

PRE-LICENSING CHECKLIST FOR FAMILY CHILD CARE HOMES

Please review this checklist as you prepare for your pre-licensing visit(s) and initial assessment visit. All items must be in compliance before your temporary license can be issued. Please note this checklist does not cover all child care requirements. For a complete listing of the rules governing child care, refer to the Child Care Requirements, the North Carolina General Statutes governing child care, and the Sanitation Requirements (if applicable). This information is available at www.ncchildcare.nc.gov under the *Child Care Rules, Laws and Public Information* Tab.

APPLICATION

- _____ Application Facility Profile Form
- _____ Additional Appendices, as needed (provided by the consultant)
- _____ Copy of Pre-licensing Workshop Certificate (completed w/in the last 2 years)
- _____ Criminal Background Check Qualifying Letters for operator, household members (ages 16yrs and older) and staff
- _____ CPR and First Aid training for operator and all staff prior to licensure (provide certification cards)
- _____ ITS-SIDS Training Certificate for anyone planning to care for infants 12 months and younger
- _____ Health questionnaire form
- _____ Floor Plan of Home designating rooms used for child care
- _____ Proof of negative TB
- _____ Pet vaccination(s)
- _____ Well water analysis (if applicable), date of analysis _____
- _____ Copy of any inspections required by local ordinances
 - _____ Date of Sanitation Inspection (if required by your county)
 - _____ Date of Fire Inspection (if required by your county)
 - _____ Date of Building Inspection (if required by your county)
 - _____ Date of Zoning Letter (if required by your county)
 - _____ Date of HOA or Landlord Letter (if applicable)
 - _____ Pool Inspection (if applicable)

POSTED ITEMS – Prepare the areas so the child care consultant can see where you will post the following:

Entrance Area or in Caregiving Space

- _____ License (when issued)
- _____ Summary of the Child Care Law poster – posted with License
- _____ Emergency Phone Numbers (by telephone)
- _____ Children’s special diets or food allergies posted where children eat & in the food preparation area. If no special diets or allergies, nothing has to be posted.
- _____ First Aid information sheet

If caring for infants 12 months and younger:

- _____ Safe Sleep Policy and poster
- _____ Sleep Waiver Notice (posted by crib/playpen/bassinette/mat)

HEALTH AND SAFETY

INDOOR ENVIRONMENT / GENERAL

- _____ Working telephone
- _____ Emergency Medical Care Plan
- _____ Electrically operated (with battery back-up) smoke detector, or one of each located next to each other
- _____ Locked storage for all medications, including household medications - **Refrigerated** _____ **Unrefrigerated** _____
- _____ Unlocked storage for “**Emergency**” Medications – may be stored out of reach of children at least 5 feet high

- _____ Hazardous materials / cleaning supplies in locked storage
- _____ Materials used for starting fires and tobacco products in locked storage
- _____ Appliances w/heating elements and cords are inaccessible to children
- _____ Sick area for mildly ill children
- _____ Breastfeeding accommodations for mothers (near outlet and provides privacy – not in the bathroom)
- _____ Indoor stairs with more than 2 steps that are used by children are railed
- _____ Indoor stairs with more than 2 steps made inaccessible to children 2 years and younger
- _____ No cracked or frayed electrical cords
- _____ Household pet(s) vaccinated
- _____ Are Ammunition/Weapons stored separately?
- _____ Fire extinguisher (at least one 5 lb 2-A:10-B: C type for every 2500 square feet)

KITCHEN

- _____ Thermometer in each refrigerator (45 degrees or less)
- _____ Aerosol sprays, cleaners, polishes, cooking sprays, etc. stored in locked area
- _____ Bottles and baby foods labeled with child’s name and dated
- _____ Children’s special diets and Food Allergies posted

Child Care Room(s)

- _____ Daily Sign-in/Sign-out Sheets – Children’s arrival and departure times must be captured daily
- _____ Electrical outlets/Surge protectors covered
- _____ Proper storage for biocontaminants
- _____ Change of clothing for each child
- _____ First Aid kit
- _____ Individual sleeping space
- _____ Clean supply of linens
- _____ Diaper changing area is separate from food preparation area
- _____ Toilet paper, soap, and paper towels or other drying devices available always
- _____ Garbage is stored in water proof containers with tight fitting covers
- _____ Developmentally appropriate materials and equipment
- _____ Broken and unsafe toys (including potential choke hazards) and materials removed
- _____ Age appropriate toys present for all ages in care and in good repair
- _____ Drinking water available
- _____ Clean/Open area that allows freedom of movement

OUTDOOR ENVIRONMENT

- _____ Openings in steps, decks, and handrails are less than 3 ½ inches or greater than 9 inches
- _____ Steps are railed (when there are more than 2)
- _____ Clean/Free of debris/Open area that allows freedom of movement
- _____ Stationary outdoor equipment is anchored and is not installed over concrete or asphalt
- _____ Shaded area is provided
- _____ Playground is free of hazards including tripping hazards and debris
- _____ Gas/propane tanks/grills inaccessible to children
- _____ Swimming pool enclosed by a 4-ft. fence & separated from other play area/locked & inaccessible (if applicable)
- _____ Pool Safety Rules posted (if applicable)
- _____ Developmentally appropriate equipment and materials for a variety of outdoor activities that allow for vigorous play, large and small muscle development, and social, emotional, and intellectual development
- _____ Equipment and toys in good repair

MATERIALS AND EQUIPMENT

ACTIVITIES (While materials must be present, designated activity areas not required. However, this is recommended if interested in having FCCERS Assessment completed)

- ___ Developmentally appropriate activities must be planned on a written schedule and activity plan (documents may be combined into one)
- ___ Offer at least 4 different activities daily, at least one of which is outdoors:
 - Art and other creative play
 - Children’s books
 - Blocks and block building
 - Manipulatives
 - Family living and dramatic play
- ___ Provide materials and opportunities at least weekly, indoors or outdoors, for:
 - Music and rhythm
 - Science and nature
 - Sand and water play
- ___ Provide a balance of activities appropriate for the age, needs, and interests of school-age children

RECORDS

OPERATOR’S & ADDITIONAL CAREGIVER’S FILES

- ___ Copy of high school diploma or GED
- ___ Proof showing operator/addt’l caregiver are at least 21 years of age
- ___ Criminal Background Qualifying (CBC) Letter
- ___ Negative TB test result (prior to licensure/employment – within last 12 months)
- ___ Health Questionnaire Form (annually)
- ___ Current First aid / CPR certifications
- ___ ITS-SIDS certification (if caring for children 12 months and younger)
- ___ Orientation Training Form (6 hrs. w/in 1st 2wks of hire & 10 hrs. w/in 1st 6 weeks hire)
- ___ Emergency Medical Care Plan reviewed prior to caring for children
- ___ Professional Development Plan (w/in 1st year & annually thereafter)
- ___ Shaken Baby Syndrome Policy Acknowledgment (prior to caring for children ages 0- 5 years)
- ___ Recognizing and Responding to Suspicions of Child Maltreatment Training (w/in 90 days of licensure or hire)
- ___ Health & Safety (H&S) Trainings (w/in 1 year of licensure/hire & completed once every 5 years)
- ___ Documentation of Annual On-going Training

CHILDREN’S FILES - Prepare sample file to review

- ___ Application
- ___ Medical action plan – Chronic conditions/medication/life threatening allergies (attach to application if applicable)
- ___ Medical exam signed by doctor/health professional (w/in 30 days of enrollment)
- ___ Immunization record (w/in 30 days of enrollment)
- ___ Emergency Medical Care Authorization & Information
- ___ Discipline policy–signed, dated with child’s name and date of enrollment
- ___ Safe Sleep policy signed for all children 12 months and younger
- ___ Infant Sleep Waiver (signed & if applicable)
- ___ Documentation of parent’s receipt of the Summary of the Child Care Law
- ___ Shaken Baby Syndrome Policy Acknowledgment (if child is 0- 5 years of age)
- ___ Infant Feeding Plans (available for reference for each child under 15 months of age)
- ___ Nutrition Opt-Out Form (if applicable)
- ___ Written Plan of Care

- _____ Pet Acknowledgment Form (prior to enrollment & before new animal is brought into the home)
- _____ Transportation/Off Premise Permission Form
- _____ Permission to administer medication/diaper creams/sunscreen/topical ointments
- _____ Permission to participate in aquatic activities (if applicable)
- _____ Incident reports (events requiring emergency care or doctor's care only)

FORMS ON FILE FOR CONSULTANT'S REVIEW

- _____ Attendance Record with Date and Time of Arrival and Departure
- _____ Activity Plan
- _____ Written Schedule
- _____ Monthly Fire Drill Log & Quarterly Shelter-in-place/Lock down drill Log
- _____ Monthly Playground Inspection Forms
- _____ Incident Log Form
- _____ Emergency Medical Care Plan
- _____ Emergency Preparedness and Response Plan (w/in 1 year of licensure)
- _____ Safe Sleep Check Charts maintained for 30 days
- _____ Documentation log of screen time activities – limited to 30 minutes daily (for children 3-12 only)

TRANSPORTATION

- _____ Accessible transportation in event of emergency
- _____ All children will be transported in a car seat/appropriate restraint device through age 8 or until they weigh more than 80 pounds
- _____ Identifying information to include child's name, photograph, emergency contact information, and emergency medical care plan for each child transported on vehicle
- _____ Fire extinguisher (recommend it be secured)
- _____ First Aid Kit (recommend it be secured)
- _____ Proof of Liability Insurance
- _____ Expiration date of Vehicle Registration _____ Date of last inspection _____
- _____ Tire tread measures more than 2/32 of an inch
- _____ Vehicle free of hazards and in good condition – no torn upholstery, broken windows, holes in floor or roof
- _____ Cell phone or other two-way voice communication device

DISCUSSIONS WITH THE OPERATOR

- _____ Quality Care _____ Five Developmental Domains (per NC Foundations for Early Learning and Development)
- _____ Operational Policies Checklist _____ Star Rating/ERS _____ R&R Initiatives for ERS
- _____ WORKS _____ On-going CBC Requirements _____ Health and Safety and On-Going Training

Note for consultant – Check each item if in compliance or place an asterisk * next to each line item, if discussed with operator

- _____ Date of Rules Review (using General Statutes and Child Care Rules to complete the Rules Review)
- _____ Date walk through of entire premises was completed

1st Pre-Licensing Consultation Date: _____ Initial Inspection Date: _____

Signature of Child Care Provider: _____ Date: _____

Signature of Lead Child Care Consultant: _____ Date: _____