

FAMILY CHILD CARE HOME HEALTH AND SAFETY SCREENER GUIDANCE

(April 4, 2017)

1. Providers and/or Delegate staff will complete a health and safety screening for each home where children receive services prior to start up. Designated Grantee Staff will complete a health and safety screening for each home where children receive services within 30 days of start-up.
 - a. Mark each item in the screening form In Compliance (IC) or Out of Compliance (OC). Provide descriptions for items marked “Out of Compliance”.
 - b. Determine issues, priorities, and those responsible for actions and improvements within each home and across the program.
2. Action will be taken to correct findings within 15 days of the Grantee review.
3. Grantee will summarize all Health and Safety Screenings (may attach COPA H & S Screener), obtain Governing Board approval and submit to the Office of Head Start within 60 days of program start-up.

This screening does not include all applicable Head Start Program Performance Standards, nor does it cover every possible health and safety concern or replace each agency’s responsibility to ensure ongoing compliance with local, state, and federal health and safety requirements.

A Family Child Care Home must be in the licensee's own home. A Family Child Care Home reflects a home-like environment where non-medical care and supervision is provided for periods of less than 24 hours. There are Small Family Child Care Homes and Large Family Child Care Homes. Small Family Child Care Homes provide care to no more than 6 children and Large Family Child Care Homes provide care to no more than 12 children.

Requirements	Guidance
License/Clearances/Inspections (EnvHS 1.3/T22)	
A. The FCCH license is posted and accessible for viewing during operating hours. The facility sketch matches the areas which are accessible to children.	<ul style="list-style-type: none"> • Review license for approved capacity • Ask to see facility sketch if it is not posted
B. If there are any Community Care Licensing Site Visit reports, they are posted and items have been corrected. If applicable, Type A violations have been reported to the agency per contract.	<ul style="list-style-type: none"> • Ask Provider if they have had a licensing visit within the past 30 days • If they have had a visit within the past 30 days, review posting • If a Type A violation was issued, posting must be displayed for 12 months, and all parents currently enrolled must have a signed LIC. 9924 “Acknowledgement of Receipt of Licensing Report” on file
C. If alterations have been made to the existing building or grounds, there is documentation of notification to licensing and a building inspection report.	<ul style="list-style-type: none"> • Alterations could be defined as: <ul style="list-style-type: none"> – Garage conversions – Room additions – Above ground water features/pools – Construction of exterior decks or porches – Construction of play equipment • Ask the Provider if any alterations have been made since they were originally issued the license • If yes, review documentation
Air Quality and Overall Sanitation (EnvHS 1.1)	
A. Fresh air is available in rooms occupied by children.	<ul style="list-style-type: none"> • Fresh air would include one of the following: <ul style="list-style-type: none"> – Windows – Doors – Air conditioning – Air purifier
B. The environment is free of air pollutants, including mold, smoke, lead, pesticides, asbestos, and herbicides, as well as soil and water pollutants.	<ul style="list-style-type: none"> • Visual inspection that these items are not present: <ul style="list-style-type: none"> – Peeling paint – Mold – Exposed insulation – Pesticide odor • If pesticides are used, Provider is able to explain that children are not present when pesticides are applied • Note any odors that might indicate presence of these pollutants
C. The home, including materials, equipment, and household decor are free of any hazards that may cause harm to children, families, or staff.	<ul style="list-style-type: none"> • Hazards could include: <ul style="list-style-type: none"> – Protruding nails or screws – Loose staples – Blind cords – Loose rugs – Splintery wood – Broken toys

Requirements	Guidance
	<ul style="list-style-type: none"> – Poisonous or toxic plants (indoors or outdoors) Refer to “Caring for Our Children Standard 5.2.9.10” for list of plants – Heavy mirrors or frames hanging on walls – Items on shelves – Stairs without secure gate – Adult purses within reach of children
D. All sewage and liquid waste is disposed of so not to expose children and adults.	<ul style="list-style-type: none"> • Sewage and liquid waste would include: <ul style="list-style-type: none"> – Diapers – Tissues – Gloves – Vomit – Other bodily fluids – Any Blood Borne Pathogen
E. All garbage and trash is stored in garbage cans with lids that do not allow easy access by children.	<ul style="list-style-type: none"> • This includes all inside and outside garbage cans in the children’s environment • Garbage cans and lids should be clean
F. Toileting and diapering areas are separated from areas used for cooking, eating, and children’s activities.	<ul style="list-style-type: none"> • The designated area may be in the same room
G. Toilets and sinks are clean, in good repair, and easily accessible by children.	<ul style="list-style-type: none"> • Easily accessible: <ul style="list-style-type: none"> – Step stools are available for children • Infants are held up to the sink for handwashing
H. There is no evidence of pests.	<ul style="list-style-type: none"> • Evidence of pests would include: <ul style="list-style-type: none"> – Dead/live insects or rodents – Rodent droppings • Traps (sticky paper, ant bait...) of any kind should not be in the children’s environment
Emergency Alert Systems and Fire Safety (EnvHS 1.2)	
A. A fire extinguisher is available and easily accessible.	<ul style="list-style-type: none"> • Ensure it is within the licensed environment • Extinguisher should not be placed where it can roll or fall on children • If within child’s reach, it is required to mount the extinguisher to the wall
B. The fire extinguisher has been serviced at least annually.	<ul style="list-style-type: none"> • Tag on fire extinguisher indicates annual service date within the last 12 months • Staff has initialed the back of the tag, indicating monthly monitoring has occurred to ensure it is fully charged (in the green) • This applies to both large and small FCCH’s
C. There is a smoke detector system; it has been tested in the last 12 months and logged at time of test.	<ul style="list-style-type: none"> • Test the smoke detector system at time of visit (with minimal interruption to children’s routine) • Review test log
D. Carbon monoxide detectors are properly installed and currently	<ul style="list-style-type: none"> • Installation locations vary by manufacturer • Detectors should not be installed directly above or beside

Requirements	Guidance
functioning.	fuel-burning appliances <ul style="list-style-type: none"> • Detector should not be placed within fifteen feet of heating or cooking appliances or in or near very humid areas such as bathrooms • Test the system: <ul style="list-style-type: none"> – Check the indicator light – Press the test button – Check expiration date
E. If the FCCH has a basement, and local health officials recommend radon detectors, they are installed.	<ul style="list-style-type: none"> • Ask if Provider has a basement • If there is a basement, and no radon detector is in place, contact local county health official to see if one is recommended (Typically in the county Environmental Resource Department) • If the county health official does not recommend a radon detector, documentation of this is present
General Safety and Wellness (EnvHS 1.1)	
A. Unvented fuel-fired heaters are not present.	<ul style="list-style-type: none"> • Examples of an unvented fuel-fired heater would include: <ul style="list-style-type: none"> – Portable heaters – Wood stoves – Propane heaters – Gas powered heaters
B. Accessible electrical outlets/cords are covered and/or childproof.	<ul style="list-style-type: none"> • All indoor <u>and</u> outdoor outlets have safety plugs • Surge protectors have outlet covers • Accessible extension cords are covered or secured to the wall
C. Windows and glass doors are constructed, secured, and adjusted to prevent children's injury and escape.	<ul style="list-style-type: none"> • Secured and adjusted to prevent injury would include any of the following: a sticker or cling, small poster or picture, that creates a visual cue to child to avoid running into a glass door • Windows that are sometimes open, should have screens, in good condition with no tears
D. Children are safe from the potential hazards posed by appliances.	<ul style="list-style-type: none"> • If kitchen is gated and children never enter the area, child safety knobs are not needed on the stove or locks on the refrigerator or oven. • If children do enter the kitchen, for any reason, child safety knobs on the stove and a refrigerator and oven lock are required • Refer to Child Active Supervision Plan
E. Firearms and other weapons are locked and stored in areas not occupied by children.	<ul style="list-style-type: none"> • Other weapons would include: <ul style="list-style-type: none"> – Swords – Knives – Ammunition – Tools – Pepper Spray
F. The provider ensures that alcohol and drugs are inaccessible and not consumed when children are	<ul style="list-style-type: none"> • This would include tobacco and all personal prescription/non-prescription medications

Requirements	Guidance
present.	
G. Current health certificates are available for pets documenting up-to-date immunizations and that pets are free from conditions that may pose a health threat.	<ul style="list-style-type: none"> Refer to “Caring for our Children” Standard 3.4.2.1-3 Refer to the List of Prohibited Animals that should not be present at any time. “Caring for our Children” Standard 3.4.2.2
H. Pets are inaccessible to children at all times.	<ul style="list-style-type: none"> Refer to “Caring for our Children” Standard 3.4.2.3 Children should not be able to reach into cages or through fencing where animals are housed
I. Lighting is bright enough so children and adults can clearly see activities, materials, and pathways.	<ul style="list-style-type: none"> This includes naptime
J. Heating and cooling system are designed to prevent injury to children and adults.	<ul style="list-style-type: none"> If heating or cooling system is located at child level, it should be blocked to prevent child access
K. Infectious disease policies and procedures are in place and include contacting parents and communicating with the local health department as necessary.	<ul style="list-style-type: none"> Review exclusion policy
Evacuation Routes and Emergency Plans (EnvHS 1.2)	
A. There is an operating phone in the home that is accessible to the provider.	<ul style="list-style-type: none"> Cell phone is acceptable Phone should be taken outside in order to be considered accessible
B. Exits are clearly visible.	<ul style="list-style-type: none"> Exit doors should be indicated with “Exit” signs
C. Emergency/Evacuation plans are posted.	<ul style="list-style-type: none"> Emergency Evacuation map must be visible and clear, including colored or highlighted exit routes Emergency Evacuation map should be posted by each marked “Exit” door
D. Emergency supplies, including parent and emergency contact information, first aid kits, etc. are readily available indoors/outdoors.	<ul style="list-style-type: none"> Providers are able to explain the Emergency Plan when asked Emergency kits are checked and items replaced as needed, every 6 months First aid kits are checked and items replaced as needed every 2 months
E. All required policies and plans of action for health emergencies requiring rapid response (choking, asthma and seizure) are posted.	<ul style="list-style-type: none"> Bulletin Board may refer to binder located below Required Bulletin Board Postings may differ with each agency
F. Emergency lighting is available and working in case of power failure.	<ul style="list-style-type: none"> A working flashlight is acceptable Turn on to check batteries
G. Providers notify parents when children are sick or injured.	<ul style="list-style-type: none"> Ask Provider what they do when a child gets ill during the day
H. A current parent or guardian emergency contact list is on file.	<ul style="list-style-type: none"> Review Emergency Cards

Requirements	Guidance
Safety and Cleanliness of Indoor and Outdoor Space (EnvHS 1.1)	
A. The design of the indoor/outdoor play area and equipment promote the safety of children and are in good repair.	<ul style="list-style-type: none"> • Equipment is appropriate height and accessibility for ages served • No openings that could entrap a child's head or limbs (Note: between 3.5 and 9 inches) • Absence of sharp edges, rust, choking, and or strangulation hazards, garbage, beverage containers and hazardous materials (glass, needles, animal feces, etc.) • Equipment is stable and or secured to the ground (cubbies, shelves, etc.) • Any climbing equipment, including Swing sets, Little Tykes climbing structures, slides, etc. need to have appropriate shock absorbing surfacing materials <ul style="list-style-type: none"> – For guidance on appropriate "Shock absorbing surfacing materials", "Refer to "Caring for Our Children" Standard 6.2, 6.2.3 – Note: Grass or play mats are not acceptable surfacing materials
B. Storage areas for poisons, firearms and other dangerous weapons are locked.	<ul style="list-style-type: none"> • A "lock" is defined as: A key or combination operated mechanism used to fasten shut a door, lid, or the like (products advertised as child proof devices and safety latches are <u>not</u> considered locks unless they are key or combination operated) • Poison is defined to include: only the most lethal substances, most often those designed specifically for killing, such as bug spray, rat poison, weed killer, etc. • Refer to Title 22, Section 101238.4(d) and Family Child Care Home Section 102417(g)(4)
C. Cleaning supplies, disinfectants, medications and other items which could pose a danger to children are inaccessible.	<ul style="list-style-type: none"> • Something that is inaccessible is capable of being reached only with great difficulty or not at all because of its location or some kind of barrier or device that effectively prevents a child from getting to it • A latch or magnetic device is an acceptable means of keeping items inaccessible. They must be correctly installed and sturdy enough to withstand pulls and tugs from children • Anything labeled "Keep out of Reach of Children" should be kept inaccessible • Examples of other items to be kept inaccessible to children: <ul style="list-style-type: none"> – Sharp utensils and cutlery – Plastic bags – Small things children might swallow – Shampoo – Shaving cream – Razors – Mouthwash – Toothpaste – Perfumes

Requirements	Guidance
	<ul style="list-style-type: none"> – Lotions – Cosmetics – Solvents – Tools – Gardening equipment • Refer to Title 22, Section 101238.4(d) and Family Child Care Home Section 102417(g)(4)
D. All areas are clean and free of dirt and debris.	<ul style="list-style-type: none"> • Areas would include, but are not limited to: <ul style="list-style-type: none"> – Carpet – Floors – Furniture – Toys and materials – Counters – Tables – Chairs – Shelves • This would include all of the above, and any additional items in the outside environment
E. Provisions are made to ensure the safety, comfort, and participation of children with disabilities.	<ul style="list-style-type: none"> • Ask provider if there are any children enrolled with an IEP/IFSP • Refer to documentation on Child Success Team Results Form • Lesson plans indicate individualized modifications as needed
F. There is no tip over or tripping hazards in the children's areas.	<ul style="list-style-type: none"> • Any areas that the children have access to should be checked (front porch, hallways, entrances, bathrooms, kitchen, etc.) • Verify that furniture is stable on its own (for added security, anchor to the floor or attach to the wall all entertainment units, TV stands, bookcases, shelving, and bureaus using appropriate hardware, such as brackets, screws, or toggle bolts) • Refer to "Caring for our Children" Standard 5.3.1.5 • Watch for large picture frames that are loose and may fall
G. Toys, materials, and furniture are age-appropriate.	<ul style="list-style-type: none"> • All items should be appropriate for all ages enrolled (infants-school age) • Shelves should be low enough to allow children to access available items
H. Environments are free of choking hazards.	<ul style="list-style-type: none"> • If infants/toddlers are enrolled, there should be no small materials available that would pose a choking hazard (ex: beans, macaroni, sequins, broken crayon pieces, small rocks, Legos, etc.) • Staples must be flush to the wall and not used under 3 feet when infants and toddlers are enrolled • Staples should not be used over/near diaper changing area • Best practice would be to use double sided tape or command strips

Requirements	Guidance
<p>I. The program ensures that sleeping arrangements for infants are free of soft bedding materials. The crib mattress is set to the lowest position. Infants that can pull themselves up to a standing position sleep on a mat.</p>	<ul style="list-style-type: none"> • Best practice is to have mats/cribs placed 3 feet apart, to avoid spreading illness (not required in a FCCH) • Recommendation would be head to toe sleeping arrangements • Sleeping arrangements could include: cribs, pack-n-plays (also sometimes called a port-a-crib or play yard), or mats • No soft bedding materials should be in an infant's sleep space (no blankets, bumper pads, soft mattresses, stuffed animals, pillows of any kind, comforters, etc.) • A thin receiving blanket or a sleep sack is acceptable, as long as parent has indicated approval and it is documented on the Infant Needs and Services Plan • The side rail should always be locked in its highest position on a crib when an infant is sleeping in it. • All infants will be placed on their back to sleep • Children are not to be swaddled. If a child requires swaddling due to a medical condition, there must be a signed order from the doctor. • Prior to the first day of attendance, all Providers, Parents, and Volunteers are informed of the Infant Needs and Services Plan, Safe Sleep Policy and Safe Sleep Practices as recommended by the American Academy of Pediatrics
<p>J. The FCCH has sufficient indoor and outdoor space usable by and available to children.</p>	<ul style="list-style-type: none"> • Determined by License
<p>K. The provider ensures all children are supervised at all times.</p>	<ul style="list-style-type: none"> • Refer to Child Active Supervision Plan • Observe for appropriate supervision
<p>L. There is a fence to prevent children's access to all water hazards, such as swimming pools or other bodies of water, at all times.</p>	<ul style="list-style-type: none"> • A minimum of a 5 foot fence is required around swimming pools • The fencing should not obscure the view of the pool • Other bodies of water would include: <ul style="list-style-type: none"> – Fountains – Hot tubs – Spas – Fish ponds – Wading pools • Swimming is not allowed. Refer to "Caring for our Children" Standard 1.1.1.5
<p>M. Indoor and outdoor premises are inspected prior to each use by children. Premises are kept free of undesirable and hazardous materials and conditions.</p>	<ul style="list-style-type: none"> • Daily indoor and outdoor checklists may vary from agency to agency • They are completed prior to children's arrival • All hazards are removed prior to use by children
<p>N. Infant toys are cleaned and sanitized as needed between each use by individual children and at least weekly.</p>	<ul style="list-style-type: none"> • Mouthed toys are sanitized daily • Non-mouthed toys are sanitized weekly or additionally if illness occurs

Requirements	Guidance
Handwashing (EnvHS 2.1)	
A. Handwashing procedures are posted and followed at all times.	<ul style="list-style-type: none"> Situations that would require handwashing include (but are not limited to): <ul style="list-style-type: none"> upon arrival before and after diaper changing re-entering classroom from outside play before and after water or messy play after using restroom before and after meals after coughing or sneezing or wiping nose after dealing with bodily fluids after handling garbage before food preparation before and after administering medications This applies to adults and children
Spilled Bodily Fluids (EnvHS 2.1)	
A. Bodily fluids are cleaned up using the proper procedure.	<ul style="list-style-type: none"> Non-latex gloves are worn Spills/fluids cleaned up immediately All areas cleaned and sanitized Contaminated materials placed in a bag and secured Refer to Procedure HS-5
Diapering (EnvHS 2.1)	
A. The diapering procedure is posted and followed at all times.	<ul style="list-style-type: none"> Refer to agencies diapering procedure, which must include the following: <ul style="list-style-type: none"> Before bringing the child to the diapering area, washed hands and brought supplies to the area Always kept a hand on the child Cleaned the child's diaper area Washed the child's hands and returned child to the supervised area Cleaned and disinfected the diaper changing surface Washed hands with soap and water for 20 seconds
Medication Management (EnvHS 2.3)	
A. The provider can articulate the names of all enrolled children in the FCCH who are prescribed medications and have an up to date medication administration plan.	<ul style="list-style-type: none"> Ask Provider if there are any enrolled children currently prescribed medication This includes medications prescribed for all enrolled children, regardless of funding source Review medication administration plans
B. All medications are in the original containers and include written orders from a physician that specifies dosage and length of time to administer the medication. Providers have been trained in medication administration and it is documented.	<ul style="list-style-type: none"> Check all medications. This includes medications prescribed for all enrolled children, regardless of funding source A prescription and Consent for Medication form is required for all medications, including over the counter items such as diaper rash cream, sunscreen, lotions, Tylenol, etc.

Requirements	Guidance
C. Non-emergency medications are stored under lock and key.	<ul style="list-style-type: none"> Child Epi-Pens and asthma inhalers are stored in an unlocked location, out of reach of children that is easily and quickly accessible to staff in case of allergic reaction (indoors and outdoors). Refer to Title 22 101226(e)(1-6)
D. Medications are not expired and are stored per manufacturer's guidelines.	<ul style="list-style-type: none"> Check expiration dates Review label for storage guidelines
E. There is an incidental medical plan at the home.	<ul style="list-style-type: none"> All sites should have an incidental medical plan. Refer to Title 22 101173
FCCH Group Ratio (EnvHS 3.2)	
A. The provider is in ratio at all times.	<ul style="list-style-type: none"> What age group does the Provider serve? How many children are currently present in the group? Is there an assistant present? How many children under 2 years of age are present in the group? How many children under 18 months are currently present in the group? Refer to ratio schedule plan Refer to Child Active Supervision Plan
Safe Outdoor Play Areas (EnvHS 3.3)	
A. Outdoor play areas are arranged so adults can see children and effectively supervise to prevent children from leaving and or getting into unsafe areas.	<ul style="list-style-type: none"> Refer to Child Active Supervision Plan Pay close attention to blind spots, for example, playhouses, corners, sheds, structures that prevent an adult from seeing a child
Supervision (EnvHS 3.5)	
A. There is a current roster of enrolled children.	<ul style="list-style-type: none"> Check for sign in/out sheets and Community Care Licensing Form 9040 (or equivalent)
B. Providers are within arm's reach of children sitting in a high chair or on a changing table and holding any children who are bottle feeding.	<ul style="list-style-type: none"> Observe for compliance
C. Providers/assistants are supervising and engaging with children in a way that ensures the children's safety.	<ul style="list-style-type: none"> Adults can visually see all children Children are not engaging in dangerous activities, such as standing on tables, climbing fences, fighting, etc.
D. An Active Supervision plan is posted and being implemented.	<ul style="list-style-type: none"> Review plan Plan must be current, signed by Provider, and approved by Administrator Observe to ensure plan is being followed
Positive Guidance (EnvHS 3.6)	
A. The providers/assistants use positive guidance when responding to undesired child behavior rather than corporal punishment, emotional, or physical abuse, unnecessary restraint, humiliation,	<ul style="list-style-type: none"> Positive guidance would include actions such as: <ul style="list-style-type: none"> Redirection Conscious Discipline strategies Problem Solving Review of Rules

Requirements	Guidance
isolation, or denial of food, water, or bathroom privileges.	
Nutrition/ Food Service/Dental (OHS/T22)	
A. FCCH complies with CACFP food safety and sanitation guidelines.	<ul style="list-style-type: none"> • Check refrigerator/freezer temps (at or below 40 for refrigerator/0 or below for freezer) • Kitchen counters, floors, refrigerator appears clean • Provider should refer to their Food Program guidelines
B. Individual nutritional needs and feeding requirements are met for all children that comply with USDA nutrition requirements. Child Meal Patterns are posted.	<ul style="list-style-type: none"> • Ask if there are any children with food allergies or meal accommodations • Review completed meal accommodation forms • Menu should be posted • Child's Meal Pattern should be posted
C. Foods that pose a high risk of choking for infants and toddlers as indicated in the Grantee's Health and Wellness Procedure (HS-33) are not served.	<ul style="list-style-type: none"> • Review menu to ensure these foods are not being served • Observe a meal time (when possible)
D. Tooth brushing is done according to dental hygiene procedure and is promoted in conjunction with meals. Toothbrushes are stored in a sanitary manner that includes appropriate air flow, labeled by child name, and brushes do not touch when stored.	<ul style="list-style-type: none"> • Observe tooth brushing (if possible) • Inspect toothbrushes and holders for labeling and air flow • Review toothpaste for expiration dates • Ensure toothbrushes are changed every 3 months or as needed
Proper Handling of Breast Milk/Formula (EnvHS 2.2)	
A. There is proper refrigerated storage and handling of breast milk and formula according to USDA guidelines.	<ul style="list-style-type: none"> • Refer to Procedure HS-46
B. Prepared bottles/cups are labeled with the child's name, date and time of preparation.	<ul style="list-style-type: none"> • Check prepared bottles and cups for labeling
Transportation (OHS/T22)	
A. There is evidence of Pedestrian Safety Education for both child and family within 30 days of each child's first day of attendance.	<ul style="list-style-type: none"> • Review Activity Plans or other documentation (Parent Orientation information, Parent Meeting documents)
B. Transportation is not provided for Head Start children enrolled in a Head Start or EHS-CCP Program.	<ul style="list-style-type: none"> • Provider should not be providing any type of transportation for a child enrolled in MSHS/RHS/EHS /EHS-CCP

Comments: