



Washington State Department of

Early Learning

CHILD CARE CENTER MONITORING CHECKLIST

Facility Name		Capacity	Monitoring Date
Street Address		City	State Zip Code
Evaluator's Name	Office	10 digit telephone number	
<p>Codes</p> <p style="text-align: center;"> NA - Not applicable D – Discussed O - Observed C – Compliance N – Noncompliance W - Waiver exception granted </p>			
Posting			
<input type="checkbox"/> 1. Licensed visibly posted. (WAC 170-295-7080) <input type="checkbox"/> 2. Disaster preparedness plan and emergency numbers posted. (WAC 170-295-7080) <input type="checkbox"/> 3. Menu that reflects appropriate meal patterns posted. (WAC 170-295-7080)			
Record Keeping			
<input type="checkbox"/> 4. Documentation of monthly fire drills. (WAC 170-295-7080) <input type="checkbox"/> 5. Maintains sign in/out sheets for parent signature. (WAC 170-295-7030) <input type="checkbox"/> 6. Child and staff records complete based on sampling of files (see page 2). (WAC 170-295-7010, 7050) <input type="checkbox"/> 7. Provider in compliance with insurance requirements. (RCW 43.215.535) <input type="checkbox"/> 8. Documentation of completed background checks for all employees, volunteers and household members having unsupervised or regular access to the children in care. (WAC 170-295-7050)			
Medication and First Aid			
<input type="checkbox"/> 9. Staff present in each area with current CPR/First Aid card. (WAC 170-295-1100) <input type="checkbox"/> 10. Medications and toxics safely stored. (WAC 170-295-3070, 5060) <input type="checkbox"/> 11. First Aid supplies are available. (WAC 170-295-5010)			
General Safety and Sanitation			
<input type="checkbox"/> 12. Premises are safe, sanitary, free of hazards and in good repair. (WAC 170-295-5020, 5040) (RCW 43.215.360) (Ex. No poisonous plants, no window blind cords that form a loop) <input type="checkbox"/> 13. Outdoor equipment and ground cover maintained to prevent injury. (WAC 170-295-2130) <input type="checkbox"/> 14. Diaper changing area is sanitary and adjacent to handwashing sink. (WAC 170-295-4120) <input type="checkbox"/> 15. Staff routinely wash hands, surfaces, and equipment. (WAC 170-295-3020, 5040)			
Staffing			
<input type="checkbox"/> 16. Children are within continuous visual <u>and</u> auditory supervision. (WAC 170-295-2090) <input type="checkbox"/> 17. Staff understand mandatory child abuse/neglect reporting requirements. (WAC 170-295-6040) <input type="checkbox"/> 18. Staff/child ratios are within licensing standards: (WAC 170-295-2090) Group size: _____ Staff/child: _____ <input type="checkbox"/> 19. Staff positively interacts with, disciplines, and guides children. (WAC 170-295-2030) <input type="checkbox"/> 20. New director or program supervisor has submitted required reference, resume and education documentation, if applicable. (WAC 170-295-1010)			

Program, Activities and Routines

— 21. Current, written, developmentally appropriate activity schedule available. (WAC 170-295-2010)

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— 22. Daily routines provide children with a variety of options including large and small muscle activities. (WAC 170-295-2010)

— 23. Learning and play materials: (WAC 170-295-2010)
 sufficient quantity developmentally appropriate accessible
 culturally relevant

— 24. Outdoor play equipment promotes child’s active play, physical development, and coordination. (WAC 170-295-2010)

— 25. Activity observed (if additional space is needed, use “Observations,” page 2):

Licensee Signature	Date	Evaluator Signature	Date
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Staffing

Staff Name	Employment application	Age Requirement	Criminal History Check	TB Test	HIV /AI DS/ BB P Training	CPR Card	First Aid	Food Handler’s Permit	Program Orientation	STARS Training		Photo ID	Photo Copy of SS OR EIN
										Initial	Ongoing		
	<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"/>
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	<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 Information	Enrollment Application	Health Care Provider	Health History	Immunizations	Medical Consent	Medication Authorization	Medication Dispensed	Physical Examination Date	Individual Health Plan	Parent Communication
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

