



School-administered Child Care Self-Assessment

Early Learning Division

Early Childhood Quality and Supports

PROGRAM DIRECTOR

Click here to enter text.

ASSESSMENT COMPLETED BY

Click here to enter text.

PROVIDER NAME

Click here to enter text.

PROVIDER ADDRESS

Click here to enter text.

DOE PROGRAM EVALUATOR

Click here to enter text.

DATE ASSESSMENT TAKEN

Click here to enter text.

DIRECTIONS: Please indicate, by clicking one box next to the appropriate requirement, if it is: Compliant (C), Non-compliant (NC), or Not Applicable (N/A).

C NC N/A REQUIREMENTS

OWNERSHIP & ADMINISTRATION: CHAPTER 0520-12-01-.05

C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate financing, budget available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General liability, medical insurance coverage available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required vehicle liability verified
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enrollment documentation, immunizations, and exceptions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All children at least 6 weeks old
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-enrollment visit offered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receipt of signed policies/handbook information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents sign receipt of Summary of Requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff's professional credentials made available to parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse education program offered annually to parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children released according to requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents permitted access to children at all times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorities have ready access to all areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents informed prior to child's removal from premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children signed in by parent or attendance recorded by staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident, accidents, and injuries reported to parents



Child's Records:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's information form current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification, telephone number of child's physician available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency medical care permission signed by parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation agreement between parent and school
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's health history available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily attendance record showing time in and out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written permission for each off-site activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization records kept for one year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant/toddler (non-verbal) daily info recorded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health examination for children < 30 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SA record of school if program not located in school enrolled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge statement for 5-year-olds in non-approved kindergarten
Following Staff Records complete and available:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health statement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three written references with documented interviews
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified employment history
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual performance evaluations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily attendance, including time in and out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal background check results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vulnerable persons registry results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of trainings, including preservice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dates of employment and separation from program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's records with additional verifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records of volunteers maintained and complete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records of substitutes maintained and complete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program staff keep confidentiality of children or family
Posting for Public Viewing			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Approval posted conspicuously
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHS toll-free number posted conspicuously
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCS child abuse number posted conspicuously
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOE rules on site and available to staff and parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoking signs posted conspicuously



PROGRAM OPERATION: CHAPTER 0520-12-01-.06			
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual inspection at end of day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff monitor toileting while respecting child's privacy (Submit - bathroom supervision plan?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved plan to call 2 nd person in emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All children assigned to groups and/or teacher
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants not grouped with children > 30 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Groups (excluding infants) not combined > 30 minutes per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child ratios in accordance with Chapter 0520-12-01-.06(4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second adult physically available when more than 12 children present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Class assignment based on developmental needs (6 weeks - 2 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Class assignment based on age on August 15 (3 years - pre-K)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group sizes/class assignments not adjusted for change in child's age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children age 3 - pre-K permitted to enter older class only with testing/evaluations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant/toddler ratios maintained during naptime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written playground supervision plan available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child offsite ratio for preschool children doubled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child offsite ratio for kindergarten-13 years in accordance with Chapter 0520-12-01-.06(7)(b)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child offsite ratio for 14 - 18 years 1:20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum of two adults for offsite activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance roll tracking used during offsite activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child ratios for swimming in accordance with Chapter 0520-12-01-.06(7)(g)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one adult with advanced aquatic lifesaving skills while swimming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child ratios maintained indoors and on the playground
STAFF: CHAPTER 0520-12-01-.07			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program has director, required staff to meet ratios
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff physically, mentally, & emotionally capable of duties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff under 21 supervised (exception: B/A school)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one adult present at all times can read & write English
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New employees receive 2-hour orientation training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within first two weeks, employee trained in child abuse reporting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation each employee read full set of rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All training documented in program records



School-administered Child Care Self-Assessment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within first two weeks, all NEW staff must complete required health and safety training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director meets qualifications
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director at least 21 years old (if hired after June 30, 2017)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director completed orientation on DOE rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director completes annual training requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site assistant director 21 years old (if hired after June 30, 2017)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site assistant director meets training, experience requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site assistant director meets orientation, training requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All teachers & assistants 21 years old (if hired after June 30, 2017)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All teachers & assistants receive 2-hour preservice training in first 30 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff received 30 hours PD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least 6 hours of PD in developmentally appropriate literacy practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitutes and volunteers meet criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOH abuse registry check for all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprint background check for all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender registry check for all staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program reviews background checks immediately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New fingerprint sample obtained every 5 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals with defined criminal history excluded from employment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If staff identified by DCS for neglect, adult supervision required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers with DUI prohibited from driving
PROGRAM: CHAPTER 0520-12-01-.09			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational activities based on developmentally appropriate practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEA pre-K, educational curriculum aligned with TN early learning standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written lesson plans for each group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balance between child's choice and adult-directed activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily program provides opportunity for learning, self-expression, creativity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technology usage approved by parents & not > 2 hrs. per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternating periods of vigorous activity and rest
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children not left in restraining devices such as swings, car seats, high chairs > 30 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunities for children to interact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunities for children to play alone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth > 10 years participate in program planning



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indoor gross motor activities provided
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal safety curriculum for children 3 years and up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents sign personal safety curriculum acknowledgement
REQUIREMENTS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-K curriculum aligned with TN ELDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play extended to children in care > 3 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children provided outdoor play in weather between 32 - 95 degrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachers alert for signs of dehydration, frost bite, heat stroke
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age-appropriate playground rules posted in play area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline reasonable and appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline not shaming, humiliating, verbally abusive, or frightening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline not related to food, rest, or toileting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No spanking or corporal punishment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Praise and encouragement used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time out reasonable and developmentally appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet training not started until child understands and communicates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children not made to sit on toilet longer than 5 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children not in care > 12 hours per day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate space available for more than 12 children, 1 st grade or older
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routines (snacks, meals, rest) occur at approximately same time each day
HEALTH & SAFETY: CHAPTER 0520-12-01-.10			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid information available & staff trained in first aid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff member on duty with current first aid certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff member on duty with current CPR certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School age children, at least one staff member with adult CPR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written emergency plans in event of disaster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency drills conducted & recorded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking not permitted on premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumption of alcohol prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firearms prohibited on premises or vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potentially dangerous items inaccessible to children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff personal belongings inaccessible to children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required emergency numbers posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children checked upon arrival for signs of disease



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's temperature taken non-invasive & symptomatic children removed from group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If child had scabies or lice, proof or treatment required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB test required for children born outside US, Canada, Western Europe, Australia, New Zealand, Japan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff notify parents immediately if child is ill
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program does not delay seeking emergency treatment
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents notified of disease outbreaks in program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health department notified of disease outbreaks in program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program notifies parents of injury or possible injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper administration procedures of medication maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents sign medication documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication not handled by children (exception: SA child with physician authorization)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication not in bottles or infant feeders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications properly stored, locked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program follows medication procedures outlined by LEA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants placed on back in crib
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs have tight-fitting sheets, no soft bedding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants not wrapped tight or swaddled while sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants dressed lightly for sleeping with comfortable room temperature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants that fall asleep during tummy time immediately placed in crib
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants touched every 15 minutes to check breathing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pillows and blankets prohibited for infants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If child appears to not be breathing, immediate CPR and call for emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachers trained in SIDS prior to working with infants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate lighting in infant rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing complies with CDC guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diapering & toilet training area near hand washing lavatory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diapering surface cleaning procedures followed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covered container used for diaper disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program equipment meets safety guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical cords inaccessible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged equipment removed or repaired immediately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment kept clean
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmentally appropriate equipment for each age group



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual space for each child's belongings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant/toddler rooms, equipment for climbing, crawling, pulling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Napping or sleeping equipment for children in care > 6 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children not forced to nap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children placed alternating face-to-feet while sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual cots or mats for children > 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open top crib for all children < 12 months
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean sheet or towel covers mats or cots
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean coverlet available to each child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs, cots, mats, etc. labeled with child's name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All personnel required to report abuse or neglect according to 0520-12-01 (19-29)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff trained annually on reporting neglect or abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff follow all procedures regarding reporting abuse and comply fully with investigations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program has a Child Abuse coordinator and alternative child abuse coordinator identified.
FOOD: CHAPTER 0520-12-01-.11			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient & appropriate meals, snacks, beverages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in care 4 hours, at least 1 snack served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in care 5-6 hours, at least 1 snack & 1 meal served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in care 7-8 hours, at least 2 snacks & 1 meal served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children in care > 10 hours, at least 1 snack & 2 meals served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods high in sugar and/or fat not served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special meals prepared as per physician or parent (in writing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly menu posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods not forced or withheld
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding schedule established for infants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave not used to heat formula, breast milk, or bottles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants held while feeding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children not permitted to carry bottle throughout the day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachers & children wash hands with soap & water prior to meal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High chairs & tables sanitized before & after meal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors swept or vacuumed after each meal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid foods (including cereal) not given in bottles



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food appropriate size for eating and chewing abilities of children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children seated at appropriate size tables/chairs during mealtime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formula/food from home labeled with child's name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Milk immediately refrigerated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Milk not re-warmed or returned to the refrigerator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formula served at body temperature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen breast milk dated (when expressed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formula remaining in bottle discarded after feeding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby food jars only used for 1 feeding/no previously opened jars
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwaves, warming devices, and crock pots inaccessible to children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warming devices maintained on lowest temperature setting
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children restrained while in high chair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants/toddlers able to use high chair to experiment with food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children never left without adult supervision while eating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold foods stored at 45 degrees Fahrenheit or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot foods heated to temperature of 140 degrees Fahrenheit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen foods stored at 0 degrees Fahrenheit or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers placed in freezers and refrigerators
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry foods stored in closed containers and min 6 inches above floor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All food protected from contamination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No poisonous/toxic materials in food storage/service area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw fruits & vegetables washed before use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, surfaces, & equipment cleaned/sanitized before & after use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food not placed on table > 15 minutes prior to meal
Physical facilities: chapter 0520-12-01-.12			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility complies with all health and safety codes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All facilities have access to phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility has adequate space available, 30 square feet/child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All indoor areas clean and safe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indoor equipment organized for use and safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small toys and other items inaccessible to infants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play area has adequate space, 50 square feet/child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence encloses play area (unless waiver given)



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least three types of equipment in outdoor play area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play equipment placed to avoid injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbers, swingers, and heavy equipment anchored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable resilient surfacing material covers fall zones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play areas cared for, maintenance plan in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-play care inspection before outdoor play
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor areas free of animal waste
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking water available in all rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building kept clean and maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rooms have adequate natural and/or artificial lighting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No hazardous areas or items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals or birds kept away from food areas

TRANSPORTATION: CHAPTER 0520-12-01-.13			
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C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If transportation provided, management fully responsible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation in compliance with state laws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation in compliance with State Board of Education rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles carry liability insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles used to transport in compliance with Federal Motor Vehicle Safety Standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No 15 passenger vans used (vans that seat 10-15 passengers)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children transported in passenger vehicles in proper restraint system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Federally approved restraint system for all children 3 years and under on bus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No child allowed to ride on floor or placed in same restraint
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School buses inspected by Chapter 1340-03-03 by Dept. of Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School bus drivers have CDL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School bus drivers in school system have S endorsement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School bus drivers for non-public/community-based organizations have P endorsement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bus driver knows policies, procedures, and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bus driver has no criminal record of prohibited driving or drug violations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers have annual mental and physical evaluations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers complete annual Dept. of Safety school bus training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers hold current CPR and First Aid certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drivers of any passenger vehicle transporting children have valid license and required endorsements



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seating on school bus minimum of 13 inches seat space/child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles transporting children have visible identifying sign
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles equipped with required safety & health equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency exiting procedures practiced on regular basis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bus routes ensure no child on bus more than 1 ½ hours each way
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No firearms in vehicles used to transport children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult present in vehicle when children are present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult seated behind steering wheel when motor running
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation of students with special needs complies with IEP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult monitor when transporting 4 or more children 6 weeks - 4 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult monitor when transporting children 6 weeks - 4 years more than 30 minutes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult monitor when transporting 4 or more non-ambulatory children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult monitor when transporting more than 10 pre-K students (4 years old) on the bus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult monitor not seated in front seat, can see, hear, observe activities & respond immediately
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger log used to track each child during transport
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First and last name of each child recorded on passenger log
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver or monitor designated to maintain passenger log
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time recorded as each child is loaded onto vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger log updated with time child is released from vehicle & initials of staff person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver signs log indicating all children have exited the bus, walks the bus & inspects seats, under seats, all compartments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If driver alone with children & child not present, driver and all children leave bus together to look for child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver does not leave pre-K children without parent or authorized person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written transportation plan submitted to Dept. of Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicles > 10 passengers inspected in accordance with Dept. of Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If non-school vehicle has stop arm, bus driver completes bus training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If non-school vehicle has stop arm, vehicle has 6-inch letters marked YOUTH BUS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicles maintained, vehicles needing repair not used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicle inspected every 4000 miles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicle contains required safety & health equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicle maintains required daily vehicle inspections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school: emergency exiting procedures practiced



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school contracting for transportation registered "For Hire"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school contracted vehicle has commercial license plate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school contracted vehicle has liability insurance per FMCSA
CARE OF CHILDREN WITH SPECIAL NEEDS: CHAPTER 0520-12-01.14			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reasonable and appropriate efforts to provide equal opportunities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents provide information & training for staff specific to child's needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptations provided to normalize lifestyle of child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demeaning or isolating behavior management activities prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents informed of specialized programs available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized services only with written permission from parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individualized emergency plan for each child with a disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of emergency plan practiced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-verbal child's daily activities recorded/shared with parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If diapering, privacy procedures followed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special needs physical restraint in compliance with TCA 49-10-102(4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical restraint in compliance with IEP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Principal and parents notified of restraint
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If IEP has no restraint or restraint > 5 minutes, IEP team meeting convened
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If restraint used, documentation used and provided at IEP meeting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint reported if believed to be unreasonable or unsafe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff remain in presence of child being restrained, monitors health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-school vehicle contains required safety & health equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administering noxious substances prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical restraint prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any life-threatening restraint prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of isolation/restraint to coerce, punish, for convenience or retaliation prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used: brief holding by adult to calm or comfort
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used: minimum contact when physically escorting student from one area to another
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used: assisting student to complete task or response with no resistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used: holding student for brief time to prevent impulsive threatening behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of locked door or physical structure to isolate/seclude prohibited



SCHOOL AGE BEFORE AND AFTER SCHOOL PROGRAMS: CHAPTER 0520-12-01-.15			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate budget on file
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Records kept for all adolescents enrolled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual certificate of approval posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents receive program policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents have access to all areas when child present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation in compliance with Chapter 0520-12-01-.13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site director at program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director has high school diploma and 4 years of experience with adolescents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director receives 18 hours of training annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated person to serve in place of director's absence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff at least 18 years old
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one staff member for each group has high school diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff receive 12 hours training annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical restraint prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff complete orientation and abuse training prior to working with children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff in compliance with criminal history background check outlined in Chapter 0520-12-01-.07
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteers complete criminal history background check & appropriate training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff records maintained for each employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult: child ratios in accordance with Chapter 0520-12-01-.15(7)(a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ratios doubled for field trips & swimming
C	NC	N/A	REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment in good condition & clean
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity for self-directed and adult-directed activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Students have activity choices & opportunity to help plan activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents informed of TV, movies, computer games
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff monitor computer usage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports and physical activities offered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity for learning, self-expression, and enrichment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse & personal safety information presented to children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachers aware of developmentally appropriate behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No corporal punishment used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Praise and encouragement used



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Students immunized in accordance with Chapter 0520-12-01
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special health needs documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents notified of illness or injury
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents notified of communicable diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication usage in accordance with school policy, health care procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff physically, emotionally, and mentally stable with knowledge of adolescent behavior/development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of staff mental & physical evaluations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At least one staff member present has CPR/First Aid certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit & chart on premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No firearms on premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written emergency plans documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily snacks and meals scheduled regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Menu posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special diets outlined in writing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking & possession/consumption of alcohol prohibited
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program not located in building hazardous to children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire & health inspections completed annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working telephone located in facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility has 30 square feet of usable space per child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play area has 50 square feet of usable space per child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programs serving children with disabilities: adaptations help promote independence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programs serving children with disabilities: specialized services documented