

## Department of Public Health and Human Services

## FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

## 

| Time: | 02:15 PM | # children: | 7 | # under 2: | # caregi | vers: <u>1</u> |  |
|-------|----------|-------------|---|------------|----------|----------------|--|
| Time: |          | # children: |   | # under 2: | # caregi | vers:          |  |
| Time: |          | # children: |   | # under 2: |          |                |  |
|       |          |             |   |            |          |                |  |

Facility: Yashley James-Espinal

Date: 03/27/2018

STAFF PATIOS

|              | STAFF RATIOS  |  |  |  |  |  |
|--------------|---|--|--|--|--|--|
| No           | <ul> <li>1. License</li> <li>37.95.106(6)</li> <li>(6) A day care facility may not provide care for more than the number of children permitted at any one time by its day care license or registration certificate.</li> <li>The intent of this rule was not met:</li> <li>Based on observation, CCL found that there were 7 children in care. Facility is currently approved for 6 children; therefore, only 6 children should have been in care.</li> </ul> |  |  |  |  |  |
|              | PLAN OF CORRECTION ACCEPTED 4/19/18   |  |  |  |  |  |
| Yes          | 2. Overlap  |  |  |  |  |  |
|              | BUILDING/FIRE REQUIREMENTS  |  |  |  |  |  |
| Yes          | 3. Inside Facility  |  |  |  |  |  |
| Yes          | 4. Fire Safety  |  |  |  |  |  |
| Yes          | 5. Equipment  |  |  |  |  |  |
| Yes          | 6. Exiting  |  |  |  |  |  |
|              | OUTDOOR TOUR  |  |  |  |  |  |
| Yes          | 7. Play Area  |  |  |  |  |  |
| N/A          | 8. Swimming   |  |  |  |  |  |
|              | PROGRAM ISSUES  |  |  |  |  |  |
| Yes          | 9. Supervision  |  |  |  |  |  |
| Yes          | 10. Provider Responsibilities   |  |  |  |  |  |
| Yes          | 11. Activities  |  |  |  |  |  |
| N/A          | 12. Night Care  |  |  |  |  |  |
|              | HEALTH ISSUES   |  |  |  |  |  |
| Not Observed | 13. Illness Exclusion   |  |  |  |  |  |
| Not Observed | 14. Health Prevention   |  |  |  |  |  |
|              | MEDICATION  |  |  |  |  |  |
| N/A          | 15. Administration  |  |  |  |  |  |
| N/A          | 16. Storage   |  |  |  |  |  |
|              | INFANTS/TODDLERS  |  |  |  |  |  |
| Yes          | 17. Diapering   |  |  |  |  |  |
| Yes          | 18. Feeding   |  |  |  |  |  |
| N/A          | 19. Bathing   |  |  |  |  |  |
| Yes          | 20. Sleeping  |  |  |  |  |  |

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Facility: Yashley James-Espinal Date: 03/27/2018 INFANTS/TODDLERS Yes 21. Activities Yes 22. Outdoor Activities **NUTRITION/FOOD ISSUES** Yes 23. Sanitation Yes 24. Meal Frequency 25. Special Diet Yes **TRANSPORTATION** N/A 26. Basic Requirements N/A 27. Child Passenger Safety WRITTEN RECORDS 28. Parent Information Yes Yes 29. Facility Records Yes 30. Child File Review Yes 31. Medication File 32. Caregiver File Review Yes Yes 33. First Aid Requirements **ADMINISTRATIVE RECORDS** 34. License-Certificate Yes Yes 35. Facility Requirements Yes 36. Registration/License Process

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