



**Family Home Child Care  
Monitoring Checklist**

|                |          |                    |                           |
|----------------|----------|--------------------|---------------------------|
| Facility Name  | Capacity | Provider ID #      | Monitoring Date           |
| Street Address | City     | State<br><b>WA</b> | Zip Code                  |
| Licensor Name  | Office   |                    | 10 digit telephone number |

Codes  
**NA** - Not applicable      **D** – Discussed      **O** - Observed  
**C** – Compliance      **N** – Noncompliance      **W** - Waiver exception granted

**Posting**

- 1. License visibly posted. (WAC 170-296-0540)
- 2. Emergency numbers posted. (WAC 170-296-0540)
- 3. Evacuation plans and procedures including written record of monthly fire drills and smoke detector checks is posted. (WAC 170-296-0540)
- 4. Notification of requirement of copies of current checklist/compliance agreement available for review is posted.(WAC 170-296-0540)

**Record Keeping**

- 5. Attendance records maintained (sign in/sign out sheets available). (WAC 170-296-0520)
- 6. Child records complete based on sampling of files (see page 2). (WAC 170-296-0510)
- 7. Provider in compliance with insurance requirements. (RCW 43.215.535)
- 8. Documentation of completed background checks for all employees, volunteers and household members having unsupervised or regular access to the children in care.

**Medication and First Aid**

- 9. Provider and staff/volunteers (if applicable) have current CPR/First Aid training. (WAC 170-296-0230)
- 10. Medications and toxins safely stored. (WAC 170-296-0810, 0820)
- 11. First Aid supplies are complete and available. (WAC 170-296-0830)

**General Safety and Sanitation**

- 12. Area that includes licensed child care space is safe, sanitary, free of hazards and in good repair. (WAC 170-296-0720, WAC 170-155-080) (RCW 43.215.360) (Ex. No poisonous plants, no window blind cords that form a loop)
- 13. Outdoor equipment and ground cover situated and maintained to prevent child injury. (WAC 170-296-1220)
- 14. Diaper changing area is sanitary and close to hand washing sink. (WAC 170-296-1090)
- 15. Provider routinely washes hands, sanitizes and cleans surfaces and equipment. (WAC 170-296-0700, 0990, 1040, 1090)
- 16. Smoke detectors (single station type) operational (manually tested). (WAC 170-296-0580, 0650)

**Staffing**

- 17. Children are within continuous visual or auditory supervision. (WAC 170-296-1360)
- 18. Provider and staff understand mandatory child abuse reporting requirements. (WAC 170-296-1340)
- 19. Provider/child ratios and capacity meet licensing requirements. (WAC 170-296-1350)
- 20. Provider positively interacts with, disciplines, and guides children. (WAC 170-296-1280, 1390)

**Program, Activities, and Routines**

- 21. Developmentally appropriate activities scheduled and planned for age group served. (WAC 170-296-1370)
- 22. Daily routines provide children with a variety of options including large and small muscle activities.(WAC 170-296-1370)
- 23. Learning and play materials: (WAC 170-296-1370)
  - \_\_\_\_\_ sufficient quantity and in good repair
  - \_\_\_\_\_ developmentally appropriate for ages served
  - \_\_\_\_\_ accessible
  - \_\_\_\_\_ culturally relevant
- 24. A variety of age appropriate play equipment of sufficient quantity for ages served. (WAC 170-296-1240)
- 25. Activity observed (if additional space is needed, use “Observations,” page 2):

|                    |      |                    |      |
|--------------------|------|--------------------|------|
| Licensee Signature | Date | Licensor Signature | Date |
|--------------------|------|--------------------|------|

| Family Home Monitoring Checklist   |                          |                              |                          | Facility Name            |                          |                          |                          | Monitoring Date                 |                          |                          |
|--|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| Children's Files (Randomly Review Five (5) files)  |                          |                              |                          |                          |                          |                          |                          |                                 |                          |                          |
| Child Information  | Enrollment Application   | Health Care Provider/Dentist | Health History           | Immunizations            | Medical Consent          | Medication Authorization | Medication Dispensed     | Person(s) Who Can Pick Up Child |                          |                          |
| 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"/> |                          |
| Staff Qualifications (Randomly Review Five (5) Staff Files) and/or Review Family Home Provider/Staff/Volunteer File * If applicable only |                          |                              |                          |                          |                          |                          |                          |                                 |                          |                          |
| Staff, Volunteer or Household Member Names   | Employment Application*  | Age                          | Criminal History Check   | TB Test                  | HIV/AIDS Training*       | CPR Card*                | First Aid *              | Program Orientation*            | STARS Training*          |                          |
|  |                          |                              |                          |                          |                          |                          |                          |                                 | 20 Hrs                   | 10 Hrs Annually          |
|  | <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"/> |
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| Observations   |                          |                              |                          |                          |                          |                          |                          |                                 |                          |                          |