

3. Health		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable		
Section	Requirement	Code
3325	Medication storage	All medications are stored correctly
3375	Medication permission	Medication permissions and required documentation are on file
3625	Handwashing procedure	Staff must follow and teach children proper handwashing procedures
4075	First-aid kit	First aid kit in licensed space, on off-site trips & in vehicle when transporting children
		First aid kits are complete
4100	Poisons, chemicals and other substances	Stored inaccessible to the children
		Material safety data sheet is kept on site
3925	Cleaning, sanitizing and disinfecting licensed space	Equipment & environment cleaned, sanitized or disinfected as required

4. Indoor		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable		
Section	Requirement	Code
4200	Toys, equipment, and recalled items	Equipment, toys or other items in good and safe working condition
		Recalled items have been removed
4300	Window coverings	Window covering requirements are followed

5. Outdoor		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable		
Section	Requirement	Code
5000	Play equipment	Play equipment is developmentally appropriate, in safe condition and inspected at least weekly for hazards; unsafe equipment is repaired immediately or made inaccessible until repaired
5125	Outdoor areas and daily physical activities	Area promotes a variety of age and developmentally appropriate active play for the children
		At least 20 minutes for every 3 hrs. unless conditions pose a health and safety risk to the children

6. Nurture and Guidance		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable		
Section	Requirement	Code
6275	Abuse and neglect--Protection and training	Program staff must report suspected or actual abuse or neglect and must be trained on mandatory reporting requirements as defined in RCW 26.44.020; and RCW 26.44.030

7. Program		
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable		
Section	Requirement	Code
6575	Activities to promote child growth and development	Must provide daily activities that support each child's developmental stage

8. Staff records											
	DEL Orientation	Program Orientation	Background Check	TB Test	HIV/AIDS	BBP training	CPR	First aid	Food worker's card	STARS Training	
										Basic	10 Hrs
Section	1125	5800	1200	1750	1850		1825	1825	7675	1775	1800
Staff Name											
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	Date Expired	Date Expired	Date Expired	<input type="checkbox"/>	<input type="checkbox"/>					

9. Staff Qualifications			
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable			
Section	Requirement		Code
1710	Program Director	Meets requirements and qualifications	
1715	Site Coordinator	Meets requirements and qualifications	
1720	Lead Teachers	Meet requirements and qualifications	
1730	Program assistants	Meet requirements and qualifications	
1735	Volunteers	Meet requirements and qualifications	

10. Children's Records								
	Enrollment application	Immunizations or exemption	Health history	Persons authorized to pick up child	Emergency contact	Parent/guardian information	Medical provider or written plan	Dental provider or written plan
Section	2050	3250-3300	2050	2050	2050	2050	2050	2050
Child Number								
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"/>

11. Records			
Codes: C = Compliance D = Discussed N = Non Compliance NA = Not Applicable			
Section	Requirement		Code
2050	Child records--Contents	Meets requirements	
2000	Recordkeeping--Records available to the department	Must keep all required records for a minimum of 5 years and current records kept in licensed space.	
2025	Child records--Confidentiality	Children's records are maintained in a confidential manner	
2075	Staff records	Completed staff files	
2125	Child attendance records--Staff to child ratio records	Daily attendance records kept for each child with required signature	

12. Summary, Comments and Recommendations:

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13. Signatures:

Compliance Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Licensee Signature:	Date:
Licensors Signature:	Date:
Health Specialist Signature:	Date: