

## Tennessee Department of Human Services Exempt Agency Health and Safety Checklist

District:	County:			
Provider Name:				
Date of Visit: / /	Date Contract Signed: / /			
Check the appropriate box for each item to indicate compliance  Y			NO	
Each agency staff person has verifiable documentation of a qualifying background check.				
2. The agency has verifiable documentation of a qualifying fire and health inspection.				
The agency staff has documented evidence of completing the Tennessee     "Before You Begin" training.				
<ol> <li>The agency staff must have documented training, and a working knowledge of, the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.</li> </ol>				
5. The agency has a first aid kit available, and it is appropriately stocked.				
6. The parent/guardian's contact information must be accessible in case of emergency. Emergency numbers must be placed near the phone or readily available.				
7. The agency has a working telephone. Cell phones are acceptable, but 911 phones are not acceptable.				
8. The agency has emergency preparedness and response planning for emergencies resulting from either a natural disaster, or a man-caused emergency (such as violence at an agency).				
9. All toxic substances, such as medicines, cleaning paints, insecticides, etc., are stored out of children				
<ol> <li>The agency has procedures for the proper handli hazardous materials.</li> </ol>	ing, storage, and disposal of			
<ol> <li>The agency has identified and provided protection bodily injury, such as electrical hazards, bodies of</li> </ol>				
12. The agency has a written policy for the care of si parent/guardian's permission to administer all me agency must have any medications clearly identified.	edication, including dosage. The			
13. The agency has written policies and procedures infectious diseases (such as the current immuniz unless a verifiable exclusion is on file (such as chember who are in foster care).	ation status of each child, etc.),			
14. The records of children with special needs should conditions and the doctor's instructions for care.	d be readily available, which specify			
15. If transportation is provided by, or on behalf of, the must have current auto insurance, and a current kept on his/her person whenever transporting chi	and valid Tennessee driver's license			
16. If transportation is provided, the agency ensures approved child safety restraints are always used, procedure to ensure that no child is ever left unat	and the agency has a clear			

Check the appropriate box for each item to indicate complian	nce	YES	NO		
17. The agency is mindful of children with food allergies, and has precautions in place to prevent reactions.					
18. The agency follows emergency response procedures, and do incidents as required.	cuments and reports				
<ol> <li>At least one (1) staff member who has current certification, or from a certifying organization recognized by the Department s times.</li> </ol>					
20. At least one (1) staff member on duty shall hold current certific Cardiopulmonary Resuscitation (CPR) from the American Red Heart Association, or other certifying organization, as recognized.	d Cross, the American				
Comments:					
I, as the authorized representative of the agency, agree that all of these items are now in compliance, or will be in compliance, by the time of my annual visit.					
I agree that I will maintain compliance with these health and safety conditions while on the Child Care Certificate Program.					
I understand that I may be immediately terminated, without appeal, for failure to maintain compliance with these health and safety conditions while on the Child Care Certificate Program.					
I understand that I must adhere to the guidelines in the "Befo	ore You Begin" training.				
I agree to immediately report to the Child Care Certificate Prowithout injury, of a child in my care.	ogram office any accident	t, with o	r		
I agree to immediately report to the Department of Children S Program office any suspicions of child abuse and/or neglect.		re Certif	icate		
Signature of Authorized Agency Representative Si	gnature of Child Care Prog	ıram Eva	luator		
Date	Date				