to try foods. <input type="checkbox"/> b. Children are not encouraged to try all foods. <input type="checkbox"/> c. Not all children are offered to join in meal times. <input type="checkbox"/> d. _____			<b>Regulations</b> 45 CFR 1304.23(c)(4)			<b>Guidance</b> Observe meal times.				
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>15. Food is served in portions that are safe for a child to swallow.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food is not served in portions safe for a child to swallow. <input type="checkbox"/> b. _____			<b>Regulations</b> 22 CCR 101227			<b>Guidance</b> Observe meal times.				
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>16. There is sufficient time (approx. 30 minutes) for children to finish their meal and children are not rushed.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are not given sufficient time to finish meals.			<b>Regulations</b> 45 CFR 1304.23(c)(3)			<b>Guidance</b> Observe meal times.				



1.5.B Menus and Meal Services

	<input type="checkbox"/> b. Children are rushed to finish meals. <input type="checkbox"/> c. _____										
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
17.	<b>There is conversation during meals centered around the children’s interests and includes foods and nutrition.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no conversation at meal times. <input type="checkbox"/> b. Conversation is not centered around children’s interests. <input type="checkbox"/> c. Conversation does not include foods and nutrition. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.23(c)(4)	<b>Guidance</b> Observe meal times.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
18.	<b>Children clear their place from the table after meals.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children do not clear their place after meals. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(c)(3)	<b>Guidance</b> Observe meal times.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

			Met	Partial	Not Met	N/A	
19.	Each infant has their own feeding plan, and staff discuss current feeding theory with the parent/authorized representative (especially, the dangers of feeding honey to an infant in the first year of life). (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Infants do not have their own feeding plan. <input type="checkbox"/> b. There is no evidence that staff have informed parents of the dangers of feeding honey to an infant in the first year of life. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(a)(3) 22 CCR 101427(b)(1-3), (5)(A-B)	<b>Guidance</b> Observe meal times.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
20.	Programs serving infants provide appropriate food (commercially prepared formulas and jarred baby food) regardless if the authorized representative elects to provide food. (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Appropriate baby food and/or formula is not provided. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(b)(1)(iv) 22 CCR 101427(c)(2), (d) & (e)	<b>Guidance</b> Observe meal times.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
21.	Bottle-fed infants are fed at least once every four (4) hours and are held by an adult while fed. (N/A permitted)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Infants too young to sit up are not held by an adult while fed. <input type="checkbox"/> b. Some infants have bottles propped. <input type="checkbox"/> c. Some infants are allowed to carry a bottle while ambulatory. <input type="checkbox"/> d. Not all infants are fed every four (4) hours.	<b>Regulations</b> 45 CFR 1304.23(c)(5) 22 CCR 101427(c)&(h)	<b>Guidance</b> Observe meal times/classroom.				

	<input type="checkbox"/> e. Some infants are laid down to sleep with a bottle. <input type="checkbox"/> f. _____										
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
22.	<b>Infant bottles, dishes and containers containing food brought by the infant’s parent/authorized representative are labeled with the child’s name and the current date. (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Infant bottles, dishes and containers containing food brought from home are not labeled with child’s name and current date. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(e)(2) 22 CCR 101427(e)(1)(A) & (j)	<b>Guidance</b> Observe meal time, meal prep area and/or refrigerator.								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								
23.	<b>Partially consumed formula/breast milk is discarded at the end of each feeding. (N/A permitted)</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Partially consumed formula/breast milk is not discarded at the end of each feeding. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23(e)(2) 22 CCR 101427(j)(1)	<b>Guidance</b>								
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>								

		Met	Partial	Not Met	N/A
24.	Infant food brought from home is discarded within 72 hours of the date on the container label.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Infant food brought from home is not discarded within 72 hours of date on container label.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(2) 22 CCR 101427(j)(2)</p>		<p><b>Guidance</b></p> <p>Observe meal times, meal prep area and/or refrigerator.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
25.	Commercially prepared baby food in jars is transferred to a dish before being fed to infants, and any leftovers in the dish are discarded at end of the meal. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Baby food in jars is not transferred to a dish before fed to infant.</p> <p><input type="checkbox"/> b. Leftovers in the dish are not discarded at the end of the meal.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(2) 22 CCR 101427(l) &amp; (l)(1)</p>		<p><b>Guidance</b></p> <p>Observe meal times, meal prep area and/or refrigerator.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
26.	Bottles, bottle caps and nipples maintained at the infant care site are sanitized after each use. (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Bottles, bottle caps and/or nipples maintained at the infant care site are not sanitized after each use per CCL requirements.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(2) 22 CCR 101427(g) &amp; (n)</p>		<p><b>Guidance</b></p> <p>Observe meal times, meal prep area and/or refrigerator.</p> <p>CCL sanitation requirements:</p> <ol style="list-style-type: none"> <li>Boil for minimum of 5 minutes and air-dry;</li> <li>Soak for 1 minute (min.) in a solution of</li> </ol>	

1.5.B Menus and Meal Services

			½ cup bleach and 5 gallons water and air-dry; 3. Wash and sterilize using a dishwasher
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>	
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required		
<b>27.</b>	<b>Hot entrée food temperatures are taken and recorded daily on Quality Assurance sheets. (SOP center-based only)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food temperatures are not taken. <input type="checkbox"/> b. Food temperatures are not documented on QA sheets. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal prep; review QA sheets, interview staff/parent aide.	
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>	
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required		
<b>28.</b>	<b>Perishable food is fresh and refrigerated up to one hour prior to serving.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Perishable food is left out longer than 1 hour prior to serving. <input type="checkbox"/> b. Perishable food is not fresh. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.23(e)(1)	<b>Guidance</b> Observe meal preparation; observe meal prep area.	
<b>Concerns:</b>	<b>Recommendations:</b>	<b>Strengths:</b>	
<input type="checkbox"/> Response Required	<input type="checkbox"/> Response Required		

		Met	Partial	Not Met	N/A
29.	Proper procedure is followed when hot food temperatures fall below 140° and staff are aware of the reheating procedures. (SOP center-based only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Proper procedure is not followed when hot food temperature is below 140 degrees.</p> <p><input type="checkbox"/> b. Staff are not aware of reheating procedure.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(1)</p>		<p><b>Guidance</b></p> <p>Observe meal preparation; interview staff.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
30.	Proper procedures for sanitizing all food contact surfaces are followed and refrigerators, warmers, carts, and microwaves are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Proper sanitizing procedures are not followed.</p> <p><input type="checkbox"/> b. Food contact surfaces, refrigerator, warmer, cart, and/or microwave are not clean.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(1)</p>		<p><b>Guidance</b></p> <p>Observe sanitizing procedures, observe meal prep area.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
31.	All perishable leftover food is labeled, dated and thrown away after 48 hours (no hot entrées are kept). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Perishable food is not labeled.</p> <p><input type="checkbox"/> b. Perishable food is not dated.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(1)</p>		<p><b>Guidance</b></p> <p>Observe meal prep area; observe refrigerator.</p>	

1.5.B Menus and Meal Services

	<input type="checkbox"/> c. Perishable food is kept longer than 48 hours. <input type="checkbox"/> d. Hot entrées are kept. <input type="checkbox"/> e. _____				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		
32.	<b>Chemicals are not stored with food.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Chemicals are stored with food. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(iii)	<b>Guidance</b> Observe meal preparation and food storage areas.		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>		

(End Sub-Section 1.5.B Menus and Meal Services)

1.5 – Nutrition			
1.5.C Special Diets			
Compliance Requirement		Compliance	
1.	<b>If a special diet need is identified prior to enrollment, a special diet verification is obtained by a licensed physician, nurse or physician’s assistant. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet verification is not obtained by licensed physician, nurse, physician’s assistant. <input type="checkbox"/> b. _____	<b>Guidance</b> Review child’s file. Verification from licensed physician, etc. only for medical reasons.	
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
2.	<b>A completed request for follow-up is sent to the appropriate support staff if special diets are identified and menu modifications and food substitutions are developed. (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Appropriate support staff are not notified of special diets. <input type="checkbox"/> b. Menu modifications are not made for special diets. <input type="checkbox"/> c. Food substitutions are not developed. <input type="checkbox"/> d. _____	<b>Guidance</b> Review child’s file; observe meal prep area.	
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
3.	<b>Special diet forms are completed and copies are kept in the child’s file.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet forms are not completed.	<b>Guidance</b> Review child’s file.	



<input type="checkbox"/> b. Special diet forms are not kept in file. <input type="checkbox"/> c. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>4. Special diet foods are labeled with child's name.</b>			<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diet foods are not labeled with child's name. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.23	<b>Guidance</b> Observe meal prep area and refrigerator.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>5. Special diets with child's name and modifications/special diet are posted near meal prep area. (In socialization binder for home-based)</b>			<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Special diets are not posted near meal prep area. <input type="checkbox"/> b. Special diet postings do not include all modifications/substitutions. <input type="checkbox"/> c. Special diet postings do not include child's picture. (SOP) <input type="checkbox"/> d. Special diets are not in socialization binder.(Home-based) <input type="checkbox"/> e. _____	<b>Regulations</b> 45 CFR 1304.23(c)(6)	<b>Guidance</b> Observe meal prep area. SOP includes child's picture.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	

(End Sub-Section 1.5.C Special Diets)

1.6 – Health Services for Pregnant Women and New Mothers					
* Only applies to programs serving pregnant women and newborns.					
1.6.A Prenatal Services					
Compliance Requirement			Compliance		
1.	The program provides enrolled pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).	Met	Partial	Not Met	N/A
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence of any prenatal education components provided to enrolled pregnant mothers.</p> <p><input type="checkbox"/> b. There is limited prenatal education information provided to enrolled pregnant mothers.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.40(c)(2)</p> <p>SETA Early Head Start Teacher Tool Kit- “Prenatal Home Visit Plan Guidance”</p>	<p><b>Guidance</b></p> <p>Review home visit plans and SOP Early Head Start Educator Prenatal Health Visit form.</p> <p>SOP refer to SETA Early Head Start Teacher Tool Kit- “Prenatal Home Visit Plan Guidance”.</p>		
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>		
2.	The program provides information on the benefits of breast feeding to all enrolled pregnant and new mothers within 45 days.	Met	Partial	Not Met	N/A
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no evidence of information on the benefits of breastfeeding being provided to all enrolled pregnant and new mothers.</p> <p><input type="checkbox"/> b. There is limited evidence of information on the benefits of breastfeeding being provided to all enrolled pregnant and new mothers.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.40(c)(3)</p> <p>SETA Early Head Start Teacher Tool Kit- “Prenatal Home Visit Plan Guidance”</p>	<p><b>Guidance</b></p> <p>Review home visit plans and SOP Early Head Start Educator Prenatal Health Visit form.</p> <p>SOP refer to SETA Early Head Start Teacher Tool Kit- “Prenatal Home Visit Plan Guidance”.</p>		
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>		

1.6.A Prenatal Services

			Met	Partial	Not Met	N/A	
3.	There is evidence that prenatal PIR is submitted upon enrolling pregnant women and again after delivery.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence that prenatal PIR is submitted upon enrolling pregnant women. <input type="checkbox"/> b. There is no evidence that prenatal PIR is submitted after delivery. <input type="checkbox"/> c. _____	<b>Regulations</b> SETA Head Start	<b>Guidance</b> Review ChildPlus; review child's file.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
4.	Prenatal Health Histories are completed and in the file for all enrolled pregnant mothers.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all Prenatal Health Histories are completed. <input type="checkbox"/> b. Some Prenatal Health Histories are incomplete. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.40(c)(1)	<b>Guidance</b> Review file. Completed as close to enrollment as possible - no later than 45 days.				
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>				
5.	Prenatal Nutrition Histories are completed for all enrolled pregnant mothers.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all Prenatal Nutrition Histories are completed. <input type="checkbox"/> b. Some Prenatal Nutrition Histories are incomplete.	<b>Regulations</b> 45 CFR 1304.40(c)(1)	<b>Guidance</b> Review file. Completed as close to enrollment as possible - no later than 45 days.				

1.6.A Prenatal Services

<input type="checkbox"/> c. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
6.	<b>A prenatal health visit was conducted by a registered nurse within the last trimester of the enrolled pregnant mother’s pregnancy. * (N/A permitted)</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. No documentation of a nurse conducting the prenatal health visit and no documentation as to why not. <input type="checkbox"/> b. _____		<b>Regulations</b>  45 CFR 1304.40(c)(1)	<b>Guidance</b>  Review file for nurse notes, SOP Early Head Start Nurse Prenatal Health Visit form  * Unless valid documentation as to why not.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	

(End Sub-Section 1.6.A Prenatal Services)

1.6 – Health Services for Pregnant Women and New Mothers			
* Only applies to programs serving pregnant women and newborns.			
1.6.B New Mother Services			
Compliance Requirement			Compliance
1.	A newborn health visit was conducted by a registered nurse within 2 weeks of the child’s birth. * (N/A permitted)		Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met <input type="checkbox"/> N/A <input type="checkbox"/>
If <b>Partial</b> or <b>Not Met</b> , List Finding(s): <input type="checkbox"/> a. No documentation of a nurse conducting the newborn health visit within 2 weeks of the child’s birth and no valid documentation as to why not. <input type="checkbox"/> b. _____		Regulations 45 CFR 1304.40(i)(6)	Guidance Review file for nurse notes and SOP Early Head Start Nurse Newborn Health Visit form. * Unless valid documentation as to why not.
Concerns: <input type="checkbox"/> Response Required		Recommendations: <input type="checkbox"/> Response Required	Strengths:
2.	Post-partum depression information is provided to new mothers.		Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met <input type="checkbox"/> N/A <input type="checkbox"/>
If <b>Partial</b> or <b>Not Met</b> , List Finding(s): <input type="checkbox"/> a. There is no documentation of post-partum depression information provided to new mothers. <input type="checkbox"/> b. _____		Regulations 45 CFR 1304.40(c)(2)	Guidance Review file.
Concerns: <input type="checkbox"/> Response Required		Recommendations: <input type="checkbox"/> Response Required	Strengths:

			Met	Partial	Not Met	N/A
3.	Post-partum depression screening is completed within 6 months of delivery if necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no documentation of follow-up when needed on post-partum depression (i.e. post-partum depression screen, referral etc.).</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.40(c)(2)</p>	<p><b>Guidance</b></p> <p>Review file.</p>			
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>			

(End Section 1.6.B New Mother Services)

1.7 – Safe Environments					
1.7.A Center Postings					
Compliance Requirement		Compliance			
1.	A “tobacco-free” sign/sticker is posted prominently.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Tobacco-free posting is not evident. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.58(a)(8) 22 CCR 101231(a); HSC 1596.795(b) SETA HS Policies and Procedures- <i>Tobacco Free Policy</i>	<b>Guidance</b> Tobacco-free decal is located on entry door, side-light windows or in window of office at entrance.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
2.	“No outside food policy” and “no nut policy” postings are visible upon entering the center (SOP only).	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. “No outside food policy” is not evident. <input type="checkbox"/> b. “No nut policy” is not evident. <input type="checkbox"/> c. _____		<b>Regulations</b> SETA HS Policies and Procedures- <i>No Outside Food; Nut and Shell Fish – Free Zones Policy</i>	<b>Guidance</b> “No outside food policy” and “No nut policy” should be visible upon entering.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
3.	Community Care License (203A) is posted prominently.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Community care license is not displayed.		<b>Regulations</b> 45 CFR 1304.3(6)(i)	<b>Guidance</b> Community care license is found in the entry area on the wall with other licensing		

1.7.A Center Postings

<input type="checkbox"/> b. _____		22 CCR 101160(a)	documents.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>4. The Emergency Disaster Plan (LIC 610) is posted prominently with up-to-date staff assignments.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Emergency Disaster Plan (LIC 610) is not displayed. <input type="checkbox"/> b. Emergency Disaster Plan (LIC 610) is out of date with inaccurate staff names. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.22 22 CCR 101174	<b>Guidance</b> Emergency Disaster Plan (LIC 610) is found in the entry area on the wall with other licensing documents.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>5. Earthquake safety measures are in place and plan is attached to CCL Emergency Plan.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Earthquake Preparedness Checklist (LIC 9148) is not displayed. <input type="checkbox"/> b. The Earthquake Preparedness Checklist (LIC 9148) is not displayed in close proximity to the license and other important documents. <input type="checkbox"/> c. The Earthquake Preparedness Checklist (LIC 9148) is not accessible to staff and parents. <input type="checkbox"/> d. _____		<b>Regulations</b> California Health and Safety Code Section 1596.867 Earthquake Preparedness Checklist (LIC 9148)	<b>Guidance</b> The earthquake safety measures are found in the entry area on the wall with other licensing documents.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>



			Met	Partial	Not Met	N/A	
<b>6.</b>	<b>If a type A deficiency was received in the last 12 months, the deficiency notice is prominently posted for 30 days from the date of receipt.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The type A deficiency notice is not displayed. <input type="checkbox"/> b. The type A deficiency notice is displayed after time required. <input type="checkbox"/> c. The type A deficiency notice is not displayed prominently prior to entering the center. <input type="checkbox"/> d. _____	<b>Regulations</b> Health and Safety Code (HSC) sections 1596.859, 1596.8595, 1596.8895, and 1597.05	<b>Guidance</b> The type A deficiency notice is located prominently prior to entering the center.  During file review, a copy of the type A deficiency notice will be noticeable, corresponding to the notice displayed. Date should be reviewed to assure notice is/or is not displayed per requirements.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>7.</b>	<b>Doors are free of paper postings.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Doors leading into and out of entry have paper postings. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 2501.5	<b>Guidance</b> Upon entering the center, doors leading in and out of entry are free of paper postings.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				

		Met	Partial	Not Met	N/A
8.	Emergency evacuation procedures are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The emergency evacuation procedures are not posted at the exit door leading outside.</p> <p><input type="checkbox"/> b. The emergency evacuation procedures are illegible or in poor visual condition.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.22(a)(3) 22 CCR 101174(a)</p>		<p><b>Guidance</b></p> <p>To locate the emergency evacuation procedures document, the exit door should be located.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.7.A Center Postings)

1.7 – Safe Environments					
1.7.B Office Inspection					
Compliance Requirement		Compliance			
1.	Electrical outlets are covered with approved safety covers when not in use.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Some electrical outlets were uncovered and easily accessible to children. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(x)	<b>Guidance</b> When performing the office inspection, electrical outlets should be viewed and noted if uncovered.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>		
2.	Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of reach of children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Cabinets are unlocked. <input type="checkbox"/> b. Supplies are not labeled. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(iii) 22 CCR 101238(g)(1), 101238.4(d)	<b>Guidance</b> Upon inspection of supplies, cabinets are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.		
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>		
3.	Doors are free of paper postings.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The office door has paper postings. <input type="checkbox"/> b. _____		<b>Regulations</b> CFC 2501.5	<b>Guidance</b>		

<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>4. Trash containers are away from a heat or flame source.</b>					
		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
		<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater. <input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials. <input type="checkbox"/> c. _____		<b>Regulations</b> CFC 315.2 19 CCR 3.19		<b>Guidance</b> When inspecting the office space, observe trash containers location and contents.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>5. Center temperature is maintained between 68 degrees and 85 degrees (in cases of extreme heat, center temperature cannot exceed 20 degrees less than the outside temperature).</b>					
		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
		<b>Not Met</b> <input type="checkbox"/>		<b>N/A</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Temperature of center is outside the boundaries of the required temperatures. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239		<b>Guidance</b> View the temperature on the thermostat or visible indoor thermometer.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	

		Met	Partial	Not Met	N/A
6.	Staff are aware of the off-site evacuation location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Staff are not aware of off-site evacuation location.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101174(d)(2)</p>		<p><b>Guidance</b></p> <p>Inspect the community care license emergency preparedness information for off-site evacuation location.</p> <p>Note if the off-site evacuation drill log is completed, part of the fire drill and earthquake drill form.</p> <p>Interview staff regarding their knowledge of the off-site evacuation location.</p> <p>If applicable, observe the off-site evacuation drill.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
7.	The center is smoke, lead, pesticide, water and dirt contaminant free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Center office has indications of smoking, lead, pesticide, water, and/or dirt contamination present.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(8)</p>		<p><b>Guidance</b></p> <p>Inspect for evidence of smoke, lead, pesticide, water, and/or dirt contamination present.</p> <p>Smoke: smell the air, observe environment for cigarette butts or ash.</p> <p>Lead: inspect dishes and utensils for lead warnings, use lead evidence handout, observe lead campaign poster, ensure alternative dishes and utensils are available if evidence of contamination is found.</p> <p>Pesticide: smell the air, look for evidence of dead insects or rodents, and check for</p>	

1.7.B Office Inspection

				posting of pesticide use.  Water: view government warning in center (if applicable), assure center has alternative drinking water if there is evidence of contamination.  Dirt: prior to going to center request soil contamination report from Program Support Services manager if available, inspect grounds for any unusual spills or substances, notify site supervisor, program officer and PSS manager.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>
<b>8. There is an easily identified adult restroom.</b>				<b>Met</b> <input type="checkbox"/>
				<b>Partial</b> <input type="checkbox"/>
				<b>Not Met</b> <input type="checkbox"/>
				<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Adults do not have a designated restroom. <input type="checkbox"/> b. _____		<b>Regulations</b>  22 CCR 101239(i) unless the center has a waiver		<b>Guidance</b>  During office inspection, locate the adult designated restroom.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>
<b>9. Type A deficiency notice is in licensing file, if applicable.</b>				<b>Met</b> <input type="checkbox"/>
				<b>Partial</b> <input type="checkbox"/>
				<b>Not Met</b> <input type="checkbox"/>
				<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Type A Deficiency notice is not on file. <input type="checkbox"/> b. _____		<b>Regulations</b>  Health and Safety Code Section 1596.859, 1596.8595, 1596.8895 and 1597.05, requires licensees to post and give to parent/guardian copies of Type A violations.		<b>Guidance</b>  During office inspection, review center licensing file.

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>10. There is proof on file that the Type A deficiency has been cleared, if applicable.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence on file that the Type A deficiency has been cleared. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101193(a)		<b>Guidance</b> Review center licensing file.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>11. There is evidence on file that parents of children enrolled in the last 12 months have received notice of the deficiency, if applicable.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The Type A deficiency notice is not in any child’s file. <input type="checkbox"/> b. The Type A deficiency notice is in some children’s files. <input type="checkbox"/> c. The Type A deficiency notice has not been placed in new student’s file at time of enrollment. <input type="checkbox"/> d. _____		<b>Regulations</b> Health and Safety Code Section 1596.859, 1596.8595, 1596.8895 and 1597.05, requires licensees to post and give to parent/guardian copies of Type A violations.		<b>Guidance</b> During office inspection, randomly check children’s files, including new enrollment and enrollment occurring prior to receipt of notice.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

			Met	Partial	Not Met	N/A	
12.	There is evidence that decorative materials such as curtains are treated with flame retardant.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence on file that decorative materials were treated with flame retardant. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(ii) CFC 807.4.3.2, 807.1.2 19 CCR 1.09 & 3.08	<b>Guidance</b> During office inspection, office file is reviewed for application of flame retardant on decorative materials.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
13.	Required staff are certified in first aid and CPR with documentation.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence of required staff having first aid and CPR certification. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.52(l)(5)(v) 22 CCR 101215.1 HSC, Div. 2, 3.4, Section 1596.798	<b>Guidance</b> Prior to visiting center, request verification of staff certification from Human Resources  During office inspection, review employee files for first aid and CPR certification/request from Site Supervisor staff first aid and CPR certification.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
14.	There is evidence of earthquake, off-site evacuations and fire drills performed per established schedule.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Center does not display or perform regularly scheduled drills. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 4083.1, 408.3	<b>Guidance</b> During office inspection, review drill log for regularly scheduled and dated drills.  If visiting the center during a drill, observe				



1.7.B Office Inspection

				and verify according to log.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>15.</b>	<b>The Material Safety Data Sheet (MSDS) book is easily accessible and all staff are aware of the MSDS.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>			<b>Regulations</b>		<b>Guidance</b>		
<input type="checkbox"/> a. MSDS binder is not present. <input type="checkbox"/> b. MSDS binder is broken and missing pages. <input type="checkbox"/> c. Not all staff are aware of the MSDS. <input type="checkbox"/> d. _____			29 CFR 1910.1030		During office inspection, locate MSDS binder and review contents.  Ensure the binder is in good repair and accessible to staff.		
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

(End Sub-Section 1.7.B Office Inspection)

1.7.C Kitchen/Food Preparation Area Inspection

1.7 – Safe Environments			
1.7.C Kitchen/Food Preparation Area Inspection			
Compliance Requirement		Compliance	
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Center has hot water registering below or above requirements.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239(e)(1-2)</p>	<p><b>Guidance</b></p> <p>Upon inspection of center, test water temperature of running water where hot water is being used.</p> <p>Test water temperature for unnecessary water faucets in unused bathtubs or sinks, or where hot water may be accessible to children.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Flammable and dangerous supplies are stored in locked cabinets or out of reach of children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Cabinets are unlocked.</p> <p><input type="checkbox"/> b. Supplies are not labeled.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(iii)</p> <p>22 CCR 101227(a)(16), 101238(g)(1), 101238.4(d)</p>	<p><b>Guidance</b></p> <p>Upon inspection of supplies, cabinets are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

1.7.C Kitchen/Food Preparation Area Inspection

		Met	Partial	Not Met	N/A
<b>3.</b>	<b>Garbage containers are covered and contents are disposed of properly.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Garbage containers are uncovered.</p> <p><input type="checkbox"/> b. Garbage containers are full and beyond capacity.</p> <p><input type="checkbox"/> c. Garbage container smells and attracts flies.</p> <p><input type="checkbox"/> d. Garbage containers and surrounding walls or appliances are not clean.</p> <p><input type="checkbox"/> e. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xvii)</p> <p>22 CCR 101239(f)(1)</p> <p>19 CCR 3.19</p>		<p><b>Guidance</b></p> <p>Inspect the kitchen and/or food preparation areas for covered garbage containers and that surrounding walls and appliances are clean.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>4.</b>	<b>Trash containers are away from a heat source.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater.</p> <p><input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>CFC 315.2</p> <p>19 CCR 3.19</p>		<p><b>Guidance</b></p> <p>When inspecting the kitchen or food preparation area, observe the trash containers and their location.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

1.7.C Kitchen/Food Preparation Area Inspection

		Met	Partial	Not Met	N/A
<b>5.</b>	<b>The refrigerator and microwave are clean.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Refrigerator has spills. <input type="checkbox"/> b. Refrigerator has external spills and grime. <input type="checkbox"/> c. Microwave has spills. <input type="checkbox"/> d. Microwave has external spills and grime. <input type="checkbox"/> e. Both appliances have spills and grime. <input type="checkbox"/> f. _____		<b>Regulations</b> 45 CFR 1304.23(vii)(e)(1) 7 CFR 226.20(l) 22 CCR 101227(a)(20)		<b>Guidance</b> Inspect refrigerator and microwave by external and internal observation.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>6.</b>	<b>Food warmer and food cart are clean.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Food warmer has spills/food left inside. <input type="checkbox"/> b. Food warmer has external spills and grime. <input type="checkbox"/> c. Food cart has spills. <input type="checkbox"/> d. Both food warmer and food cart have spills and grime. <input type="checkbox"/> e. _____		<b>Regulations</b> 45 CFR 1304.23(vii)(e)(1) 7 CFR 226.20 Cal Food Code 114117(d)(5) Local County of Sacramento Food Code (36)		<b>Guidance</b> Inspect food warmer and food cart by external and internal observation	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	

1.7.C Kitchen/Food Preparation Area Inspection

			Met	Partial	Not Met	N/A	
7.	Food preparation area is separate from the eating, restroom, diaper changing, and play areas.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Food preparation area is in close proximity to eating, restroom, diaper changing, and/or play areas.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>45 CRF 13043.53(a)(10)(xiv)</p>	<p><b>Guidance</b></p> <p>Inspect food preparation area and check for proximity to eating, restroom, diaper changing, and play areas.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				
8.	Food preparation area including counters, tabletops and floors are clean and swept before and after food preparation and meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Food preparation area counters are dirty.</p> <p><input type="checkbox"/> b. Food preparation area table top is dirty.</p> <p><input type="checkbox"/> c. Food preparation area floor is dirty.</p> <p><input type="checkbox"/> d. Food preparation area is not cleaned before and after food preparation and meals.</p> <p><input type="checkbox"/> e. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.23(e)(1)</p> <p>22 CCR 101227(a)(18)</p>	<p><b>Guidance</b></p> <p>Observe food preparation area for cleanliness and regular cleanup before and after meal service.</p>				
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>				

1.7.C Kitchen/Food Preparation Area Inspection

		Met	Partial	Not Met	N/A
9.	Refrigerators have a thermometer placed in the back and register 40 degrees or less; freezers have a thermometer placed in the back and register 0 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Refrigerator thermometer does not register 40 degrees or less. <input type="checkbox"/> b. Freezer thermometer does not register 0 degrees. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.23(e)(1) 22 CCR 101227(a)(15) (45 degrees or less)		<b>Guidance</b> Validate refrigerator and freezer temperature for accuracy.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

(End Sub-Section 1.7.C Kitchen/Food Preparation Area Inspection)

1.7 – Safe Environments			
1.7.D Restroom Inspection/Observation			
Compliance Requirement		Compliance	
1.	Hot water registers no less than 105 degrees and no more than 120 degrees, if applicable.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Temperature of water does not fall within requirements.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239(e)(1-2)</p>	<p><b>Guidance</b></p> <p>Test running water where hot water is available.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Restrooms are easily accessible to children.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children’s restroom entrance is blocked.</p> <p><input type="checkbox"/> b. Children’s restroom is cluttered resulting in difficulties with access.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(e)(4), (h)(1), (i)(1-2)</p>	<p><b>Guidance</b></p> <p>Inspect children’s restrooms for accessibility.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
3.	Restroom is separate from areas of cooking, eating or children’s activities.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Children’s restroom is close to cooking area presenting an unsanitary condition.</p> <p><input type="checkbox"/> b. Children’s restroom is close to eating area presenting an unsanitary condition.</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(xiv)</p>	<p><b>Guidance</b></p> <p>Inspect children’s restrooms in proximity to cooking, eating and children’s activities area.</p>

1.7.D Restroom Inspection/Observation

	<input type="checkbox"/> c. Children’s restroom is close to children’s activity area presenting an unsanitary condition. <input type="checkbox"/> d. _____										
<b>Concerns:</b>	<input type="checkbox"/> Response Required	<b>Recommendations:</b>	<b>Strengths:</b>								
4.	<b>Items needed for hand washing and toileting are easily accessible to children.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children are unable to access soap dispensing devices. <input type="checkbox"/> b. Children are unable to access paper towel dispensing devices. <input type="checkbox"/> c. Children are unable to safely access toilets or urinals. <input type="checkbox"/> d. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(xiv) 22 CCR 101239(m)	<b>Guidance</b> Inspect children’s restrooms for accessibility to soap and paper towel dispensers, and toilet and urinal placement.								
<b>Concerns:</b>	<input type="checkbox"/> Response Required	<b>Recommendations:</b>	<b>Strengths:</b>								
5.	<b>Children’s sinks are at child’s level or accessible by stable safety step.</b>		<table border="0"> <tr> <td><b>Met</b></td> <td><b>Partial</b></td> <td><b>Not Met</b></td> <td><b>N/A</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children’s restroom sink is too high or low for safe access. <input type="checkbox"/> b. Step or stool for access are unstable or slip on the floor. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 13043.53(a)(10)(xiv) 22 CCR 101239(m)	<b>Guidance</b> Inspect children’s restrooms for sink accessibility and safe step or stool.								
<b>Concerns:</b>	<input type="checkbox"/> Response Required	<b>Recommendations:</b>	<b>Strengths:</b>								



1.7.D Restroom Inspection/Observation

		Met	Partial	Not Met	N/A
6.	In general, the restrooms are clean, free of odor and well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Children’s restrooms are dirty, have foul odor and are poorly maintained. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(10)(xiv) 22 CCR 101239(e)(4)		<b>Guidance</b> Inspect children’s restrooms for cleanliness, odor, and maintenance.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

(End Sub-Section 1.7.D Restroom Inspection/Observation)

1.7 – Safe Environments			
1.7.E Classroom Inspection/Observation			
Compliance Requirement		Compliance	
1.	Accurate emergency numbers are posted near the telephone in each classroom.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. One or more classrooms did not have posted emergency telephone numbers by phone.</p> <p><input type="checkbox"/> b. Emergency numbers are not accurate.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>CCL Form 610 states information to be located near telephone</p> <p>HSC 1597.54</p> <p>No evidence of necessity to be in every classroom.</p>	<p><b>Guidance</b></p> <p>Verify there are emergency telephone numbers by classroom telephone.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	Procedures for poisoning, CPR, choking and dental emergencies are posted in each classroom.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Procedures are not posted in each classroom.</p> <p><input type="checkbox"/> b. Procedures are not up to date.</p> <p><input type="checkbox"/> c. Procedures are not visible to staff.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>No evidence, this is best practice</p>	<p><b>Guidance</b></p> <p>Verify that each classroom is displaying procedures.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

			Met	Partial	Not Met	N/A
<b>3.</b>	<b>First aid manual is located in each classroom and is accessible to staff.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. First aid manuals are not in each classroom. <input type="checkbox"/> b. First aid manuals are not accessible to staff. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(d)(1) & (2)	<b>Guidance</b> Verify that each classroom has a first aid manual and it is easily accessible to staff.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>4.</b>	<b>An onsite evacuation map is prominently displayed by the door in each classroom.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Onsite evacuation maps are not present in one or more classrooms. <input type="checkbox"/> b. Onsite evacuation maps are not located by exit doors. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.22(a)(3) 22 CCR 101174	<b>Guidance</b> Verify that each classroom has a current onsite evacuation map posted by an exit door.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>5.</b>	<b>Exits are clearly marked with signage in each classroom.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classrooms exits are not clearly marked with signage. <input type="checkbox"/> b. _____	<b>Regulations</b> CFC 16.2.10	<b>Guidance</b> Inspect classroom exits for lighting and/or condition.  Commercial reflective signage. At least one sign is visible at an exit for safe evacuation to outside.			

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>6. Exits in each classroom are unobstructed and have a 3 foot clearance.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Exits in one or more classrooms have an obstruction preventing safe exiting. <input type="checkbox"/> b. There are objects diminishing the three foot clearance for entry and exit. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.53(a)(10)(vii) 22 CCR 101174(a) CFC 2501.5	
				<b>Guidance</b> Examine exit area for obstruction preventing a safe exit.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>7. Fire extinguishers are mounted, accessible and clearly marked in every classroom.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or more classrooms do not have a mounted fire extinguisher. <input type="checkbox"/> b. One or more classrooms do not have signage indicating the location of a fire extinguisher. <input type="checkbox"/> c. _____				<b>Regulations</b> 45 CFR 1304.53(a)(7), 1306.30(c) 5 CCR 14001(f) 8 CCR 6151	
				<b>Guidance</b> Verify that each classroom has a fire extinguisher that are accessible, mounted, and have clear signage indicating location.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	

			Met	Partial	Not Met	N/A	
<b>8.</b>	<b>Fire extinguishers are serviced annually from date of last inspection and evidenced by service tag.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, fire extinguisher service tag is missing. <input type="checkbox"/> b. In one or more classrooms, fire extinguisher tag indicates it has been more than a year since service was performed. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.53(a)(7) 5 CCR 14001(f) 8 CCR 6151	<b>Guidance</b> SOP: If fire extinguisher has a broken seal or expired, immediately contact facilities for replacement.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>9.</b>	<b>There are working smoke detectors in each classroom.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, smoke detectors are not present. <input type="checkbox"/> b. In one or more classrooms, the smoke detectors do not work. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(vi), 1306.35(b)(2)(ii) California Building Code (CBC) Sect. 907.2, 3.2	<b>Guidance</b> Verify that smoke detectors are present in each classroom. Watch for blinking light indicating battery is installed and detector is working.				
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>				
<b>10.</b>	<b>There is a working fire alarm or sprinkler system in each classroom.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the fire alarm and/or sprinkler system is not working. <input type="checkbox"/> b. _____	<b>Regulations</b> HSC Section 18897.3 22 CCR 101158	<b>Guidance</b> Review fire alarm and sprinkler inspection log from facilities for timely and passed inspections.				

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>11.</b>	<b>Electrical outlets are covered with approved safety covers when not in use.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. In one or more classrooms, electrical outlets were uncovered and easily accessible to children. <input type="checkbox"/> b. _____		45 CFR 1304.53(a)(10)(xi) HSC Section 18897.3 CCL 101158		When performing the classroom inspection, electrical outlets should be viewed and noted if uncovered.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>12.</b>	<b>Electrical cords and surge protectors are out of reach of children.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Electrical cords and surge protectors are accessible to children. <input type="checkbox"/> b. _____		HSC Section 18897.3 CCL 101158		When inspecting the classroom, areas around desks, file cabinets, copy machines, fax machines and computers should be inspected for electrical cords and surge protectors.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

			Met	Partial	Not Met	N/A	
13.	<b>Electrical cords do not obstruct foot traffic or doorways.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, electrical cords obstruct foot traffic and doorways. <input type="checkbox"/> b. _____	<b>Regulations</b> HSC Section 18897.3 CCL 101158		<b>Guidance</b> When inspecting the classroom, areas around desks, file cabinets, copy machines, fax machines and computers should be inspected for electrical cords obstructing foot traffic or doorways.			
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			
14.	<b>Windows can be locked from the inside.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the window lock is inoperative. <input type="checkbox"/> b. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)		<b>Guidance</b> When inspecting the classroom, verify the window locks is present and operable.			
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>			
15.	<b>Window screens are in good repair and free of debris, if applicable. (N/A permitted)</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the window screen is in poor condition. <input type="checkbox"/> b. In one or more classrooms, the window screen has an accumulation of debris. <input type="checkbox"/> c. _____	<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)		<b>Guidance</b> When inspecting the classroom, verify the window screens are in good condition and free of debris.			

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>16. Cleaning agents, flammable or poisonous supplies are labeled and stored in locked cabinets or out of the reach of children.</b>		<b>Met</b> <input type="checkbox"/>		<b>Partial</b> <input type="checkbox"/>	
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Cabinets are unlocked. <input type="checkbox"/> b. Supplies are not labeled. <input type="checkbox"/> c. Children have access to cabinets. <input type="checkbox"/> d. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii) 22 CCR 101238(g)(1), 101238.4(d)		<b>Guidance</b> Upon inspection of classrooms, cupboards are locked, each supply is clearly marked for type, and first aid/antidotes can be found in the MSDS binder.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	



1.7.E Classroom Inspection/Observation

<b>17. Decorative materials or postings are not blocking exits or emergency equipment.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, decorative materials or postings are blocking exits or emergency equipment. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(xii)		<b>Guidance</b> When inspecting a classroom, verify that decorative materials and postings are not blocking or encroaching on exits and emergency equipment is easily accessible such as fire extinguishers and disaster preparedness supplies.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>18. Decorative materials or postings cover 25% or less of wall space.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, decorative materials or postings cover more than 25% of wall space. <input type="checkbox"/> b. _____		<b>Regulations</b> 19 CCR 3.08 CFC 807		<b>Guidance</b> When inspecting a classroom, verify that decorative materials and postings are covering 25% or less of wall space. Classroom dimensions can be found in program support center binders in the manager's office. Measure wall dimensions if necessary or take a picture to document.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>	
<b>19. Classroom decorations are a minimum of three (3) feet away from exits or adjoining walls.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classroom decorations were less than three (3) feet away from exits		<b>Regulations</b> CFC 1028.2		<b>Guidance</b> Inspect classroom.	

1.7.E Classroom Inspection/Observation

	or adjoining walls. <input type="checkbox"/> b. _____		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>20.</b>	<b>Doors are free of paper postings.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, paper postings were found on doors. <input type="checkbox"/> b. _____	<b>Regulations</b>  CFC 2501.5	<b>Guidance</b>  When inspecting classrooms, verify doors are free of paper postings.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>21.</b>	<b>Garbage containers for disposing food or diapers are covered and contents are disposed of properly.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, garbage containers are uncovered. <input type="checkbox"/> b. In one or more classrooms, garbage containers are full and beyond capacity. <input type="checkbox"/> c. In one or more classrooms, garbage container smells and attracts flies. <input type="checkbox"/> d. _____	<b>Regulations</b>  45 CFR 1304.53(a)(10)(xvii) 22 CCR 101239(f)(1) 19 CCR 3.19	<b>Guidance</b>  Inspect the classroom food preparation areas or diaper changing area for covered garbage containers and surrounding walls and appliances are clean
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>

		Met	Partial	Not Met	N/A
22.	Trash containers are away from a heat or flame source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Trash containers are located in close proximity to heat source, such as heat register or wall heater.</p> <p><input type="checkbox"/> b. Trash containers are overflowing with paper, paper towels, or flammable materials.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>CFC 315.2 19 CCR 3.19</p>		<p><b>Guidance</b></p> <p>When inspecting the classroom, observe trash containers location and abundance of contents.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
23.	Any items used by classroom pets are kept out of the reach of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Classroom pet items are not kept out of the reach of children.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101438.1(a)</p>		<p><b>Guidance</b></p> <p>Inspect classroom for evidence of classroom pets to insure all items used by pets are out of reach of toddlers.</p> <p>Pet food should be free of nuts.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
24.	In general, the classroom is clean, free of odor and well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. One or more classrooms are unclean.</p> <p><input type="checkbox"/> b. One or more classrooms have foul odor.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(10)(xiv) 22 CCR 101438.1(c), 101239(e)(4)</p>		<p><b>Guidance</b></p> <p>Inspect classroom for cleanliness and odor, and review work order for evidence of requested maintenance.</p>	

1.7.E Classroom Inspection/Observation

<input type="checkbox"/> c. One or more classrooms are poorly maintained. <input type="checkbox"/> d. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>25. Diaper changing table has a padded surface no less than one-inch thick, covered with washable vinyl or plastic and has raised sides at least three inches high.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Diaper changing table does not have a one-inch padded surface. <input type="checkbox"/> b. Padded surface is not covered in washable vinyl or plastic. <input type="checkbox"/> c. Raised sides are not 3 inches high. <input type="checkbox"/> d. _____	<b>Regulations</b> 22 CCR 101439(h)(1-2)	<b>Guidance</b> Inspect diaper changing table.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	
<b>26. Diaper changing table is in good repair and safe condition.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Diaper changing table is not in good repair. <input type="checkbox"/> b. Diaper changing table is not in safe condition. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101439(h)(3)	<b>Guidance</b> Inspect diaper changing table.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>	

		Met	Partial	Not Met	N/A
27.	The diaper changing table is located within arm’s reach of a sink (while in use) and is at no time located in the kitchen/food-preparation area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Diaper changing table is not located within arm’s reach of a sink when in use.</p> <p><input type="checkbox"/> b. Diaper changing table is located in the kitchen/food-preparation area.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101439(h)(4-5)</p>		<p><b>Guidance</b></p> <p>Inspect diaper changing table and location.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
28.	The diaper changing table and pad are disinfected after each use and disposable changing paper is discarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Diaper changing table and pad are not disinfected after each use.</p> <p><input type="checkbox"/> b. Diaper changing paper is not discarded after each use.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101428(d)(7)(A)</p>		<p><b>Guidance</b></p> <p>Inspect diaper changing table and observe diaper change.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
29.	The diaper changing area (walls, floor, countertops, sinks, drawers, cabinets and hygiene items) is washed and disinfected after each diaper change if touched or splashed with residue during the diaper changing process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Diaper changing area is not washed and disinfected after being touched or splashed with residue during the diaper changing process.</p> <p><input type="checkbox"/> b. _____</p>		<p><b>Regulations</b></p> <p>22 CCR 101428(d)(7), 101438.1(4)(A-C)</p>		<p><b>Guidance</b></p> <p>Observe diaper changing process and area.</p>	

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>30. Children needing diaper changes are diapered on a changing table/pad and never left unattended while on the changing table.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Diapers are not changed on a changing table or changing pad. <input type="checkbox"/> b. Children are left unattended while on the changing table. <input type="checkbox"/> c. Diapering supplies not at hand. <input type="checkbox"/> d. _____		<b>Regulations</b> 22 CCR 101428(d)(1) and (d)(1)(A) ITERS Rating Scale, Section 4 (5.1), Section 9		<b>Guidance</b> Observe diaper change.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>31. Soiled disposable diapers are placed in a labeled, airtight container.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Soiled diapers are not placed in a labeled, airtight container. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101428(d)(3) ITERS Rating Scale, Section 9		<b>Guidance</b> Inspect container for diaper disposal.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>32. Soiled diaper container is sanitized and emptied daily in an outside garbage container.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The container containing soiled diapers is not sanitized daily.		<b>Regulations</b> 22 CCR 101428(d)(3)(a)		<b>Guidance</b> Inspect container for diaper disposal and			

1.7.E Classroom Inspection/Observation

	<input type="checkbox"/> b. The container containing soiled diapers is not emptied daily in an outside garbage container. <input type="checkbox"/> c. _____	ITERS Rating Scale, Section 9	any cleaning log.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
33.	<b>A crib (standard size six-year crib or porta-crib) or mat is available for each infant. Floor mats are used by infants who can climb out of a crib, if applicable.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Napping mats or cribs are not available for each infant. <input type="checkbox"/> b. Infants who can climb out of a crib are not placed on a floor mat during nap. <input type="checkbox"/> c. Standard size six-year crib or porta-crib are not used. <input type="checkbox"/> d. Stacking cribs are used. <input type="checkbox"/> e. _____	<b>Regulations</b> 22 CCR 101439.1(b)(1-3), (b)(4)(A-C), (b)(5)(A-C), (c) & (d)	<b>Guidance</b> Observe rest time; verify cribs or mats are available for each infant/toddler and that mats are used for infants who can climb out of a crib.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
34.	<b>Cribs meet the following requirements: mattresses are set at the lowest position, side rails are locked in the highest position, and crib slats are spaced no more than 2 3/8 inches, if applicable.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Not all cribs have mattresses set at the lowest position. <input type="checkbox"/> b. Not all cribs have side rails locked in the highest position. <input type="checkbox"/> c. Not all cribs have slats spaced no more than 2 3/8 inches. <input type="checkbox"/> d. _____	<b>Regulations</b> 22 CCR 101439.1(b)(5)(B)&(C)	<b>Guidance</b> Observe rest time.

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>35. All cribs are equipped with firm, moisture-resistant mattresses and contain no soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys, if applicable.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Some cribs do not have firm, moisture-resistant mattresses. <input type="checkbox"/> b. Soft bedding materials are used (i.e., comforters, pillows, fluffy blankets, stuffed toys). <input type="checkbox"/> c. _____			<b>Regulations</b> 45 CFR 1304.53(b)(vii)(3) 22 CCR 101439.1(b)(4)(A)			<b>Guidance</b> Observe rest time; verify cribs have firm, moisture-resistant (vinyl) mattresses and no soft bedding.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>36. Napping mats and/or cribs, if applicable, are spaced three (3) feet apart when in use to allow for easy access to each child.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Napping mats and/or cribs are not spaced 3 feet apart when in use. <input type="checkbox"/> b. _____			<b>Regulations</b> 45 CFR 1304.22(e)(7) 22 CCR 101239.1(d), 101439.1(f) & (f)(1)			<b>Guidance</b> Observe rest time; verify mats and/or cribs are spaced at least 3 feet apart when in use.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>37. Napping mats, if applicable, are stored so that each mat and bedding does not touch the other.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Napping mats are stored so that mats and/or bedding touch each other.			<b>Regulations</b> 22 CCR 101239.1(c)(2)			<b>Guidance</b> Napping mats are inspected and verified that mats and bedding does not touch each				



1.7.E Classroom Inspection/Observation

<input type="checkbox"/> b. _____		other.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>38.</b>	<b>Napping mats are disinfected weekly, crib mattresses daily and both when soiled, if applicable.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence napping mats are disinfected weekly. <input type="checkbox"/> b. There is no evidence crib mattresses are disinfected daily. <input type="checkbox"/> c. Some napping mats are soiled or have a foul odor. <input type="checkbox"/> d. Some crib mattresses are soiled or have a foul odor. <input type="checkbox"/> e. _____		<b>Regulations</b>  22 CCR 101239.1(b)(4),	<b>Guidance</b>  Inspect random napping mats and/or crib mattresses for cleanliness and odor.  Interview staff regarding cleaning practice/schedule.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>39.</b>	<b>Bedding is laundered weekly and changed daily when soiled, or when the crib/mat is occupied by another child, if applicable.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There is no evidence napping linens have been laundered. <input type="checkbox"/> b. Some napping linens are soiled or have a foul odor. <input type="checkbox"/> c. _____		<b>Regulations</b>  22 CCR 101239.1(e) & (e)(1)	<b>Guidance</b>  Inspect random napping mats and linens for cleanliness and odor.  Interview staff regarding laundering practices/schedule.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	

			Met	Partial	Not Met	N/A
<b>40.</b>	<b>Soiled bedding is placed in a suitable container and inaccessible to infants, if applicable.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Soiled bedding is not placed in a suitable container <input type="checkbox"/> b. Soiled bedding is accessible to infants. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101239.1(e)(1)(A)	<b>Guidance</b> Inspect classroom for soiled bedding container.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>41.</b>	<b>Rugs have a non-slip backing or strips to avoid slipping.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, rugs have missing or deteriorated non-slip backing. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Inspect rugs in classroom for intact non-skid backing or strips. Test the rug for movement.			
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>			
<b>42.</b>	<b>Doors used by children can be easily opened by staff and children.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, doors were difficult to open. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Open doors in classrooms to test for ease of opening and functioning closer. Facilities can adjust door if needed.			

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>43.</b>	<b>Doors shut closed after entry or exit.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, doors did not open and shut adequately. <input type="checkbox"/> b. _____			<b>Regulations</b> 22 CCR 101238(b)(1)		<b>Guidance</b> Open doors in classrooms to test for ease of opening, closing and functioning closer. Facilities can adjust door if needed.	
	<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>		
	<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required				
<b>44.</b>	<b>Doors have rubber gaskets to prevent finger pinching.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, door jambs have deteriorated or no rubber gasket. <input type="checkbox"/> b. _____			<b>Regulations</b> 22 CCR 101238(b)(1)		<b>Guidance</b> Open doors in classrooms and inspect door jamb for condition of rubber gasket. Note: Each door should have a “smoke seal.”	
	<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>		
	<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required				
<b>45.</b>	<b>Heating/Cooling systems are out of reach of children.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, heating and/or cooling system registers or radiator are easily accessible to children.			<b>Regulations</b> 22 CCR 101238(b)(1)		<b>Guidance</b> Inspect the classroom for location of heating/cooling registers or radiators.	

1.7.E Classroom Inspection/Observation

<input type="checkbox"/> b. _____			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>46. Classrooms are free of portable heating/cooling devices including fans.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Classroom staff use a portable heating/cooling device. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Inspect the classroom for portable heating/cooling devices.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>47. Drawers are closed to prevent tripping hazards</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, drawers were found open presenting a tripping hazard. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Inspect the classroom cabinets and counters for open drawers.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
		<b>Strengths:</b>	
<b>48. All exits have a three foot clearance.</b>		<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, there are objects diminishing the three foot clearance for entry and exit. Wheelchairs are unable to enter, exit		<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Inspect the classroom exits for three foot clearance. Use measuring tape if uncertain.

1.7.E Classroom Inspection/Observation

	or turn. <input type="checkbox"/> b. _____		
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>49.</b>	<b>Pull cords for blinds are out of reach of children and free of knots.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, pull cords for blinds were accessible to children. <input type="checkbox"/> b. In one or more classrooms, pull cords were knotted and presented a choking hazard. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238(b)(1)	<b>Guidance</b> Inspect the classroom blinds for condition of pull cords.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>50.</b>	<b>Step stools are safe and stable.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, step stools were un-sturdy or in poor repair. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101239.2(a)(2) ITERS Rating Scale, Section 2 (5.3)	<b>Guidance</b> Inspect step stools or step devices for sturdiness and condition.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
<b>51.</b>	<b>Children have access to drinking water.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>

1.7.E Classroom Inspection/Observation

	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, there was no drinking water supply.</p> <p><input type="checkbox"/> b. In one or more classrooms, there was no access to cups for drinking (if applicable).</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101239.2(a)(1)</p>	<p><b>Guidance</b></p> <p>Inspect classroom for adequate drinking water supply and for cups if applicable.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
<p>52.</p>	<p><b>First Aid kits are in every classroom, out of reach of children but accessible to staff.</b></p>		<p><b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/></p>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, the first aid kit was missing.</p> <p><input type="checkbox"/> b. In one or more classrooms, the first aid kit was not accessible to staff.</p> <p><input type="checkbox"/> c. In one or more classrooms, the first aid kit was in a location accessible to children.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.22(f)(1)</p> <p>29 CFR 1910.151(b)</p> <p>22 CCR 101226(d)</p>	<p><b>Guidance</b></p> <p>Inspect the classroom for location of first aid kit and staff accessibility, out of reach of children.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
<p>53.</p>	<p><b>First Aid supplies are in a closed secure container.</b></p>		<p><b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/></p>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, the first aid kit has a broken latch and was not secure.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101226(d)</p> <p>45 CFR 1304.22(f)(1)</p> <p>Does not state locked, but must be inaccessible.</p>	<p><b>Guidance</b></p> <p>Locate the first aid kit and ensure that the kit is latched and secured.</p>

1.7.E Classroom Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>54. First aid kit is well stocked with fresh supplies.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the first aid kit is missing items and there is no evidence of request for supplies. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101226(d) 45 CFR 1304.22(f)(1)		<b>Guidance</b> Locate the first aid kit and verify supplies with list included in kit.  Interview site supervisor for evidence new supplies have been requested to replenish the kit.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>55. Children’s belongings are stored separately from other children’s belongings.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the children’s belongings were not separated. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238.4(a)		<b>Guidance</b> Inspect classroom for storage of children’s belongings.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
<b>56. Staff purses and backpacks are stored out of reach of children.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, the staff purses and backpacks were not		<b>Regulations</b>		<b>Guidance</b> Inspect classroom for placement of staff			

1.7.E Classroom Inspection/Observation

	stored properly and were accessible to children. <input type="checkbox"/> b. _____		purses and backpacks.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
57.	<b>Staff who work with children wear closed toed shoes on a daily basis. (SOP only)</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Some staff who work with children are not wearing closed toed shoes. <input type="checkbox"/> b. _____	<b>Regulations</b> SETA Head Start Personnel Policies and Procedures: Section 11.15 Head Start/Early Head Start Uniform Policy	<b>Guidance</b> Check that staff working directly with children are wearing closed toe shoes.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
58.	<b>Toys are safe, do not contain sharp points, edges or splinters, and small parts cannot be pulled off and swallowed. Baby walkers and bouncers are not used.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Toys are not age-appropriate. <input type="checkbox"/> b. Toys are not appropriate for play (dirty; sharp points, edges, or splinters). <input type="checkbox"/> c. Small toys/parts could present a choking hazard. <input type="checkbox"/> d. _____	<b>Regulations</b> 22 CCR 101439(d)(2) & (l) Health and Safety Code 1596.846(b) and (c)	<b>Guidance</b> Randomly inspect toys for cleanliness, safety condition and age-appropriateness.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>



		Met	Partial	Not Met	N/A
59.	There is a designated area for contaminated toys and toys are cleaned on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. There is no designated area for contaminated toys.</p> <p><input type="checkbox"/> b. Toys appear dirty and not appropriate for play.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(b)(2)</p> <p>22 CCR 101438(1)(d) &amp; (3)(e)</p>		<p><b>Guidance</b></p> <p>Randomly inspect children toys for cleanliness.</p> <p>Locate designated area in classroom for contaminated toys.</p> <p>Interview staff for procedure.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
60.	Indoor climbing equipment is over approved mats that extend six (6) feet from structure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, indoor climbing equipment is not on approved mats.</p> <p><input type="checkbox"/> b. Mats under indoor climbing equipment do not extend at least six feet.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(b)(1)(vi)</p> <p>22 CCR 101238.2(e)(1) &amp; (e)(2) (outdoor)</p>		<p><b>Guidance</b></p> <p>Inspect indoor climbing equipment for sturdiness and mats for required floor coverage.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
61.	Indoor climbing equipment is a maximum height for the children’s ages (3 ft./3 years).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, indoor climbing equipment does not meet requirements of 1 foot per 1 year in age.</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(b)(1)(vi)</p>		<p><b>Guidance</b></p> <p>Inspect indoor climbing equipment and measure for requirements.</p>	

1.7.E Classroom Inspection/Observation

	<input type="checkbox"/> b. _____		
	<p><b>Concerns:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p style="text-align: right;"><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>

(End Sub-Section 1.7.E Classroom Inspection/Observation)

1.7.F Playground Inspection/Observation

1.7 – Safe Environments			
1.7.F Playground Inspection/Observation			
Compliance Requirement		Compliance	
1.	<b>Children have access to drinking water.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Water fountain or water spigot on container is inoperative. <input type="checkbox"/> b. Water container is empty. <input type="checkbox"/> c. There were no cups available for drinking. <input type="checkbox"/> d. _____	<b>Regulations</b> 22 CCR 101239.2(a)(1)	<b>Guidance</b> Inspect playground for availability of drinking water.
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
2.	<b>Outdoor area for EHS is physically separate from areas used by other children.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Outdoor areas for EHS is not physically separate from areas used by other children. <input type="checkbox"/> b. _____	<b>Regulations</b> 22 CCR 101438.2(b) ITERS - Rating Scale, Section 16 (5.1)	<b>Guidance</b> Inspect the outdoor area for evidence that EHS playground is physically separate from space used by other children.
	<b>Concerns:</b> <input type="checkbox"/> Response Required	<b>Recommendations:</b> <input type="checkbox"/> Response Required	<b>Strengths:</b>
3.	<b>Outdoor areas are maintained and safe, free of trash, broken equipment, and standing water.</b>	<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>
	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Playground has uneven surfaces creating potential tripping hazards.	<b>Regulations</b> 45 CFR 1304.53(a)(7) & (10)(x) & (viii)	<b>Guidance</b> Inspect the playground equipment, ride-on

1.7.F Playground Inspection/Observation

	<input type="checkbox"/> b. Playground swings and/or slides are not maintained. <input type="checkbox"/> c. Ride-on equipment was in poor repair. <input type="checkbox"/> d. Trash is present in various locations on the playground. <input type="checkbox"/> e. Outdoor areas contain standing water. <input type="checkbox"/> f. _____	22 CCR 101238(a)	equipment, and presence of trash.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
4.	<b>Outdoor areas are free of animal excrement and poisonous plants or berries.</b>	<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Animal excrement is present in children’s play area. <input type="checkbox"/> b. Poisonous plants and berries are easily accessible to children when on the playground. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238(f)	<b>Guidance</b> Review poisonous plant handout while inspecting the playground.  Inspect children’s play areas, such as sandbox, for animal excrement.
	<b>Concerns:</b>  <input type="checkbox"/> Response Required	<b>Recommendations:</b>  <input type="checkbox"/> Response Required	<b>Strengths:</b>
5.	<b>Sandbox and sensory tables are clean and covered when not in use.</b>	<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	
	<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. Sandbox is not clean and covered when not in use. <input type="checkbox"/> b. Sensory table is not clean and covered when not in use. <input type="checkbox"/> c. _____	<b>Regulations</b> 22 CCR 101238.2(f) ITERS Rating Scale, Section 10 (5.4)	<b>Guidance</b> Inspect sandbox and/or sensory tables for cleanliness and cover when not in use.

1.7.F Playground Inspection/Observation

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>6.</b>	<b>Wading pools are inaccessible to children without supervision and emptied after each use.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Wading pool(s) are accessible to children without supervision. <input type="checkbox"/> b. Wading pool(s) are not emptied after each use. <input type="checkbox"/> c. _____		22 CCR 101238(e) (inaccessibility when not in use) 22 CCR 101238.5(a)(1) (emptied after each use)		Inspect playground for any wading pools.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>7.</b>	<b>Outdoor area has some protection from the elements and is in good repair.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Outdoor area has no protection from the elements. <input type="checkbox"/> b. Materials and/or structures used to provide protection from the elements is in poor condition <input type="checkbox"/> c. _____		22 CCR 101238.2(b)(1) ITERS Rating Scale, Section 16 (7.2)		Inspect outdoor area for protection from the elements. Inspect materials and/or structures used to provide protection from the elements for condition.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

1.7.F Playground Inspection/Observation

		Met	Partial	Not Met	N/A
<b>8.</b>	<b>Exposed concrete and hard anchoring materials are covered.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Concrete and anchoring materials are exposed and pose tripping hazards.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238(c) &amp; (d)</p>		<p><b>Guidance</b></p> <p>Inspect playground for concrete protrusions and exposed anchoring materials that may cause tripping.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>9.</b>	<b>Tree branches are trimmed and do not intrude on play area (7 foot clearance).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Tree branches intrude on playground and pose safety hazard.</p> <p><input type="checkbox"/> b. Overgrown vegetation intrudes on playground.</p> <p><input type="checkbox"/> c. No evidence of request for maintenance.</p> <p><input type="checkbox"/> d. _____</p>	<p><b>Regulations</b></p> <p>SETA Head Start Best Practice</p>		<p><b>Guidance</b></p> <p>Inspect playground for tree branches and overgrown vegetation.</p> <p>Review facilities request for maintenance.</p>	
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	
<b>10.</b>	<b>Bike and trike paths are separate from other equipment.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Bike and trike paths close to or pass through playground equipment.</p> <p><input type="checkbox"/> b. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101238.2(c)</p>		<p><b>Guidance</b></p> <p>Inspect location of bike and trike paths and proximity to playground equipment.</p>	

1.7.F Playground Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>11. The playground slide has an enclosed top for children to rest and get into position.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The playground slide does not have an enclosed area for the child to rest and get into position. <input type="checkbox"/> b. _____			<b>Regulations</b> <i>Public Playground Safety Handbook</i>			<b>Guidance</b> Inspect the playground slide for enclosure.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>12. Slides have a flat surface at the bottom to slow children down.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The slide drops off abruptly at the bottom posing a safety hazard. <input type="checkbox"/> b. _____			<b>Regulations</b> <i>Public Playground Safety Handbook</i>			<b>Guidance</b> Inspect the playground slide for safety when reaching the bottom.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>						
<b>13. Bottom of slide is 11 inches or lower to the ground.</b>							<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The distance from the bottom of the slide to the ground is more than 11 inches. <input type="checkbox"/> b. _____			<b>Regulations</b> <i>Public Playground Safety Handbook</i>			<b>Guidance</b> Using the measuring tape, ensure the distance from the bottom of the slide to the ground is 11 inches or less.				

1.7.F Playground Inspection/Observation

<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
14.	<b>Play area is free of tripping hazards (i.e., roots, holes, etc.).</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The playground contains one or more tripping hazards. <input type="checkbox"/> b. _____		<b>Regulations</b> 22 CCR 101238(c) & (d)		<b>Guidance</b> Inspect the playground for tripping hazards.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				
15.	<b>The playground layout minimizes possible injury to children.</b>				<b>Met</b> <input type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. There are tripping or slipping hazards from sand or shock absorbing materials. <input type="checkbox"/> b. Seasonal activities or equipment (i.e. water table) block the flow of the playground. <input type="checkbox"/> c. Use of equipment infringes on other activities. <input type="checkbox"/> d. _____		<b>Regulations</b> 22 CCR 101238.2(c)		<b>Guidance</b> Upon inspection of the playground, verify the layout of equipment, bike path and activity areas can be used freely without obstruction.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				



1.7.F Playground Inspection/Observation

		Met	Partial	Not Met	N/A
16.	The classroom and playground (of sites with a non-ambulatory license) are accessible to staff, parents and children with disabilities (i.e., ramps in good repair, furnishings not blocking pathways, etc.). (N/A permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The playground contains various obstacles prohibiting access of children with disabilities such as a wheelchair or equipment used for walking. <input type="checkbox"/> b. There is no evidence of request for ADA upgrades to the playground. <input type="checkbox"/> c. _____		<b>Regulations</b> 45 CFR 1304.53(a)(7) & (10)		<b>Guidance</b> Review ADA compliance. Inspect playground for accessibility for children with disabilities	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
17.	The playground equipment is over nine (9) inches of shock-absorbing material, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The shock absorbing material under playground equipment is less than nine inches. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(x) 22 CCR 101238.2(e)		<b>Guidance</b> Inspect and measure shock absorbing materials under playground equipment. Review information regarding solid shock absorbing material for meeting requirements under playground equipment.	
<b>Concerns:</b> <input type="checkbox"/> Response Required		<b>Recommendations:</b> <input type="checkbox"/> Response Required		<b>Strengths:</b>	
18.	Shock absorbing material extends at least six (6) feet clearance space from playground equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The shock absorbing materials extends less than six feet clearance space from playground equipment.		<b>Regulations</b> 45 CFR 1304.53(a)(10)(x)		<b>Guidance</b> Measure the distance from the playground equipment to the perimeter of shock	

1.7.F Playground Inspection/Observation

<input type="checkbox"/> b. _____		absorbing materials.	
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>19.</b>	<b>Shock absorbing material extends at least six (6) feet from walkways, buildings and other structures.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The shock absorbing materials extends less than six (6) feet space from walkways, buildings and other structures. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)(x)	<b>Guidance</b> Measure the distance from walkways buildings and other structures to the perimeter of shock absorbing materials.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			
<b>20.</b>	<b>The outdoor area is enclosed with a fence or natural barrier that allows for observation of children.</b>		<b>Met</b> <input type="checkbox"/> <b>Partial</b> <input type="checkbox"/> <b>Not Met</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. The outdoor area fence or natural barrier is in poor repair obstructing the ability to observe children. <input type="checkbox"/> b. There is no evidence of request to repair fence or natural barrier. <input type="checkbox"/> c. _____		<b>Regulations</b> 22 CCR 101238.2(g) 45 CFR 1304.53(a)(9)	<b>Guidance</b> Inspect outdoor area fence or natural barrier to ensure it is in good repair.  Review Facilities repair orders for repair request.
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required	
<b>Strengths:</b>			

1.7.F Playground Inspection/Observation

			Met	Partial	Not Met	N/A	
21.	<b>Outdoor fences/barriers have at least two (2) working exits.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or both exits in outdoor fencing/barriers are in poor repair. <input type="checkbox"/> b. Location of key to unlock exits is not general knowledge to staff and/or easily accessible. <input type="checkbox"/> c. There is no evidence of facility request for repair. <input type="checkbox"/> d. _____		<b>Regulations</b> <i>Head Start Center Design Guide, 6.7.1</i>		<b>Guidance</b> Inspect outdoor exits. At least one exit in fence; second exit can be into center. Exits must be unlocked.  Interview staff for location of keys.  Locate keys and use to ensure locks can be opened without difficulty allowing for exit if necessary.  Review Facilities repair orders for repair request.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			
22.	<b>Playgrounds have self-closing gates with self-latching mechanisms that cannot be opened by children.</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. One or more closers on gates are in poor repair and allow for children to exit at will. <input type="checkbox"/> b. There is no evidence of facility request for repair. <input type="checkbox"/> c. _____		<b>Regulations</b> <i>Head Start Center Design Guide, 6.7.1</i> 22 CCR 101238(e)(1)		<b>Guidance</b> Inspect outdoor gate mechanisms.  Review facilities repair order for repair request.			
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>			

1.7.F Playground Inspection/Observation

		Met	Partial	Not Met	N/A
23.	Openings in outdoor playground equipment, fences or handrails are less than 3.5 inches or greater than nine (9) inches wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Openings in outdoor playground equipment, fences or handrails are greater than 3.4 inches and less than nine inches posing safety concerns for entrapment or strangulation.</p> <p><input type="checkbox"/> b. There is no facilities request for repair.</p> <p><input type="checkbox"/> c. _____</p>		<p><b>Regulations</b></p> <p><i>Head Start Center Design Guide, 6.7.1</i></p>		<p><b>Guidance</b></p> <p>Inspect outdoor playground equipment, fences, and/or handrails for safety and measurement compliance.</p> <p>Measure distance between openings.</p> <p>Review facilities order for repair request.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>		<p><b>Strengths:</b></p>	

(End Sub-Section 1.7.F Playground Inspection/Observation)

1.7 – Safe Environments			
1.7.G Disaster Preparedness			
Compliance Requirement		Compliance	
1.	Staff knows the primary off-site evacuation location and procedure.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. The emergency preparedness plan located on the CCL is not up-to-date.</p> <p><input type="checkbox"/> b. Random interviewing of staff reveals that staff is not aware of location or procedure.</p> <p><input type="checkbox"/> c. _____</p>	<p><b>Regulations</b></p> <p>22 CCR 101174(b)(2)(D) 45 CFR 13063.6(c)</p>	<p><b>Guidance</b></p> <p>Review the CCL emergency preparedness posting.</p> <p>Locate the emergency preparedness binder.</p> <p>Randomly interview staff for knowledge of off-site location and procedure.</p> <p>Review drill log for off-site evacuation drill.</p>
	<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Strengths:</b></p>
2.	A one-day supply of emergency food and water for staff and children is accessible and stored securely.	Met <input type="checkbox"/>	Partial <input type="checkbox"/>
	<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Emergency storage containers are in locked cabinets, off-site or determined not easily accessible.</p> <p><input type="checkbox"/> b. Emergency storage containers are unsealed and have noticeable damage.</p> <p><input type="checkbox"/> c. Emergency storage containers are hidden by clothing or materials obstructing visibility and access.</p> <p><input type="checkbox"/> d. No evidence of request from Facilities or Program Support Services for repair or replenishment.</p> <p><input type="checkbox"/> e. _____</p>	<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(3)</p>	<p><b>Guidance</b></p> <p>Locate emergency storage containers and inspect seal for damage and that it is dated within one year.</p> <p>Inspect facilities request for repair log.</p>

<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>3.</b>	<b>Emergency backpacks are well stocked, secured and accessible in each classroom.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Emergency backpacks are in locked cabinets, off-site or determined not easily accessible. <input type="checkbox"/> b. Emergency backpacks are unsealed and have noticeable damage. <input type="checkbox"/> c. Emergency backpacks are hidden by clothing or materials obstructing visibility and access. <input type="checkbox"/> d. No evidence of request from Facilities or Program Support Services for repair or replenishment. <input type="checkbox"/> e. _____		45 CFR 1304.53(a)(3)		Locate emergency backpacks and inspect seal for damage. Inspect facilities request log for repair.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					
<b>4.</b>	<b>Emergency cards are readily accessible for evacuation.</b>			<b>Met</b>	<b>Partial</b>	<b>Not Met</b>	<b>N/A</b>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b>		<b>Regulations</b>		<b>Guidance</b>			
<input type="checkbox"/> a. Emergency cards are not accessible for evacuation. <input type="checkbox"/> b. Emergency cards are not up-to-date. <input type="checkbox"/> c. _____		22 CCR 101221(a)(7) Seta HS Policies and Procedures- <i>Disaster Preparedness</i>		Inspect classroom for location of emergency cards to be used in case of an evacuation. Review current class roster and compare names with emergency cards to validate accuracy.			
<b>Concerns:</b>		<b>Recommendations:</b>		<b>Strengths:</b>			
<input type="checkbox"/> Response Required		<input type="checkbox"/> Response Required					

1.7.G Disaster Preparedness

5. There is emergency lighting available in case of an emergency.		Met	Partial	Not Met	N/A
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. In one or more classrooms, emergency lighting was not found.</p> <p><input type="checkbox"/> b. In one or more classrooms, flashlight was inoperable.</p> <p><input type="checkbox"/> c. No evidence of request for battery replacement or lighting replacement.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>45 CFR 1304.53(a)(10)(ix) California Building Code §1003.2.9.2</p>		<p><b>Guidance</b></p> <p>Locate flashlight and operate to determine if batteries are functioning.</p> <p>Inspect facilities request log for replacement or repair.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>			
6. A Storm Station is accessible, plugged in and in working order. (SOP only)		Met	Partial	Not Met	N/A
<p><b>If Partial or Not Met, List Finding(s):</b></p> <p><input type="checkbox"/> a. Storm Station could not be found.</p> <p><input type="checkbox"/> b. Storm Station was unplugged.</p> <p><input type="checkbox"/> c. Storm Station was inaccessible in case of an emergency.</p> <p><input type="checkbox"/> d. _____</p>		<p><b>Regulations</b></p> <p>SOP Head Start</p>		<p><b>Guidance</b></p> <p>Locate Storm Station and determine if it is easily accessible.</p> <p>Verify the Storm Station is plugged in.</p> <p>Verify if the Storm Station is operational.</p>	
<p><b>Concerns:</b></p> <p><input type="checkbox"/> Response Required</p>	<p><b>Recommendations:</b></p> <p><input type="checkbox"/> Response Required</p>	<b>Strengths:</b>			

		Met	Partial	Not Met	N/A			
7.	<b>Cabinets and bookcases are free of potential falling objects in the case of an earthquake or explosion.</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Partial or Not Met, List Finding(s):</b> <input type="checkbox"/> a. In one or more classrooms, office, kitchen area or entry there was evidence of potential falling objects from tops of bookcases, cabinets and other tall furniture. <input type="checkbox"/> b. _____		<b>Regulations</b> 45 CFR 1304.53(a)(10)		<b>Guidance</b> Inspect center for potential falling hazards from high places in case of an earthquake. Ensure there is an up-to-date earthquake plan attached to the CCL posting. Locate the Seta Disaster Preparedness binder.				
<b>Concerns:</b>  <input type="checkbox"/> Response Required		<b>Recommendations:</b>  <input type="checkbox"/> Response Required		<b>Strengths:</b>				

(End Sub-Section 1.7.G Disaster Preparedness)



Performance Rating – Health Nutrition and Safe Environments (Early Head Start)

1.4 - HEALTH

1.4.A Child's Health Status/ Screenings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
Total				

1.4.B Health Care Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total				

1.4.C Health Procedures				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

14				
15				
16				
17				
Total				

1.4.D Hygiene (Hand Washing and Tooth Brushing)				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
Total				

1.5 - NUTRITION

1.5.A Nutrition Tracking and Follow-Up				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total				

1.5.B Menus and Meal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
Total				

1.5.C Special Diets				
	M	P	NM	N/A
1				
2				
3				
4				
5				
Total				

1.6 - HEALTH SERVICES  
FOR PREGNANT  
WOMEN AND NEW  
MOTHERS

1.6.A Prenatal Services				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

1.6.B New Mother Services				
	M	P	NM	N/A
1				
2				
3				
Total				

M = Met      P = Partial      NM = Not Met      N/A = Not Applicable

1.7 - SAFE ENVIROMENTS

1.7.A Center Postings				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
Total				

1.7.B Office Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				

1.7.C Kitchen/Food Preparation Area Inspection				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
Total				

1.7.D Restroom Insection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
Total				

1.7.E Classroom Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
Total				

1.7.F Playground Inspection/ Observation				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
Total				

1.7.G Disaster Preparedness				
	M	P	NM	N/A
1				
2				
3				
4				
5				
6				
7				
Total				

M = Met      P = Partial      NM = Not Met      N/A = Not Applicable