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| þÿ | **Tennessee Department of Human Services**  **Exempt Agency Health and Safety Checklist** |

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| District: | County: |
| Provider Name: | |
| Date of Visit:   /  / | Date Contract Signed:   /  / |

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| **Check the appropriate box for each item to indicate compliance** | **YES** | **NO** |
| 1. 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. |  |  |
| 3. The agency staff has documented evidence of completing the Tennessee “Before You Begin” training. |  |  |
| 4. The agency staff must have documented training, and a working knowledge of, the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. |  |  |
| 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 agents, polishes, bleach, detergents, paints, insecticides, etc., are stored out of children’s reach and away from food. |  |  |
| 10. The agency has procedures for the proper handling, storage, and disposal of hazardous materials. |  |  |
| 11. The agency has identified and provided protection from any hazards that could cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic. |  |  |
| 12. The agency has a written policy for the care of sick children, including the parent/guardian’s permission to administer all medication, including dosage. The agency must have any medications clearly identified and out of children’s reach. |  |  |
| 13. The agency has written policies and procedures for the prevention and control of infectious diseases (such as the current immunization status of each child, etc.), unless a verifiable exclusion is on file (such as children experiencing homelessness or who are in foster care). |  |  |
| 14. The records of children with special needs should be readily available, which specify conditions and the doctor’s instructions for care. |  |  |
| 15. If transportation is provided by, or on behalf of, the agency, the driver of the vehicle must have current auto insurance, and a current and valid Tennessee driver’s license kept on his/her person whenever transporting children. |  |  |
| 16. If transportation is provided, the agency ensures that age appropriate and federally approved child safety restraints are always used, and the agency has a clear procedure to ensure that no child is ever left unattended in a vehicle. |  |  |

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| **Check the appropriate box for each item to indicate compliance** | **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 documents and reports incidents as required. |  |  |
| 19. At least one (1) staff member who has current certification, or an equivalent, in first aid from a certifying organization recognized by the Department shall be on duty at all times. |  |  |
| 20. At least one (1) staff member on duty shall hold current certification in Infant/Pediatric Cardiopulmonary Resuscitation (CPR) from the American Red Cross, the American Heart Association, or other certifying organization, as recognized by the Department. |  |  |

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| **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 “Before You Begin” training.**  **I agree to immediately report to the Child Care Certificate Program office any accident, with or without injury, of a child in my care.**  **I agree to immediately report to the Department of Children Services and the Child Care Certificate Program office any suspicions of child abuse and/or neglect.** | | |
| Signature of Authorized Agency Representative |  | Signature of Child Care Program Evaluator |
| Date |  | Date |