

Facility Name:	PCID:
Certification Representative:	Inspection Date:

Key: ✓ = Compliant O = Non-compliant, notes if applicable N/A = Not Applicable EX = Exemption on file UA = Unable to assess

Entrance Interview

✓ or O	Code	Description	Notes
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.24	Departmental access, as applicable	

- Introduce self and show ID
- Inform Legal Entity (LE /Director) of the reason for inspection
- Verify ID for Director/Responsible Staff Person _____

✓ or O	Code	Description	Notes
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.15(b)	Certificate of occupancy	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.17(a-c)	Program’s services to children with special needs (a) reasonable accommodation (b) specialized services provided as specified in IEP, IFSP or behavioral plan (c) staff persons and parents aware of community resources	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.19	Child abuse reporting	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.20	Reporting injury, death or fire	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.26	Compliance with nondiscrimination statutes	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.117	Release of children	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.122	Admission interview	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.22	Communication with parents	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.23	Parent access and participation	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.25(a)	Regulations (access to parents)	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.136	Reporting diseases	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.137	Children with symptoms of disease	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.138	Discrimination based on illness	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.153	Facility persons with symptoms of disease	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.154	Facility persons with skin disorders	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.155	Discrimination based on illness	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.183	Confidentiality of records (Child)	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.184	Release of information	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.185	Record retention	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.193	Confidentiality of records (Adult)	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.95	Director or designated staff person ensures fire detection requirements are met	

Exit Interview

✓ Review areas of non-compliance prior to leaving	✓ Address any provider questions
✓ Allow provider to locate missing paperwork	✓ Obtain plans of correction if time permits
✓ Provide technical assistance as needed	✓ Review next steps in process

Posted Notices

✓ or O	Code	Description	Notes
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.25(a)(b)	Certificate of Compliance/ outstanding Inspection Summary (if applicable)	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.27(d)	Emergency plan	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.171(c)	Pick-up and drop-off procedures	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.165	Menu (if applicable)	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.94(5)	Evacuation routes on each floor	

Required Paperwork on File

✓ or O	Code	Description	Notes	
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.14/ 3270.21	Written policy to address the following: ___ Recognition of potential signs/symptoms of shaken baby syndrome and abusive head trauma ___ Strategies for coping with a crying, fussing, or distraught child ___ The prevention and identification of child maltreatment		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.18(a)	Liability insurance		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.94(a)(1-4)(9)	Fire drill log		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.95	___ Documentation of testing every 30 days OR ___ Documentation of annual testing from a fire safety professional (if unable to test) ___ Proof of purchase of interconnected system (if applicable)		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.27(a)(e)	Emergency plan including:	facility's written plan	parent letter
<input type="checkbox"/> <input type="checkbox"/>	(a)(1)	Shelter and lockdown		
<input type="checkbox"/> <input type="checkbox"/>	(a)(2)	Evacuation		
<input type="checkbox"/> <input type="checkbox"/>	(a)(3)	Method to contact parents		
<input type="checkbox"/> <input type="checkbox"/>	(a)(4)	Method to inform parents emergency has ended and instructions for how to safely be reunited with their children		
<input type="checkbox"/> <input type="checkbox"/>	(a)(5)	Accommodations for ___ infants, ___ toddlers, ___ children with disabilities, and ___ children with chronic medical conditions (if applicable)		
<input type="checkbox"/> <input type="checkbox"/>	(a)(6)	Annual emergency drill log *maximum 12 months between drills		
<input type="checkbox"/> <input type="checkbox"/>	(b)	Emergency plan reviewed annually		
<input type="checkbox"/> <input type="checkbox"/>	(f)	Emergency plan and subsequent plan updates sent to the ___ local municipality and ___ county EMA		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.14/ 3270.21	Emergency plan addresses continuity of operations		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.20(e) § 3270.182(7)	Reporting injury, death or fire/ Reports of accidents/injuries/illnesses, including accident file		
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.121(a)(b)	Application (a) operator reviews general daily schedule, hours, fees, meals, clothing, health policies, supervision policies, night care policies, dismissal policies, transportation and pick-up arrangements (b) parent shall receive in writing the information described in subsection (a)		

<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.132	Emergency medical care	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.118 (a-c)	Pets	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.171(a)	Annual written notification to local traffic safety authorities of location of facility & program's use of pedestrian and vehicular routes around facility	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.183(a)	Child records are confidential and stored in locked cabinet	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.33(d)	One or more facility persons competent in pediatric first aid and CPR at the facility	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.191	An individual record is required for each facility person	

Fire Safety

✓ or O	Code	Description	Notes	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.91(a-c)	Exits	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.92(a-c)	Space heaters	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.93	Fireplaces and stoves	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.94(a)(6-8)	Fire drills and evacuation plan	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.95(a)(b)	Act 62; operability of fire detection devices/systems, fire extinguisher (as applicable)	

✓ or O	Code	Description	Notes	
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.21	Conditions at the facility may not pose a threat to the health or safety of the children.	

Transportation / Vehicle Inspection / Excursions (if applicable)

✓ or O	Code	Description	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.124(d)	Emergency contact forms			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.172(a)	Written parental consent to transport, N/A for transportation of school-age children in vehicles owned or operated by the school district			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.173	Transportation ratios			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.174	Age of driver; valid operator's license			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.175(a-d)	Safety restraints			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.176(a-f)	Vehicles			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.177	Children may not be left unattended in vehicle			
<input type="checkbox"/>	<input type="checkbox"/>	§ 3270.178	Transportation first-aid kit			

Child Age	Staff:Child	Max. Group Size	Nap ratio Staff:Child	Child Age	Staff:Child	Max. Group Size	Nap ratio Staff:Child
Infant – birth to 1yr	1:4	8	1:4	Preschool – 3yrs to K	1:10	20	1:20
YT – 1-2yrs	1:5	10	1:10	School Age – K-4 th	1:12	24	
OT – 2-3yrs	1:6	12	1:12	School Age – 4 th to 15yrs	1:15	30	

Ratio & Supervision

Regulation	Room # / Name	1	2	3	4
	Capacity:				
§ 3270.51 Similar age level ratio § 3270.52 Mixed age level ratio §3270.53 Children of operator/staff §3270.54 Minimum number of facility persons § 3270.113 Supervision of children	Indicate time (AM or PM):				
	Staff Name(s)/Position(s):				
	# of children and age levels (I, YT, OT, PS, YSA, OSA) present:				
	All children present, identified and supervised?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Indicate time (AM or PM):				
	Staff Name(s)/Position(s):				
	# of children and age levels (I, YT, OT, PS, YSA, OSA) present:				
	All children present, identified and supervised?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
§ 3270.55 Naptime Ratios					
§ 3270.14/ § 3270.21 Pre-service Training: Are staff being supervised appropriately?					

Physical Site

✓ or O	Regulation	Room # / Name	1	2	3	4
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.111(a-c)	Daily activities				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.124 (c)(e)	Emergency contact forms(c)				
<input type="checkbox"/> <input type="checkbox"/>		Transportation plan posted(e)				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.74	Emergency telephone numbers				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.75(a-d)	First-aid kit				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.133 (i-viii)	Medication				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.61	Measurement use of indoor space				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.62	Measurement use of play space				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.65	Protective outlet covers				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.66(a-e)	Toxics				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.67(a-d)	Sanitation				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.68	Smoking				

✓ or O	Regulation	Room # / Name	1	2	3	4
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.69	Water				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.70	Indoor temperature				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.71	Water pipes, other sources of heat				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.72(a-d)	Ventilation				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.73	Telephone				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.76	Building surface				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.77(a-g)	Paint / Plaster				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.78	Lighting				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.80(a-d)	Stairs				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.81	Glass				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.101(a-c)	Type of play equipment				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.102(a-g)	Condition of play equipment				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.104(a-b)	Furniture				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.106(a-j)	Rest equipment				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.103	Small toys, objects, plastic bags, Styrofoam not accessible to children who are still placing items in mouth				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.119	Infant sleep position				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.135(a-e)	Diapering requirements				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.112	Infant and toddler stimulation				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.166(1-7)	Meals for infants				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.105	High chairs				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.82(a-j)	Toilet areas				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.134(a-g)	Child hygiene				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.152	Adult hygiene / Handwashing				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.161(a-g)	Food / Kitchen				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.162(a-d)	Meals				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.163(a-b)	Food groups				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.164	Food servings				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.107	Refrigerator (45° F or below)				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.108(a-c)	Utensils				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.63	Unsafe areas in outdoor space				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.64	Outside walkways				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.114	Outdoor activity				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.115	Water activity / Pool accessibility				
<input type="checkbox"/> <input type="checkbox"/>	§ 3270.116	School-age children / Homework				