

Family Day Care Home Inspection

Date _____

Preopening Inspection
 New Facility Opening Inspection
 Routine Inspection
 Citation
 Complaint Inspection
 Other
 Description: _____

Provider Name _____

Facility Address _____

Yes No N/A Critical

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) | Meets all registration requirements for providers and helpers (including Felony, Abuse and Neglect, CPR, and First Aid). <i>Sec. 92-172/92-173</i> |
| <hr/> | | | | | |
| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) | Is the number of children in care 12 or less, including the provider's own children under 6 years of age and number under 2 years of age correct? <i>Sec. 92-181</i> |
| <hr/> | | | | | |
| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) | Is day care in compliance with current adult-to-child ratios for children under the age of 2? <i>Note: Provider can only care for four children under 2 years of age, with only two being under 1 year of age, or include a registered helper to maintain the 1:4 adult-to-child ratio. Sec. 92-181</i> |
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| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) | Is the provider or registered helper always present in the day care? Note: Individuals under 18 years of age are not to be left alone with children in care. <i>Sec. 92-177</i> |
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| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) | Has the provider and any registered helper(s) completed all education requirements for renewal? <i>Sec. 92-177</i> |
| <hr/> | | | | | |
| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) | Is the provider's registration certificate posted in a visible location? <i>Sec. 92-176</i> |
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| <hr/> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) | Are partitions or screens used to protect children from and restrict their access to hot surfaces and open flames? If fuel-fired room heaters are used, are they vented to outside? <i>Sec. 92-186</i> |
| <hr/> | | | | | |
| <hr/> | | | | | |

Yes **No** **N/A** **Critical**

- 8) Are hazardous materials and/or cleaning supplies stored in an area or manner inaccessible to children? *Sec. 92-187*
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- 9) Are fire arms, ammunition, matches, lighters, and archery equipment stored in an area or manner inaccessible to children? Are fire arms unloaded and kept separate from ammunition? *Sec. 92-187*
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- 10) Are sharp kitchen utensils and other sharp objects stored in an area or in a manner inaccessible to children? *Sec. 92-187*
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- 11) Is the master list current and available including parents' name, address, phone number, and kids' name, age, and birthdate? *Sec. 92-185*
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- 12) Are the premises free and clear of all animal waste and potentially hazardous situations? *Sec. 92.070/92.071*
-
- 13) Was Family Home Day Care open to inspection of entire home during normal business hours? *Sec. 92-189*
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- 14) Does provider have proof of insurance with minimum amount of \$300,000.00 for bodily injury/death per incident? *Sec. 92-174*
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- 15) All change in circumstances or incidents at day care have been reported to the Health Department and parents. *Sec. 92-184*
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- 16) Is condition of Family Home Day Care in compliance with Sioux Falls City Ordinances? *Sec. 92.070/92.071*
-
- 17) General Comments:
-
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Inspector Signature

Date

Provider's Signature

Date