UTAH DEPARTMENT OF HEALTH
Bureau of Child Development
Child Care Licensing Program

Bureau of Child Development, Child Care Licensing Program
childcarelicensing.utah.gov

DWS FFN PROVIDER ANNOUNCED INSPECTION

Provider's Name: Provider's Phone Number: Provider's Email:	Location Address: Provider's Home Child(ren)'s Home	Facility Number: Licensor(s):
Inspection Date:	Start Time: End Time:	Attempted Inspection

C - Compliance
NC - Noncompliance

Noncompliant Findings	Expiration Date of Approval	First Follow-Up	Second Follow-Up	Third Follow-Up
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC
	Compliance During Inspection or Compliance Required by	C NC	C NC	C NC

Number of noncompliant findings:

If the only noncompliant findingss were missing documentation, you must submit the documentation to your licensor. Remember to have your name on all documents.

If you don't show compliance by the required date, your approval will be deactivated and you won't be eligible to receive child care payments from the Department of Workforce Services (DWS).

Provider's Signature:

First Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

Second Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

Third Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of noncompliant findings:

If on-site, Provider's Signature:

Notes

PROVIDER INFORMATION	
When Care Is Provided:	
DWS Customer Name: Number of Children: Relationship: Grandparent Aunt/Uncle Cousin Sibling Over Age 18 Friend/Neighbor	DWS Customer Name: Number of Children: Relationship: Grandparent Aunt/Uncle Cousin Sibling Over Age 18 Friend/Neighbor
Children's Names and Ages:	Children's Names and Ages:
Notes (Include information from Sticky Notes):	

BEFORE THE INSPECTION	
	Review the photos from the Sex Offender Registry and remind the provider that these individuals cannot have unsupervised access to children in care.
	Ask: ➤ Is the home sub-divided with renters and/or landlords living in other areas of the home? Yes ◯ No ◯ If the home is sub-divided, determine if the renters and/or landlords live in the same home as the provider. Living in the same home means the individuals: • daily share a bathroom, kitchen, and/or living area with others in the home; or • don't have a signed rental/lease agreement with the person who owns the home; or • don't have a separate mailing address and mailbox (A Post Office Box is not a separate mailing address); or • don't live in an area with a separate outside entrance and no interior doorway (inside the home) between the living areas; or • could have unsupervised access to the children in care. Do renters and/or landlords live in the same home as the provider ? Yes ◯ No ◯

INSPECTION				
QUESTIONS				
*Level 1 Noncompliance		C - Compliance NC - Noncompliance NA - Not Applicable	Compliance	Notes
1) b)*	ask ask	When care is in the **provider's home** - ➤ Do the children live here? When care is in the **child(ren)'s home** - ➤ Do you live here?	C NC NA	
1) c)*	ask if needed	When the provider lives in the same home as the child(ren) - ➤ Are you a sibling of the child(ren)?	C NC NA	
1) e)*	ask	When care is in the **child(ren)'s home** - ➤ Is a parent of the child(ren), including a DWS customer working from home, there when care is provided?	C NC NA	
7) b) i)	ask ask	➤ Do you take the child(ren) off the premises (for example, to run errands or go to a park)? If yes - ➤ Is the parent aware of this?	C NC NA	
7) b) ii)	ask ask	➤ Do you allow the child(ren) to leave the premises, such as to go to a neighbor's house or ride their bikes on the street? If yes - ➤ Is the parent aware of this?	C NC NA	
4) b)*	ask ask	➤ Are there infants in care? If yes - ➤ When they are sleeping, how do you supervise them?	C NC NA	
5) g) ii)*	ask	➤ Do you place them on their stomachs for sleeping?	C NC NA	
5) i)*	ask ask	➤ Are there any animals accessible to the (child)ren? If yes - ➤ Do they have a history of dangerous, attacking, or aggressive behavior?	C NC NA	
6) c)*	ask	➤ Do you ensure that the children are not subjected to physical, emotional, or sexual abuse while in care?	C NC NA	
6) d)*	ask	➤ If you witness or suspect abuse, neglect, or exploitation of the children, will you report it to Child Protective Services?	C NC NA	
6) e)*	ask	➤ If needed, how do you discipline the child(ren)?	C NC NA	
7) a)	ask	➤ Does the parent of the child(ren) have access to all areas used for care? [NA when care is in the **child(ren)'s home.**]	C NC NA	
8) c)	ask ask	➤ When the children were in care, was there an incident or injury that required attention from a health care provider? If yes - ➤ Did you notify us within 24 hours of its occurrence and submit documentation within 5 days?	C NC NA	
8) d)	ask ask	➤ Has any Covered Individual been convicted of a felony or misdemeanor? If yes - ➤ Did you notify us within 48 hours?	C NC NA	
8) e)	ask ask	➤ Have you changed your name, your telephone number, your child care schedule, or the children in care? If yes - ➤ Did you notify us within 10 calendar days?	C NC NA	

DOCUMENTATION				
*Level 1 Noncompliance	C - Compliance NC - Noncompliance NA - Not Applicable		Compliance	Notes
2) b)*	ask	➤ Since the last inspection, has anyone moved into the home? If yes - ➤ Did you submit his/her Background Screening form?	C NC NA	
2) c)*	ask	➤ Since the last inspection, has anyone stayed in the home for more than 2 weeks? If yes - ➤ Did you submit his/her Background Screening form?	C NC NA	
2) d)*	ask	➤ Since the last inspection, has anyone in the home turned 12-years-old? If yes - ➤ Did you submit his/her Background Screening form? [N/A when care is in the **child(ren)'s home** and the child is a sibling of the children in care.]	C NC NA	
2) a)*	observe	Do all Covered Individuals have current approved background screenings? ➤ When care is in the **provider's home** - everyone age 12-years old and older who live in the home ➤ When care is n the **child(ren)'s home** - everyone12- years-old and older who live in the home except the DWS customer(s) and 12- to 17-year-old siblings of children in care.	C NC NA	
Names of Covered Individual(s) and Expiration Date(s) of Background Screening(s):				
9) a)	observe	Does the provider have current First Aid certification?	C NC NA	
9) b)	observe	Does the provider have current infant/child CPR certification from a class that included hands-on testing?	C NC NA	
10) a) i)	observe	Does the provider have current First Aid and CPR certifications available for review?	C NC NA	
10) a) ii)	observe	Does the provider have a record of the dates and times each child was in care?	C NC NA	
10) a) iii)	observe	Does the provider have documentation of current immunization records for each child who does not attend school?	C NC NA	
10) a) iv)	observe	Does the provider have his/her Health and Safety Plan?	C NC NA	
10) a) v)	observe	Does the provider have documentation of fire and disaster drills?	C NC NA	
10) a) vi	observe	Does the provider have documentation of on-going training?	C NC NA	

INDOOR AND OUTDOOR				
*Level 1 Noncompliance	C - Compliance NC - Noncompliance NA - Not Applicable		Compliance	Notes
3) a) i) ii)* 3) b) i) ii)*	observe or ask and calculate	All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care. ➤ Other than the child(ren) of the DWS customer(s), are there any other children younger than 13 in the home when care is provided? If yes, how many?		
		provider's home When all children in care are siblings who are related to the provider and there are no other children in care - no limit When there are children in care who are not siblings who are related to the provider - no more than 8 children and no more than 2 of those children can be younger than 2-years-old (License or RC required when there are more than 4 unrelated children in care.)	**child(ren)'s home** When all children in care are siblings and there are no other children in care - no limit When there are children in care who are not siblings - no more than 8 children and no more than 2 of those children can be younger than 2-years-old (Only the children living in the home can be in care.)	C NC NA
4) a)*	observe or ask	Are all children directly supervised? (School-age children can be outdoors when providers are indoors and can hear them.)		C NC NA
5) b)	observe	Is the home, outdoor area, toys, and equipment maintained in a safe manner to prevent injury to the child(ren)? (This includes when melting wax, such as in a candle warmer, is accessible to children.)		C NC NA
5) c)	observe	Is there a working telephone?		C NC NA
5) d)	observe	Is there a working fire extinguisher?		C NC NA
5) e)	observe	Is there a working smoke detector on each floor of the home?		C NC NA
6) b)	observe	Is there a flushing toilet and a working hand washing sink?		C NC NA
5) f)*	ask ask observe	➤ Are there firearms on the premises? If yes - ➤ Are they loaded? - Are they in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock?		C NC NA
5) g)*	ask observe	➤ Are there infants in care? If yes - Is there equipment designed for their sleep?		C NC NA
5) h) vi)	ask if not observed	➤ Are there portable space heaters, fireplaces, or wood burning stoves* that, when in use, are accessible?		C NC NA

INDOOR AND OUTDOOR					
*Level 1 Noncompliance	C - Compliance NC - Noncompliance NA - Not Applicable			Compliance	Notes
5) h) i)	observe	Are there accessible prescription medications, over-the-counter medications, vitamins, or herbal supplements?		C NC NA	
5) h) ii)*	observe	Are there accessible empty refrigerators or freezers?		C NC NA	
5) h) iii)*	observe	Are there accessible exposed live electrical wires?		C NC NA	
5) h) iv)*	observe	Are there accessible open containers of alcohol?		C NC NA	
5) h) v)*	observe	Are there accessible illegal substances?		C NC NA	
5) h) vii)	observe	Are there any of the following accessible toxic substances? ammonia anti-freeze bleach (undiluted) corroded batteries drain cleaners energy shots fertilizer with weed killer florescent light tubes gasoline gunpowder gun solvent hydrocarbons insecticide insect repellent iodine jewelry cleaner kerosene laundry detergent pods lighter fluid	linseed oil liquid correction fluids model glue nail glue nail polish remover/other solvents containing acetone paint thinner pesticides rubber cement rubbing alcohol silicone spray spray paint super glue Tiki Torch Fuel tile grout sealer turpentine vinyl adhesive remover water sealant WD-40 weed killer windshield washer fluid	C NC NA	
5) h) viii)	observe	Are there accessible poisonous plants?		C NC NA	
5) h) ix)*	observe	Are there accessible open flames?		C NC NA	
6) a)	observe	Is there a clean and sanitary environment for the child(ren)?		C NC NA	

OUTDOOR (N/A when there is no outdoor area)				
*Level 1 Noncompliance	C - Compliance NC - Noncompliance NA - Not Applicable		Compliance	Notes
5) j) i) (1)*	observe	Are there accessible unanchored swings and/or large metal slides?	C NC NA	
5) j) i) (2)*	observe measure if needed	Are there accessible raised decks or balconies or open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 inches by 5 inches?	C NC NA	
5) j) i) (3)*	observe	Are there accessible motor vehicles on blocks?	C NC NA	
5) j) i) (4)*	observe	Are there accessible rebar or metal rods less than 36 inches long sticking up from the ground or out of walls?	C NC NA	
5) j) ii)*	observe	Is there accessible stationary play equipment over hard surfaces such as cement or asphalt?	C NC NA	
4) e)*	observe ask	➤ Is there a trampoline? If yes - ➤ How do you supervise children when they are on the trampoline?	C NC NA	
4) c)*	ask	➤ Do you use wading pools? If yes - ➤ How do you supervise children in the wading pool?	C NC NA	
4) d)*	observe ask	➤ Is there a swimming pool that's not emptied after each use? If yes - ➤ How do you supervise children when they are in the swimming pool?	C NC NA	
5) j) iii)	observe ask	Is there equipment? If yes - ➤ How do you ensure equipment is used in a safe manner to prevent injury to the child(ren)? (Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.)	C NC NA	

Is the home is sub-divided? Yes No If yes, background screenings for all Covered Individuals who live in the same home as the provider were assessed and all areas occupied by individuals who live in the same home as the provider were assessed.