

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

1. Licensing WAC 170-151			
Section	Requirement	Section	Requirement
070	DEL licensing requirements	070	Requirements by outside agencies
	Completed application on file and Fee(s) paid		Meets State Fire Marshal's or designee's regulations; Date:
075	Attended licensing/re-licensing orientation; Date:	075	Exception to minimum licensing requirement
			Licensee has exception(s)

2. Staffing WAC 170-151										
Staff Name	App	Background Check	TB Test	HIV/AIDS Training	Program Orientation	Food Handler Permit	First Aid	CPR Card	MERIT Training	
									10 hrs	20 hrs
WAC Citation	470	470	470	470	470	470	470	470	470	
	<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"/>

2. Staffing (continued) WAC 170-151

Staff Name	App	Background Check	TB Test	HIV/AIDS Training	Program Orientation	Food Handler Permit	First Aid	CPR Card	MERIT Training	
									10 hrs	20 hrs
WAC Citation	470	470	470	470	470	470	470	470	470	
	<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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3. Children's Files WAC 170-151

Child's Information	Medication Authorization	Enrollment Application	Medical Consent	Medication Dispensed	Health History	Physical Exam Date	Other Pertinent Health Information	Immunizations
WAC Citation	230	450	450	450	450	450	450	450
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

4. Program Management WAC 170-151						
Section	Requirement		Section	Requirement		
130	Behavior Management		170	Parent Communication (Written)		
		Behavior management and discipline is based on child's need and development, and is fair, reasonable, and consistent			Typical activity schedule	
		Any means of inflicting physical or emotional pain prohibited			Fee and any payment plan(s)	
150	Night Care				Enrollment/admission	
		Evening and nighttime care meets physical and emotional needs of child			Medical emergencies	
		Staff ratios maintained			Any religious activities	
160	Offsite Trips				Free access by parents to areas used by their child	
		Emergency information for each child in group is present			Child Abuse and Neglect (CAN) reporting	
		Prior written parental consent is given for all off-site trips			Behavior management and discipline	
		Staff ratios followed during off-site trips			Meals, snacks, and food from home	
165	Transportation				Sign-in/out requirements	
		Number of passengers in vehicle does not exceed seatbelt capacity			Procedure for supervision of children during transition	
		Licensee or driver has liability and medical insurance			Non-discrimination policy	
		Operator has valid driver's license and current first aid/CPR certification			Transportation and field trips	
170	Parent Communication (Explained)			190	Homework policies	
		Philosophy, program and facilities				Ill child practices
		Issues related to their child				Medication management
		Encouragement of participation			Staff Ratios and Group Size	
		Center's policies and procedures			Staff ratios are no less than one staff for every 15 children	
				Group sizes are no more than 30, unless the department has approved variation		
				Children are within sight or hearing range at all times.		

4. Program Management (continued) WAC 170-151					
Section	Requirement		Section	Requirement	
320	Outdoor Play Area		380	Program Atmosphere	
		A safe outdoor play area is provided			A cheerful environment
		Outdoor play area used daily			The noise level is developmentally appropriate
330	Indoor Space				
		A minimum of 35 square feet of indoor space per child			
		Center has an identifiable space of its own during operating hours; it may include movable furnishings and equipment			
		Open areas for large motor activities			
		Indoor areas where children can work individually, in small groups and in large groups			
		Private spaces indoors where children can rest, play and work alone or with a friend			
5. Program WAC 170-151					
Section	Requirement		Section	Requirement	
100	Activity Program		110	Play Materials	
		Program meets developmental, cultural and individual needs of the children			Children has adequate supply of accessible, culturally relevant age-appropriate learning and play materials that promote: <ul style="list-style-type: none"> ▪ Social development ▪ Communication ability ▪ Self help skills ▪ Large and small muscle Development ▪ Creative expression
		Program offers a child variety and options:			
		Child-initiated and staff-initiated activities			
		Free choice and organized events	120	Staff and Child Interaction	
		Individual and group activities			Staff interacts frequently with children. Interactions are nurturing, supportive, and respectful
		Child has daily opportunity for large and small muscle activity and outdoor play			

5. Program (continued) WAC 170-151					
Section	Requirement				
100	Activity Program				
		Regular schedule of activities, special events, and staff planning time			
		Transitions between activities and areas are smooth and unregimented			
6. Health and Nutrition WAC 170-151					
Section	Requirement		Section	Requirement	
210	Health Care pPan		230	Medication Management	
		Current written health care plan			The center administers medication in accordance with regulations
		Developed with and reviewed by qualified medical professional at renewal or when changes occur	240	Nutrition Requirements	
				Food meets the nutritional needs of children and is as required	
220	Health Supervision		250	Kitchen and Food Service	
		Children screen daily for signs of illness			Proper storage, preparation, and service of food
		A separate area is available for the ill child			If children participate in food preparation for educational purposes, they are supervised
		Staff with reportable communicable disease not on duty			Sanitation procedures are followed
		Staff and children routinely and properly wash hands	260	Drinking and Eating Equipment	
				Drinking and eating equipment is appropriate size and shape for children in care	
7. Safety and Environment WAC 170-151					
Section	Requirement		Section	Requirement	
280	Site Requirements		340	Toilets and Handwashing Sinks	
		Facility is clean and safe, indoors and outdoors			Privacy for toileting provided
		Fire safety regulations observed			Hand washing water is between 85F and 120F
		Toxics safely stored			Restrooms are vented to outdoors
		No firearms or other weapons on premises			Hand washing soap and individual towels are provided
		Flashlights or other emergency lighting available		Flush-type toilet and one adjacent hand wash sink in at least the following ratios: 1:100 for boys, 1:35 for girls, urinals 1:30	
	Adequate storage for program materials and children's possessions	380	Program Atmosphere		
				The temperature at least 68F	

7. Safety and Environment (continued) WAC 170-151				
Section	Requirement		Section	Requirement
290	Water Safety		380	Program Atmosphere
		Water safety observed, with required staff and adults present		
		If children have access to a hot tub, spa, whirlpool, tank, or similar equipment, they are supervised and parents have given written permission	RCW 43.215.360	
310	First Aid Supplies			Window covering cords do not form loops
		Adequate first aid supplies on premises and administered according to the center's policy		
8. Agency Practices WAC 170-151				
Section	Requirement		Section	Requirement
390	Nondiscrimination		430	Prohibited Substances and Tobacco
		Center complies with state and federal non-discrimination laws including RCW 49.60		
410	American Indian children			When children are present, including in vehicles, no adult smokes
		If five percent or more of the children are American Indian, special consultants are used to meet their needs, develop resources, and train staff.		
420	Child Abuse and Neglect		440	Unsupervised Access
		Children are protected from child abuse and neglect per Chapter 26.44 RCW		
9. Child, Program, and Personnel Records, Reporting and Posting WAC 170-151				
Section	Requirement		Section	Requirement
180	Staff and Volunteer		450	Children's Files
		Program director meets requirements/qualifications <ul style="list-style-type: none"> ▪ References ▪ Education (transcript/diploma) ▪ School-age experience (resume) 		
	Site Coordinator meets requirements/qualifications <ul style="list-style-type: none"> ▪ References ▪ Education (transcript/diploma) ▪ School-age experience (resume) 			

9. Child, Program, and Personnel Records, Reporting and Posting (continued) WAC 170-151				
Section	Requirement		Section	Requirement
180	Staff and Volunteer		460	Program Records
		Lead/staff meet(s) requirements/qualifications <ul style="list-style-type: none"> ▪ High school education or equivalent ▪ School-age experience 		Program records on the premises include: <ul style="list-style-type: none"> ▪ Daily attendance ▪ Copies of illness or injury reports ▪ Written plan for staff Development ▪ Activity program ▪ Record of evacuation drills ▪ Personnel records ▪ Children’s allergies/restrictions ▪ Medication record ▪ Physical restraint log
200	Staff Development and Training			
		Documentation that: <ul style="list-style-type: none"> ▪ All employees and volunteers have been oriented ▪ All staff have regular in-service Training ▪ Periodic staff meetings are held for planning and training ▪ STARS training has been submitted 		
470	Personnel Records		500	Posting
		Personnel files on the premises for each employee and volunteer include: <ul style="list-style-type: none"> ▪ An employment application (by date of hire) ▪ Documentation of background check from submission (within seven days of hire) FBI fingerprinting check, if applicable ▪ Record of tuberculosis testing upon Employment ▪ STARS profile ▪ Documentation of HIV/AIDS training ▪ Food handlers permit, if applicable ▪ First aid and CPR training, if applicable 		Items clearly visible and posted for parent and staff include: <ul style="list-style-type: none"> ▪ The license ▪ A list of staff names ▪ Typical activity schedule and operating hours ▪ Meal and snack menus ▪ Evacuation plans and diagram ▪ Emergency phone numbers Items posted for staff include: <ul style="list-style-type: none"> ▪ Dietary and nutrition requirements for particular children ▪ Hand washing practices

9. Child, Program, and Personnel Records, Reporting and Posting (continued) WAC 170-151

Section	Requirement	Section	Requirement	
480	Reporting			
	<p>Immediate reports to the proper person/agency are made of:</p> <ul style="list-style-type: none"> ▪ Death, serious injury (oral and written) ▪ Suspected child abuse/neglect or exploitation ▪ Food poisoning or communicable disease 			
490	Circumstantial Changes Reporting			
				Plans for new space are reported
				License is issued to valid address, person or organization

Summary, Comments and recommendations:

<input type="checkbox"/> Initial Inspection	Compliance Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	DEL Licensor Signature:	Date:
	DEL Health Specialist Signature:	Date:
	Licensee Signature:	Date:
<input type="checkbox"/> Initial to Full Inspections	Compliance Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	DEL Licensor Signature:	Date:
	DEL Health Specialist Signature:	Date:
	Licensee Signature:	Date:
<input type="checkbox"/> Relicensing Inspection	Compliance Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
	DEL Licensor Signature:	Date:
	DEL Health Specialist Signature:	Date:
	Licensee Signature:	Date: