



CHILD CARE CENTER CHECKLIST

Name of center		Initial <input type="checkbox"/> Date	Full <input type="checkbox"/> Date	<input type="checkbox"/> Relicense Date	<input type="checkbox"/> Certification Date
10 digit phone number		10 digit fax number		E-mail address	
Street address		City		State	Zip code
Name of evaluator			Office		
Capacity	Age range to	Days of operation	Hours of operation am - pm	License effective dates to	

Mark appropriately: A: **APPLICANT** – To be completed by the applicant. I: **INITIAL** – To be completed by the licensor for initial licensure. F: **FULL** – To be completed by the licensor for full license.

NOTE: Shaded requirements to be completed by the licensor on initial, initial to full, and relicensure.

- | | |
|--|---|
| E = Exceeds minimum licensing requirements | D = Discussed |
| C = Compliance | P = Presumed compliance (no evidence to the contrary) |
| N = Noncompliance | W = Waiver or exception granted (WAC 170-290-0050) |
| NA = Not applicable | |

1. Licensing WAC				A = Applicant I = Initial F = Full							
Section	A	I	F	Requirement	Section	A	I	F	Requirement		
0040	Requirements by outside agencies				0060	DEL licensing requirements					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Notification of letter to local planning office; Date:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Attended licensing orientation; Date:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Certificate of Occupancy; Date:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Completed, submitted application on file; Fees paid date:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Fire Marshall or designee approval; Date:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Documentation of completed background checks for all staff and volunteers; Date:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local ordinance addressed; Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed visual comparison of the provider and the original photo identification				
0050	Exception to minimum licensing requirements				0080						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			License has exception(s); Date:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Minimum 35 square feet per child of usable space; and minimum 50 square feet per infant or child using a crib

2. Staffing: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
1010	Center director qualifications				1080	Orientation requirements			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Center director meets requirements/qualification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All employees and volunteers have been oriented
1020	Program supervisor qualifications				1090	Ongoing training requirements			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program supervisor meets requirements/qualifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff have regular ongoing training
1030	Lead teacher qualifications				1100	First Aid/CPR requirements			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead teacher meets requirements/qualifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/CPR requirements met
1040	Assistant qualifications				1110	HIV/AIDS/blood borne pathogen requirements			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistants/trainees meet requirements /qualifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS/blood borne pathogen requirements met
1050	Volunteer requirements				1120	Tuberculosis (TB) requirements for staff			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteers meet requirements/qualifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB testing requirements met for all staff and volunteers

Staffing										
Staff name	App	Background check	TB test	HIV/AIDS training	CPR card	First aid	Food handler Permit	Program orientation	STARS training	
									10 hrs	20 hrs
WAC Citation	1010 - 1050	0070	11 20	1110	1100	1100	3170	1080	10 60	107 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Records, reporting, and posting

Child's information	Enrollment application	Health history	Immunizations	Medical consent	Medication authorization	Medication dispensed	Physical exam date	Individual health plan	Parent communication
WAC Citation	7010	7010	7010-7120	7010	7010	7010	7010	7010	2080
Child #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child #10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/recommendations

3. Program: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
2010	Play materials, equipment, and materials				2050	Rest periods			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children have adequate supply of accessible, culturally relevant, age appropriate learning materials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rest periods are offered to children needing rest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children have a current daily schedule of activities and lesson plans that are developed to meet the children's developmental, cultural, and individual needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quiet activities for children nor needing rest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Include at least one (1) activity daily for each of the following:	2060	Night care			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Child initiated activity (free play) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evening/nighttime care meets physical and emotional needs of child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Staff initiated activity (organized play) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff ratio maintained
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Creative expression 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in charge meets lead teacher requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Group activity 	2070	Offsite trips			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Quiet activity 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior written parental consent is obtained for all off-site trips
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Large and small muscle activities 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation arranged is safe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for smooth transitions by using transitions as a learning experience		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator has valid drivers license
2020	Maximum allowable time discussed with provider					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current liability and medical insurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in care 10 hours or less		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit available
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required safety equipment available
2030	Staff interaction with children				2080	Parent communication (written)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff interacts frequently with children, interactions are nurturing, supportive, and respectful		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enrollment/admission
2040	Behavior management					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee and any payment plan(s)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior management and discipline is based on child's need/development, is fair, reasonable, and consistent with no corporal punishment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign in/sign out requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any physical restraint method must be documented in an incident report, placed in the child's individual record, and a copy given to the parent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse reporting requirements
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-discrimination policy
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any religious activities
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation and field trips
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ill child practices
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication management
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster preparedness plans
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior management/discipline
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity schedule/hours of operation
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaper, toilet training and feeding

3. Program (continued): WAC 170-295					A = Applicant I = Initial F = Full				
Section	A	I	F	Requirement	Section	A	I	F	Requirement
2090	Staff ratio and group size								
Staff ratio and group size									
Room/group name		Age of children	Max ratio	Max group size	Number of staff	Number of children	Remarks		
		One month – 11 months	1:4	8					
		12 months – 29 months	1:7	14					
		30 months – 5 years	1:10	20					
		5 years – 12 years	1:15	30					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
2090	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children are within continual visual and auditory range	2120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily indoor opportunities for freedom of movement
2110	Children and food preparation					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not left in car seats once they enter the center
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children supervised during food preparation activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not left in playpens for extended periods of time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen safe for children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to and interact with each infant and toddler
2120	Infant and toddler program requirements					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold and cuddle infants and toddlers
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe environment					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning and play materials					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social development					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intellectual ability					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language and development communication					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-help skills					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory stimulation					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large muscle development					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small muscle development					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creative expression					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read and talk to them daily					

3. Program (continued): WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
2130	Outdoor play area			A safe outdoor or equivalent play area is provided Square footage of play area: <hr/> Minimum 75 square feet per child Outdoor or equivalent play area used daily	2130	Outdoor play area			A variety of age appropriate outdoor play equipment is provided: <ul style="list-style-type: none"> ▪ Pushing/pulling ▪ Balancing ▪ Riding ▪ Equipment design
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
									Protective surfacing
									Maintenance of playground equipment
4. Agency practices: WAC 170-295				A = Applicant I = Initial F = Full					
6010	Discrimination			Center complies with state and federal nondiscrimination laws, including the Americans with Disabilities Act	6040	Child abuse and neglect			Children are protected from child abuse and neglect per Chapter 26.44 RCW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6020	Religious activities			Center has policy describing religious policy and procedures	6050	Prohibited substances			When children are present , including in vehicles, no staff, parent volunteer or other adult consumes alcohol or illegal drugs When children are present, including in vehicles, no staff, parent, volunteer or other adult smokes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6030	American Indian children			If five percent or more of the children are American Indian, special consultants are used to meet their needs, develop resources and train staff	6060	Unsupervised access to children in care			Unsupervised access to children in care requirements met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Records, reporting and posting: WAC 170-295				A = Applicant I = Initial F = Full					
7010	Children's files			Confidential files on premises for each child in care that includes: <ul style="list-style-type: none"> ▪ Registration data ▪ Health history/individual child care plan ▪ Medications given ▪ Authorizations ▪ Copies of illness or injury reports ▪ Certificate of immunization status (CIS) 	7040	Licensing information			Program records on premises for parents to review, including: <ul style="list-style-type: none"> ▪ Current child care center checklist/facility licensing agreement ▪ Monitoring checklist/facility licensing agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7020	Immunizations				7050	Personnel records and policies			Employment application Criminal history background check Photo copy of social security card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7030	Attendance records				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily attendance record with signature on file	

5. Records, reporting and posting (continued): WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
7050				Personnel records and policies (continued)	7080				Posting requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written documentation training and staff meetings to include: <ul style="list-style-type: none"> ▪ Staff orientation ▪ Blood borne pathogen training (including HIV/AIDS) ▪ STARS training ▪ Child abuse and neglect ▪ Food handler card (if applicable) ▪ CPR/First Aid ▪ Tuberculosis (TB) testing 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post notification to parents stating that licensing information is available for their review. Information to be made available includes: <ul style="list-style-type: none"> ▪ Copies of recent licensing checklist and compliance agreement for any deficiencies ▪ Copies of recent monitoring checklist ▪ Compliance agreement for any deficiencies
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written lesson plans
7060				Illness and injury reporting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A list of staff names
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate reports of death or serious injury is made to the proper person/agency (oral and written)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typical activity schedule and operating hours
									Meal and snack menus
									Evacuation plans and diagram
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspect child abuse/neglect or exploitation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation plans and diagram
				Food poisoning or communicable disease					Emergency telephone numbers
7070				Circumstantial reporting Requirements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nondiscrimination poster
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of address, location, space or telephone number					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of ownership, chief executive, director, program supervisor					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of number/age of children					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plans for major remodeling					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire/damage to structure					

6. Health and nutrition: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
3010				Health policies and procedures	3040				Hand washing procedures for children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed signed and dated by RN, PA or MD Name and date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warm running water and soap present
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning and sanitizing procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands washed at required times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable disease reporting	3050				Medication requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minor injuries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADA/reasonable accommodations addressed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid	3060				Medication management
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical emergencies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written permission from parent/physician if required
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication management	3070				Medication storage
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand washing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Original container/labeling requirements met
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster response		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication stored inaccessible to children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food handling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal and external medication stored separately
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	3080				Bulk medications
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of children with special needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written consent from parent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of infants	3090				Leftover medications
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return to parent/disposed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exclusion/readmission policy	3100				Self administering of medications
3020				Hand washing procedures for staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written consent from parent/health care provider
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warm, running water and soap present	3110				Medication equipment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands washed at required times		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measuring devise is provided by parent
3030				Infectious disease prevention	3120				Medication documentation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children screened daily for signs of illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name, date, time, type and amount documented in record
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exclusion policy available		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record validated by staff
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illness/injury documentation	3130				Medication administration
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent notification of infectious disease exposure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified staff administering medication
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reportable disease list available					

6. Health and nutrition cont: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
3140	Fluid dairy requirements				3200	Food storage			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized milk/milk products		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Original or labeled containers
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum fat content		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labeled and dated containers stored off the floor
3150	Meal and snack requirements					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored in a sanitary manner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum serving met		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Freshness/manufacturers expiration date checked
3160	Nutrition				3210	Safe thawing			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods/snacks served meet nutritional requirements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods thawed in refrigerator (preferred)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Menus recorded and posted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink method
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food allergy/special menu requirements addressed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave process
3170	Food handlers training				3220	Kitchen equipment			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food handler card(s) current		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good repair, properly sealed without chips or cracks
3180	Food safety					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture resistant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food originated prepared from an approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean and sanitary condition
3190	Food surveillance					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range properly vented
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometer present for each refrigerator/freezer unit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwashing procedures
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored at proper temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand washing facilities available and adequate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cooked at proper temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator/freezer defrosted and properly maintained
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food held at proper temperature	3230	Eating and drinking equipment			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leftover foods labeled and dated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Durable eating utensils
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature record maintained if required		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmentally appropriate
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking fountains inclined, water pressure adequate
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking fountains not located in sinks

7. Care of young children: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
4010	Age requirement			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Infant(s) more than one month of age	4080	Toilet training			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Initiated with parents consent
4020	Nutritional needs of infant				4090	Potty chairs			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written policy to include: <ul style="list-style-type: none"> Providing nutritional needs Developmental stage guidelines used 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located in an area designed for toilet training
4030	Bottle preparation				4100	Infant nap and sleeping equipment			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment easily cleaned and sanitized
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottles prepared in a sanitary manner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4040	Infant formula and food storage			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bottles/food labeled with full name and date bottle was filled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedding is laundered weekly or before use with another child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Contents of any bottle not consumed within an hour, discarded	4110	SIDS policy		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant formula within manufacturer's expiration date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants placed on back while sleeping unless health care provider requests another sleeping position
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottles nipples covered when not in use	4120	Diaper changing			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unserviced bottles refrigerated when not in use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaper changing area impervious to moisture and cleanable
4050	Breast milk storage			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contents labeled and dated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaper changing area adjacent to sink
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen breast milk stored at 10F or less		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diaper changing area cleaned/sanitized after each use
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen breast milk stored no longer than two weeks in center		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soiled diapers disposed of in covered containers
4060	Cleaning and sanitizing bottles/nipples			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean and sanitize it dishwasher/wash, rinse and boil for one minute		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4070	Infant/toddler feeding					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottle feeding practices appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant/toddlers should be fed according to their need rather than an adult prescribed time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold infants for bottle feeding to prevent choking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No propped bottles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place infants who can sit in a high chair or appropriate child-sized table for feeding, staff sit facing the child during feeding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Safety and environment: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
5010	First aid supplies				5040	Cleaning and sanitizing continued			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid supplies adequate and conform with center policies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premises free from rodents, insects and other pests
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syrup of ipecac Expiration date:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved sanitizing/disinfectant solution
5020	General safety, maintenance and site				RCW 43.215.360	Window blinds			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free from injury hazards: buns, drowning, choking, cuts falls, pinches, poisons or being crushed, trapped or tripped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window blind cords do not form a loop
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child height handrails	5050	Water activities			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrails for stairs, elevated play areas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool inaccessible to children when not in use
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical outlets protected with tamper-resistant receptacles or covers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool/certified lifeguard present
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shielded light and tubes	5060	Storage of maintained and janitorial supplies			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows screened (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot tub, spa, small wading pools, whirlpools prohibited
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shielded heater (if applicable) portable heaters prohibited		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water tables/water play containers cleaned and sanitized after each use
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance/exit doors monitored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic materials and cleaning supplies stored inaccessible to children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone accessible to staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stored to comply with fire/safety department regulations
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashlight/emergency lighting device		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor surfaces moisture impervious and easily cleanable
5030	Disaster plan				5070	Water supply			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Includes written policies for required procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water supply approved by health authorities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan is annually reviewed and signed by director and staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot water temperature (85F to 120F)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan is reviewed and signed by parents when children are enrolled	5080	Sewage and liquid waste			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly fire drill evacuation conducted documented		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage system approved by health authorities
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly disaster training conducted/documentated	5090	Fence requirements			
5040	Cleaning and sanitizing				5100	Toilets, hand washing sinks and bathroom requirements			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Includes written policies for required procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets vented to the outdoors
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building maintained in a clean/sanitary manner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring is moisture resistant and washable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment maintained in a clean sanitary manner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One toilet and one adjacent hand washing sink per 15 toilet using children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premises maintained in a clean and sanitary manner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinals do not replace more than one third (1/3) required toilets

8. Safety and Environment cont: WAC 170-295				A = Applicant I = Initial F = Full					
Section	A	I	F	Requirement	Section	A	I	F	Requirement
5100	Toilets, hand washing sinks and bathroom requirements continued				5120	Sleep and nap equipment			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap and toilet paper dispenser with constant supply of toilet paper available		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nap equipment appropriate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet/hand washing sink is height appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedding is laundered weekly or before use by another child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand washing sink located in or immediately outside of each toilet room	5140	Storage space requirements for children			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper towels or drying devised		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessible individual storage space available for each child
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing facility inaccessible to children when not in use	5150	Ventilation and temperature requirements			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature at least 68F to 75F in the winter and 68F to 82F in the summer
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation adequate
5110	Laundry requirements				5160	Pesticides			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to laundry facility on or off site		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comply with the licensing requirements of the Pesticide Application Act
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry sanitized by temperature or chemical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of pesticide policy provided for review to include posting and notification requirements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soiled laundry stored separately		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan reviewed annually or on enrollment to parents
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry equipment is inaccessible to children	5170	Animals			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer vented to the outside		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents notified of potential health risks of animals in writing
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand washing signs in area where pets are housed
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pet containers or cages adequate
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pet containers, cages and litter boxes cleaned and sanitized as appropriate
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals not present in infant and toddler rooms
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals not present in food preparation areas
Summary, Comments and recommendations to include licensee's goals:									

<input type="checkbox"/> Initial Inspection	Compliance agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Licensors's signature	Date:
	Health Specialist's signature	Date:
	Licensee signature	Date:
<input type="checkbox"/> Initial to full inspection	Compliance agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Licensors's signature	Date:
	Health Specialist's signature	Date:
	Licensee signature	Date:
<input type="checkbox"/> Relicensing inspection	Compliance agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	Licensors's signature	Date:
	Health Specialist's signature	Date:
	Licensee signature	Date: