

INITIAL Relative/Alternate Care Health and Safety Home Inspection

Provider ID:	Provider name:	Phone Number:			
Address where care is done:		___ Provider Home	___ Child(ren)'s Home		
Monitor Name:	Date:	Start Time:	End Time:		
Type of care: ___ Relative care ___ Alternate					
Times care is provided (if different than FDCH application):					
Indicate which rooms in the house children have access to:					
List everyone 12 years or older living in the household. If there is a helper not living in the home they are also to be listed. (FFN Interpretation Manual (2)(a))					
Last Name First Name	Relationship to provider	Date of Birth	Is there a BCI attached (12 and older)?		
			Yes	No	N/A
<p>*Any individual 18 years old or older living in the home must also submit 10-finger fingerprints one time to Child Care Licensing. A relative care provider is someone is caring for a related child. Related is defined as: a sibling or step-sibling under 13 from a separate household, aunt, uncle, grandparent, step-aunt/uncle, step-grandparent, great aunt/uncle, or great grandparent. NOTE: cousins or children of cousins are not eligible to be on the program under Relative Care.</p> <p>List the name(s) of the child(ren) in care, including your own, and the relationship to the child(ren). For example, niece, nephew, grandchild, sibling, etc. Circle yes or no to tell us if you live with the child(ren).</p>					
				Live with Provider	
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
Child name: _____	Relationship: _____	Yes	No		
<p><i>Initial: _____</i> I certify that I am related to the children I care for as defined above. I care for ___ child(ren).</p>					

EVALUATION				
*Any question answered no requires a plan to correct listed on the summary sheet				
COVERED INDIVIDUALS				
Explain	The Provider must submit a BCI for anyone moving into the home within 10 working days (FFN Interpretation Manual (2)(b))	Yes	No*	N/A

Explain	The provider understands that a BCI must be submitted within 10 working days of their arrival for any individuals who stays in the home for 2 weeks or more (FFN Interpretation Manual (2)(c))	Yes	No*	N/A
NUMBER OF CHILDREN IN CARE				
Observe	Relative Care: The maximum capacity is 8 children in care*. No more than 2 can be younger than 2 years old. OR with 6 or fewer children in care there can be no more than 3 children under the age of 2. All children must be related to the provider and own children under 4 count towards capacity. (*If ALL outside children are siblings to each other then there is no limit to the number of children in care) Alternate Care: The maximum capacity is 4 children with no more than 2 children under the age of 2. The children do not need to be related. Is provider within capacity? (FFN Interpretation Manual (3)(a)(i-ii))	Yes	No*	N/A
SUPERVISION				
Note: The provider must be awake, physically present and directly supervising children in care at all times				
Observe	The provider must be present and properly supervising children when they are indoors and/or outdoors. Provider must be able to hear school age children (FFN Interpretation Manual (4)(a))	Yes	No*	N/A
Observe	The Provider must supervise sleeping infants - Infants sleep in a location where they are within sight and hearing, or the provider does an in-person observation once every 15 minutes, or the provider uses a monitoring device that detects and sounds an alarm if the infant stops breathing. (FFN Interpretation Manual (4)(b)(i-ii))	Yes	No*	N/A
Observe	The provider supervises children (be close enough to see the bottom of the pool)) when there is water in a wading pool and/or a swimming pool that has not been emptied. (FFN Interpretation Manual (4)(c-d))	Yes	No*	N/A
Observe	The provider is next to the trampoline supervising the children if and when any child is on it. (FFN Interpretation Manual (4)(e))	Yes	No*	N/A
CHILD SAFETY AND INJURY PREVENTION (the provider must take all reasonable measures to protect the safety of the children and must not allow conduct that endangers the children)				
Observe	The home, outdoor areas, toys and equipment are maintained in a safe manner to prevent injury. (FFN Interpretation Manual (5)(b))	Yes	No*	N/A
Observe	There is a working phone, fire extinguisher and smoke detector. (A smoke detector must be on each floor of the home). (FFN Interpretation Manual (5)(c-e))	Yes	No*	N/A
Observe	There are firearms on the premises. They are not loaded and are secured in a cabinet, safe or area that is locked with a key or combination lock. (FFN Interpretation Manual (5)(f))	Yes	No*	N/A
Observe	Infants sleep in equipment designed for sleep such as a crib, bassinet, porta crib or playpen. Infants are not placed on their stomach for sleeping. (FFN Interpretation Manual (5)(g)(i-ii))	Yes	No*	N/A
Observe	Children do not have access to the following: a) Toxic / Cleaning chemicals b) Prescription medications, c) over-the counter vitamins or herbal supplements; d) empty refrigerators or freezers; e) exposed live electrical wires; f) open containers of alcohol; g) any illegal substances; h) space heaters, fireplaces, wood burning stove (when in use) or any open flames; i) Poisonous plants. (FFN Interpretation Manual (5)(h)(i-ix)) <i>Leave handout listing poisonous plants & toxic substances</i>	Yes	No*	N/A
Observe	Provider understands that animals the children have access to must not have a history of dangerous, attacking or aggressive behavior (FFN Interpretation Manual (5)(i))	Yes	No*	N/A
Observe	When outdoor areas are being used by children these items must be inaccessible to the children in care: a) Unanchored swing and large metal slides; b) Raised decks or balconies and open stair wells 5 feet or higher without protective barriers with gaps	Yes	No*	N/A

	greater than 5" by 5"; c) Motor vehicles on blocks; d) Rebar or metal rods less than 36 inches long sticking up from the ground or out of walls. Stationary play equipment cannot be over hard surfaces such as cement or asphalt; Equipment must be used in a safe manner to prevent injury (FFN Interpretation Manual (5)(j)(i-iii))			
Observe	The provider ensures that children do not have access to hot tubs, or other water hazards like ponds and streams with more than 2 inches of water. Children are protected from unintended access to the above. (FFN Interpretation Manual (5)(k)(i-iii))	Yes	No*	N/A
Explain	While transporting children in care the provider must ensure that each child is wearing appropriate safety restraints, s/he must never leave children in the car unattended, and must not be intoxicated or impaired (FFN Interpretation Manual (5)(l)(i-iii))	Yes	No*	N/A
CHILD CARE HEALTH				
Observe	The environment is clean and sanitary for children. There is a flushing toilet and working hand washing sink. Children in care are not subject to physical, emotional or sexual abuse (and show no signs of this). Provider must report suspected abuse, neglect or exploitation of child to Child Protective Services. (FFN Interpretation Manual (6)(a-e))	Yes	No*	N/A
Explain	The provider understands they cannot discipline: a) by using punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching; b) by binding, tying, or other forms of restraint; c) by shouting or any other emotional abuse; d) by forcing or withholding food, rest, toileting; e) by confining them to a closet, locked room or other enclosures of any kind (FFN Interpretation Manual (6)(e)(i-vi))	Yes	No*	N/A
PARENTS				
Explain	Provider ensures that parents have access to areas of the home used for care and are aware and have approved that the children may be taken off of the premises – go to park or to run errands. Parental permission is needed to allow children to go to a neighbor's house, ride bikes on street etc. (FFN Interpretation Manual (7)(a-b))	Yes	No*	N/A
NOTIFICATION AND REPORTABLE CHANGES				
Explain	Provider understands: a) that in the case of a life threatening incident or injury that may pose a threat of the loss of vision, hearing, or a limb, emergency personnel must be contacted immediately, even before contacting the parent. b) When giving medication, any adverse reaction or any error in the administration of the medication must be reported to the parent immediately upon recognition of the error or reaction. (FFN Interpretation Manual (8)(a-e))	Yes	No*	N/A
Explain	Within 24 hours of its occurrence the provider has notified her food sponsor: a) of any fatality, hospitalization, emergency medical response, or injury requiring immediate attention from a health care provider, b) when a member living in the home was convicted of a felony or misdemeanor, c) (within 10 days) if any of the following changed: name, telephone number or daycare schedule (FFN Interpretation Manual (8)(a-e))	Yes	No*	N/A
EMERGENCY PREPAREDNESS				
Observe	The provider has a current certification in First Aid and has an infant and child CPR certificate with hands-on-testing. (FFN Interpretation Manual (9)(a-c))	Yes	No*	N/A
Observe	The provider has, and understands, an emergency and disaster plan that includes procedures for a) Fire in the home, b) Earthquake, c) evacuation and re-location. All plans must include notifying the parent. (FFN Interpretation Manual (9)(a-c))	Yes	No*	N/A
DOCUMENTATION				
Observe	Parent attestation statement of current immunization records for children in care (FFN Interpretation Manual (10))	Yes	No*	N/A

- Announced
 Unannounced

Relative/Alternate Care Health and Safety Home Inspection

To be used for either announced or unannounced inspections. One must be completed annually at least 90 days prior to renewal.

Provider ID	Provider name:	Phone No:		
Complete only if inspection is conducted independent of a home review:				
Address where care is done:		___ Provider's Home	___ Child(ren)'s Home	
Monitor Name:	Date:	Start Time:	End Time:	
Type of care: ___ Relative Care ___ Alternate Care				
Times care is provided (if different than FDCH application):				
Indicate which rooms in the house children have access to:				
EVALUATION				
*Any question answered no requires a plan to correct listed on the summary sheet				
NUMBER OF CHILDREN IN CARE				
Observe	<p>Relative Care: The maximum capacity is 8 children in care*. No more than 2 can be younger than 2 years old. OR with 6 or fewer children in care there can be no more than 3 children under the age of 2. All children must be related to the provider and own children under 4 count towards capacity. (*If ALL outside children are siblings to each other then there is no limit to the number of children in care)</p> <p>Alternate Care: The maximum capacity is 4 children with no more than 2 children under the age of 2. The children do not need to be related.</p> <p>Is provider within capacity? (FFN Interpretation Manual (3)(a)(i-ii))</p>	Yes	No*	N/A
SUPERVISION				
Note: The provider must be awake, physically present and directly supervising children in care at all times				
Observe	The provider must be present and properly supervising children when they are indoors and/or outdoors. Provider must be able to hear school age children. (FFN Interpretation Manual (4)(a))	Yes	No*	N/A
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Observe	The provider is next to the trampoline supervising the children if and when any child is on it. (FFN Interpretation Manual (4)(e))	Yes	No*	N/A
CHILD SAFETY AND INJURY PREVENTION				
Observe	The home, outdoor areas, toys and equipment are maintained in a safe manner to prevent injury. (FFN Interpretation Manual (5)(b))	Yes	No*	N/A
Observe	There is a working phone, fire extinguisher and smoke detector. (A smoke detector must be on each floor of the home). (FFN Interpretation Manual (5)(c-e))	Yes	No	N/A
Observe	There are firearms on the premises. They are not loaded and are secured in a cabinet, safe or area that is locked with a key or combination lock. (FFN Interpretation Manual (5)(f))	Yes	No*	N/A
Observe	Infants sleep in equipment designed for sleep such as a crib, bassinet, porta crib or playpen. Infants are not placed on their stomach for sleeping. (FFN Interpretation Manual (5)(g)(i-ii))	Yes	No*	N/A

Observe	Children do not have access to the following: a) Toxic / Cleaning chemicals b) Prescription medications, c) over-the counter vitamins or herbal supplements; d) empty refrigerators or freezers; e) exposed live electrical wires; f) open containers of alcohol; g) any illegal substances; h) space heaters, fireplaces, wood burning stove (when in use) or any open flames; i) Poisonous plants. (FFN Interpretation Manual (5)(h)(i-ix)) Refer to poisonous plants & toxic substances reference sheet	Yes	No*	N/A
Observe	Provider understands that animals the children have access to must not have a history of dangerous, attacking or aggressive behavior (FFN Interpretation Manual (5)(i))	Yes	No*	N/A
Observe	When outdoor areas are being used by children these items must be inaccessible to the children in care: a) Unanchored swing and large metal slides; b) Raised decks or balconies and open stair wells 5 feet or higher without protective barriers with gaps greater than 5" by 5"; c) Motor vehicles on blocks; d) Rebar or metal rods less than 36 inches long sticking up from the ground or out of walls. Stationary play equipment cannot be over hard surfaces such as cement or asphalt; Equipment must be used in a safe manner to prevent injury (FFN Interpretation Manual (5)(j)(i-iii))	Yes	No*	N/A
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Explain	Provider ensures that parents have access to areas of the home used for care and are aware and have approved that the children may be taken off of the premises (i.e., go to park or to run errands). Parental permission is needed to allow children to go to a neighbor's house, ride bikes on street, etc. (FFN Interpretation Manual (7)(a-b))	Yes	No*	N/A
NOTIFICATION AND REPORTABLE CHANGES				
Explain	Provider understands: a) that in the case of a life threatening incident or injury that may pose a threat of the loss of vision, hearing, or a limb, emergency personnel must be contacted immediately, even before contacting the parent. b) When giving medication, any adverse reaction or any error in the administration of the medication must be reported to the parent immediately upon recognition of the error or reaction. (FFN Interpretation Manual (8)(a-e))	Yes	No*	N/A

Explain	Within 24 hours of its occurrence the provider has notified her food sponsor: a) of any fatality, hospitalization, emergency medical response, or injury requiring immediate attention from a health care provider, b) when a member living in the home was convicted of a felony or misdemeanor. Within 10 working days the provider has notified the food sponsor: a) if any of the following changed; name , telephone number or daycare schedule, b) if anyone 18 or older moved into the home – or stayed for 2 weeks or more (and submitted a current BCI) (FFN Interpretation Manual (2)(b), (8)(a-e))	Yes	No*	N/A
EMERGENCY PREPARDNESS				
Observe	The provider has a current certification in First Aid and has an infant and child CPR certificate with hands-on-testing. (FFN Interpretation Manual (9)(a-c))	Yes	No*	N/A
Observe	The provider has, and understands, an emergency and disaster plan that includes procedures for a) Fire in the home, b) Earthquake, c) evacuation and re-location. All plans must include notifying the parent. (FFN Interpretation Manual (9)(a-c))	Yes	No*	N/A
DOCUMENTATION				
Observe	Parent attestation statement of current immunization records for children in care. (FFN Interpretation Manual (10))	Yes	No*	N/A

Health and Safety Home Inspection Summary Page

Announced
 Unannounced

Provider's name: _____ Phone number(s): _____

Address: _____ City: _____ ZIP _____

Initial Review –sign up
 First Annual Inspection
 Second Annual Inspection

RECORD RESULTS AS FOLLOWS; C – In Compliance; O – Observed; NA – Not Applicable; NO – Not observed (explain why); NC – Non-Compliance (requires plan to correct with specific dates to complete)

1. Provider		
2. Covered Individuals		
3. Number of children in care		
4. Supervision		
5. Safety & Injury Prevention		
6. Child Health		
7. Parents		
8. Changes		
9. Emergency Preparedness		
10. Documentation		

I certify the above information has been discussed and the required health and safety procedures have been explained to me. I further attest that the above information is accurate and complete as of the date signed. I understand that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes; including placement on the national disqualified data base which may prevent me from participating on the federal food program for up to seven years (CACFP226.16 (I)).

Provider signature: _____	Date: _____
Monitor signature: _____	Date: _____

