



INITIAL VISIT DATE
FULL VISIT DATE
RENEWAL VISIT DATE
CERTIFICATION DATE

I. PROVIDER INFORMATION		
PROVIDER NAME	PROVIDER ID	ISSUE DATE
DOING BUSINESS AS	RENEWAL DATE	EXPIRATION DATE
FACILITY TYPE	TELEPHONE NUMBER	E-MAIL ADDRESS
FACILITY ADDRESS	CITY	STATE ZIP CODE
PRIMARY CONTACT PERSON	CAPACITY	
LICENSE STATUS	REFERRAL STATUS	AGE RANGE From: To:
II. WORKER ASSIGNMENT		
LICENSOR	E-MAIL ADDRESS	TELEPHONE NUMBER
LICENSING SUPERVISOR	E-MAIL ADDRESS	TELEPHONE NUMBER
III. HOURS OF OPERATION		
DAYS OF OPERATION	HOURS OF OPERATION am through pm	
C = Compliance D= Discussed N = Non Compliance NA = Not Applicable E = Exception Granted		
Posting		
___	1. License (WAC 170-295-7080(1))	
___	2. Disaster preparedness plan (WAC 170-295-7080 (8) (d))	
___	3. Emergency numbers (WAC 170-295-7080 (6))	
___	4. Monthly meal and snack menu (WAC 170-295-7080(4))	
Record Keeping		
___	5. Daily attendance records (WAC 170-295-7030)	
___	6. Five child and staff records (WAC 170-295-7010, 7050)	
___	7. Cleared employee and volunteer background check for all employees and volunteers (WAC 170-295-7050(3))	
___	8. Fire safety record, evacuation plans, procedures and diagram of exit routes (WAC 170-295-7080 (5))	
___	9. Proof of insurance (RCW 43.215.535)	
Medication and First Aid/CPR		
___	10. One staff person present in group who has current first aid/CPR certification. (WAC 170-295-1100 (1))	
___	11. Required medications properly stored. (WAC 170-295-3070, 5060)	
___	12. Required first Aid supplies available. (WAC 170-295-5010)	

General Safety and Sanitation			
___	13. Outdoor play area (WAC 170-295-2130 (7))		
___	14. Diaper changing (WAC 170-295-4120)		
___	15. Staff washes hands and required surfaces (WAC 170-295-3020, 5040)		
___	16. Premises are safe, sanitary and in good repair. (WAC 170-295-5020, 5040)		
___	17. Required window blinds are used(RCW 43.215.360)		
Staffing			
___	18. New director or program supervisor has submitted required reference, resume and education documentation, if applicable. (WAC 170-295-1010)		
___	19. Staff interact with, discipline, and guide children in accordance with WAC 170-295-2030.		
___	20. Children are within continuous visual <u>and</u> auditory supervision. (WAC 170-295-2090 (11) (b))		
___	21. You must immediately report to Children’s Administration central intake an instance when you or your staff have reason to suspect that child physical, sexual, or emotional abuse, child neglect, or child exploitation has occurred. (WAC 170-295-6040 (2))		
___	22. Staff/child ratios are within licensing standards: (WAC 170-295-2090) Group size: ___ Staff/child: ___		
Program, Activities and Routines			
___	23. Have a current daily schedule available of activities and lesson plans that are designed to meet the children’s developmental, cultural and individual needs. (WAC 170-295-2010 (2))		
___	24. Daily routines provide children with opportunities for large and small muscle activities. (WAC 170-295-2010 (8))		
___	25. Learning and play materials: (WAC 170-295-2010 (1))		
	<input type="checkbox"/> sufficient quantity <input type="checkbox"/> developmentally appropriate <input type="checkbox"/> accessible <input type="checkbox"/> culturally relevant		
___	26. Outdoor play equipment promotes child’s active play, physical development, and coordination. (WAC 170- 295-2130 (1))		
Licensee Signature:		Date	DEL Licensor Signature:
			Date

Staffing													
Staff Name	Employment Application	Age	Criminal History Check	TB Test	Program Orientation	BBP Training	CPR Card	First Aid	Food Handler Permit	STARS Training		Photo ID	Photo Copy of SS OR EIN
										Initial	On-going		
	<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	Individual Health Plan	Medical Consent	Medication Authorization	Medication Dispensed	Physical Exam Date	Immunizations	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"/>