

### DWS FFN INITIAL APPROVAL INSPECTION

Name:  Phone Number:  Email:	Location Address:   <div style="text-align: center;"> <input type="checkbox"/> Provider's Home     <input type="checkbox"/> Child(ren)'s Home         </div>	Facility Number:  Licensor(s):
Inspection Date:	Start Time:                      End Time:	Attempted Inspection

C - Compliance  
NC - Noncompliance

<b>Regulation Violation(s) - Action Needed</b> Your application will be denied if you don't complete the following by:	First Follow-Up	Second Follow-Up	Third Follow-Up
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC
	C   NC	C   NC	C   NC

Number of regulation violations:

If the only regulation violations 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 due date, your application will be denied and you won't be eligible to receive child care payments from the Department of Workforce Services (DWS).

Provider's Signature and Date:

**First Follow-Up Inspection**

Date:                      Start Time:                      End Time:                      Attempted Inspection

Number of regulation violations:

If on-site, Provider's Signature and Date:

**Second Follow-Up Inspection**

Date:                      Start Time:                      End Time:                      Attempted Inspection

Number of regulation violations:

If on-site, Provider's Signature and Date:

**Third Follow-Up Inspection**

Date:                      Start Time:                      End Time:                      Attempted Inspection

Number of regulation violations:

If on-site, Provider's Signature and Date:

**PROVIDER INFORMATION**

Schedule:

DWS Customer Name:

DWS Customer Name:

Number of Children:

Number of Children:

Relationship:

Grandparent      Aunt/Uncle      Cousin

Sibling Over Age 18      Friend/Neighbor

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.

Have the provider sign and date the DWS Payment to Provider Terms and Conditions.

Yes    No

**Ask ►** Is the home sub-divided with renters and/or landlords living in other areas of the home?

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.

Yes    No

Do renters and/or landlords live in the same home as the provider?

If yes, assess their living areas and background checks.

Explain the inspection process. Include in the explanation that:

- you will look in everything below 36 inches in accessible rooms
- you will look in everything below 36 inches and in everything at least 36 inches from surfaces in the bathroom
- you will look to be sure there are no "extra" children or illegal items in inaccessible rooms
- you will assess outdoor play areas and out buildings

Notes:

INSPECTION				
C - Compliance    NC - Noncompliance    NA - Not Applicable				
QUESTIONS			Compliance	Notes
1) a) i)	Are you at least 18 years old?		C    NC    NA	
1) b)	Care in the <b>provider's home</b> - Do the children or a parent live here? Care in the <b>child(ren)'s home</b> - Do you live here?		C    NC    NA	
1) c)	Do you and the child(ren) live in the same home? When yes - Are you a sibling?		C    NC    NA	
1) d)	Are you a parent of the child(ren) who will be in care for payment?		C    NC    NA	
1) e)	When care is in the <b>child(ren)'s home</b> - Is a parent of the child(ren), including a DWS customer working from home, here when care is provided?		C    NC    NA	
3) a) i) ii)	--Children in care are all children younger than 13 years old, including the provider's children and any children who are in the home when care is provided.			
3) b) i) ii)	Other than the children of the DWS customer(s), will there be any other children younger than 13 years old in the home when care is provided? If yes, how many?			
	<p><b>provider's home</b></p> <p>--When all children in care are siblings who are related to the provider and there are no other children in care - no limit</p> <p>--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</p> <p>--(License or RC required when there are more than 4 unrelated children in care.)</p>	<p><b>child(ren)'s home</b></p> <p>--When all children in care are siblings and there are no other children in care - no limit</p> <p>--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</p> <p>--(Only the children living in the home can be in care for payment.)</p>	C    NC    NA	
Notes:				

DOCUMENTATION		Compliance	Notes
2) a)	<p>Did all Covered Individuals pass a background check?</p> <p>--When care will be in the <b>provider's home</b>: everyone age 12 years old and older who lives in the home</p> <p>--When care will be in the <b>child(ren)'s home</b>: everyone 12 years old and older who lives in the home except the DWS customer(s) and 12 to 17 year old siblings of children for care</p>	C    NC    NA	
1) 1) g)	Does the provider have a correctly completed Health and Safety Plan?	C    NC    NA	
9) a)	Does the provider have current First Aid certification?	C    NC    NA	
9) b)	Does the provider have current infant/child CPR certification from a class that included hands-on testing?	C    NC    NA	
Open the CCL website and show the sample forms.			

INDOOR AND OUTDOOR		Compliance	Notes
5) b)	Is the home, outdoor area, toys, and equipment maintained in a safe manner to prevent injury to the child(ren)?	C NC NA	
5) c)	Is there a working telephone?	C NC NA	
5) d)	Is there a working fire extinguisher?	C NC NA	
5) e)	Is there a working smoke detector on each floor of the home?	C NC NA	
6) b)	Is there a flushing toilet and a working hand washing sink?	C NC NA	
5) f)	<b>Ask ►</b> Are there firearms on the premises? If yes - <b>Ask ►</b> 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)	<b>Ask ►</b> Are infants in care? If yes - Is there equipment designed for their sleep?	C NC NA	
5) i)	Are there accessible aggressive animals?	C NC NA	
5) h) i)	Are there accessible prescription medications, over-the-counter medications, vitamins, or herbal supplements?	C NC NA	
5) h) ii)	Are there accessible empty refrigerators or freezers?	C NC NA	
5) h) iii)	Are there accessible exposed live electrical wires?	C NC NA	
5) h) iv)	Are there accessible open containers of alcohol?	C NC NA	
5) h) v)	Are there accessible illegal substances?	C NC NA	
5) h) vi)	<b>Ask if not observed ►</b> Are there portable space heaters, fireplaces, or wood burning stoves that, when in use, are accessible?	C NC NA	
Notes:			

C - Compliance    NC - Noncompliance    NA - Not Applicable		Compliance	Notes
5) h) vii)	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)	Are there accessible poisonous plants?		C    NC    NA
5) h) ix)	Are there accessible open flames?		C    NC    NA
6) a)	Is there a clean and sanitary environment for the child(ren)?		C    NC    NA

Notes:



<b>OUTDOOR AREA</b> Check when there is no outdoor area.		Compliance			Notes
5) j) i) (1)	Are there accessible unanchored swings and/or large metal slides?	C	NC	NA	
5) j) i) (2)	Are there accessible raised decks, balconies, or open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 by 5 inches?	C	NC	NA	
5) j) l) (3)	Are there accessible motor vehicles on blocks?	C	NC	NA	
5) j) i) (4)	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)	Is there accessible stationary play equipment over hard surfaces such as cement or asphalt?	C	NC	NA	
4) e)	Is there is there a trampoline being used by children in care? If yes - Are the children being actively supervised?	C	NC	NA	
4) c)	Is there a wading pool being used by children in care? If yes - Are the children being actively supervised?	C	NC	NA	
4) d)	Is there a swimming pool that's not emptied after each use being used by children in care? If yes - Are the children being actively supervised?	C	NC	NA	
5) j) iii)	Is there equipment being used by children in care? If yes - Are the children using it in a safe manner?	C	NC	NA	
Notes:					