

Childrens' Services Licensing
Rules Compliance Checklist
Family Child Care Home I

Provisional

Operating

Amendment

 Name of Provider

 Address

 City, State, Zip Code

NUMBERS DIRECTLY FOLLOWING EACH REGULATION ARE PREFACED BY NAC (NEBRASKA ADMINISTRATIVE CODE) 391.

NOTE: Yes is a True Statement. No is a False Statement.

Child Care Provider Requirements

Licensee Qualifications and Requirements:

- | | Yes | No | Not
Applicable | Alternative
Compliance
Requested |
|--|--------------------------|--------------------------|-------------------|--|
| 1. I will post the Family Child Care Home I license. 1-004.02 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. I will submit an amendment to the application and receive approval from the Department before any changes are made to building or building usage; age of children, hours or days of the week, address or location, or staff, volunteers or household members age 13 years or older. 1-004.04A | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. I will submit an amendment to the application within two (2) working days when there is a change in the name of the licensee or a change in household members age 12 or younger. 1-004.04B | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. I am responsible for the day-to day operation of the child care program. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. I have read, I understand and I am familiar with these regulations. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. I will make my license record information and inspection reports available for public review upon request. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. I will be in compliance with all regulations whenever children are in care. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. I will assess my ability and the ability of all my staff to provide care for children with special needs while meeting the needs of other children enrolled. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. I am not engaged in any other employment that interferes with the care of children. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. I allow parents access to their children at all times that children are in care. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11. I will not knowingly allow any individual to be on the premises if s/he has been convicted of, admitted to, or there is substantial evidence of, crimes involving intentional bodily harm, crimes against children, crimes involving the illegal use of controlled substances, or crimes involving moral turpitude. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 12. I do not engage in or have a history of behavior injurious to or which may endanger the health or morals of children. 1-006.01 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. I will immediately file a report with the Child Abuse-Neglect Hotline (1-800-652-1999) and/or appropriate local law enforcement agency when I have reason to believe child abuse or neglect may be occurring in the family child care home, in the child's home, or elsewhere. 1-006-01 | <input type="checkbox"/> | <input type="checkbox"/> | | |

Employee Records Requirements:

- | | | | | |
|---|--------------------------|--------------------------|--|--|
| 14. I will maintain, update as needed and make available to the Department upon request any records for staff, substitutes, volunteers, and household members. 1-006.05 | <input type="checkbox"/> | <input type="checkbox"/> | | |
|---|--------------------------|--------------------------|--|--|

Child's Records:

- | | | | | |
|---|--------------------------|--------------------------|--|--|
| 15. I will complete a Child's Record before a child's enrollment, and keep the Child's Record current and available for review upon request by the Department. 1-006.06 | <input type="checkbox"/> | <input type="checkbox"/> | | |
|---|--------------------------|--------------------------|--|--|

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		Yes	No	Not Applicable	Alternative Compliance Requested
<u>Licensed Capacity and Staff-to-Child Ratio:</u>					
16.	I will not exceed the maximum capacity printed on my license at any one time. 1-006.08	<input type="checkbox"/>	<input type="checkbox"/>		
17.	I will meet the appropriate staff-to-child ratio at all times. 1-006.08	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Communicable Diseases – Notification to Parents:</u>					
18.	I will notify the parents of all enrolled children of any case of any reportable communicable disease on the same day I am informed of or observe the illness, unless otherwise directed by the health authority. 1-006.09A	<input type="checkbox"/>	<input type="checkbox"/>		
19.	I will follow all directives given to me by the health authority in the event of a communicable disease outbreak. 1-006.09A	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Children Excluded Due to Illness:</u>					
20.	I have submitted a Written Policy with the Provisional Application Packet that identifies the circumstances under which children will be excluded from my child care due to illness. 1-006.10	<input type="checkbox"/>	<input type="checkbox"/>		
21.	I will give the parents of children enrolled in my child care program a copy of my "Children Excluded Due to Illness" written policy. 1-006.10	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Immunizations:</u>					
22.	I will obtain copies of each enrolled child's Immunization Record within 30 days of a child's enrollment. 1-006.11	<input type="checkbox"/>	<input type="checkbox"/>		
23.	I will update the Immunization Record as each child enrolled in my child care receives additional Immunizations. 1-006.11	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Immunization Report:</u>					
24.	I will comply with all state statutes and regulations regarding the immunization status of all enrolled children, including annual reporting to the Department. 1-006.11A	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Supervision of Children:</u>					
25.	I will provide adequate and appropriate supervision at all times children at in attendance, including during outdoor play. 1-006.12	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Supervision during Outdoor Play:</u>					
26.	I will accompany and supervise children under the age of two in a fenced play area at all times. 1-006.12D1	<input type="checkbox"/>	<input type="checkbox"/>		
27.	I will supervise children age two and older in a fenced play area at all times. 1-006.12D1	<input type="checkbox"/>	<input type="checkbox"/>		
28.	I will accompany and supervise children under the age of four in an unfenced play. 1-006.12D2	<input type="checkbox"/>	<input type="checkbox"/>		
29.	I will supervise children under the age of four when playing in an unfenced play area at all times. 1-006.12D2	<input type="checkbox"/>	<input type="checkbox"/>		

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<u>Discipline:</u>				
30. I will not discipline children by:				
1.) Spanking, slapping; punching; pinching, shaking or striking with any object; 1-006.13A2	<input type="checkbox"/>	<input type="checkbox"/>		
2.) Use of soap, hot sauce or other unpleasant food or non-food items; 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
3.) Isolating a child in a locked or closed room or closet; 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
4.) Handling roughly, biting, denial of food, or forced napping; 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
5.) Subjecting a child to derogatory remarks about the child or the child's family; 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
6.) Abusive or profane language directed at children; yelling or screaming at children or threats of physical punishment; 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
7.) Mechanical restraints. 1-006.13A	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Child Behavior that Cannot be Disciplined:</u>				
31. I will not discipline a child's behavior for:				
1.) Toileting accidents; 1-006.13B	<input type="checkbox"/>	<input type="checkbox"/>		
2.) Refusal to take medication; 1-006.13B.....	<input type="checkbox"/>	<input type="checkbox"/>		
3.) Refusal to eat. 1-006.13B	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Use of Physical Hold:</u>				
32. I will only use a physical hold on a child:				
1.) When a child is hurting themselves, others, or property; 1-006.13D	<input type="checkbox"/>	<input type="checkbox"/>		
2.) The hold does not prevent the child from breathing or speaking; 1-006.13D	<input type="checkbox"/>	<input type="checkbox"/>		
3.) Until a child is calm and able to show reasonable control of his/her behavior. 1-006.13D	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Prohibited Language, Materials, and Actions:</u>				
33. I will not expose any child of any age to:				
1.) Profanity; 1-1006.14	<input type="checkbox"/>	<input type="checkbox"/>		
2.) Sexually explicit material; 1-1006.14.....	<input type="checkbox"/>	<input type="checkbox"/>		
3.) Acts of violence towards a person or animal; 1-1006.14	<input type="checkbox"/>	<input type="checkbox"/>		
4.) Acts of racism. 1-1006.14	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Child Development Program:</u>				
34. I will provide an age appropriate program designed to promote the cognitive, social, emotional and physical development of children in care. 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
35. I have submitted a written description of my Child Development Program with the Provisional Application Packet. 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		

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<u>Child Development Program: continued</u>				
36. My program includes:				
1.) Indoor play; 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
2.) Outdoor play, 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
3.) Napping and rest periods; 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
4.) Opportunities for individual and group play times; 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
5.) Opportunities for children to read and explore books; 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
6.) Daily reading with children of age-appropriate literature; 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
7.) Fostering language and social development by talking and interacting with children and modeling appropriate language and behavior. 1-006.15	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Toys, Equipment and Materials:</u>				
37. I will provide a sufficient number of age appropriate toys, equipment, and materials for all children in care. 1-006.15A	<input type="checkbox"/>	<input type="checkbox"/>		
38. I will not allow any children under the age of three to have access to toys or objects that could create a choking hazard unless I or staff are directly supervising the child. 1-006.15A	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Beds, Cribs, and Sleeping Surfaces:</u>				
39. I will provide appropriate sleeping surfaces for each child in care:				
a.) Cribs and playpens must be federally approved; 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
b.) The mattress pad for a playpen must be specifically designed for playpen use and covered by a fitted sheet; 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
c.) Cribs and playpens must contain no soft objects, bumper pads, toys, or loose bedding. If a blanket is used, it must be secured or tucked under the crib mattress or the pad of the playpen and reach no higher than the infant's chest; 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
d.) Cribs and playpens must be clean, in good repair, and not have any surface covered by lead-based paint. 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
40. I will use the following sleeping surfaces for children over 12 months of age: beds, cots, cribs, playpens, sofas, washable sleeping bags, and waterproof mats. 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
41. I will use only federally approved cribs and playpens as acceptable sleeping surfaces for children age 12 months and under. 1-006.15B	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Infant/Toddler Care:</u>				
42. I will investigate the cries of infants immediately. 1-006.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. I will hold, talk to, and engage in play activities with each child every day. 1-006.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. I will hold infants under six months of age or those not yet able to hold their own bottles. I will not prop any bottle and will remove bottles from sleeping infants. 1-006.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. I will only use highchairs that are equipped with three-point safety straps. 1-006.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<u>Infant/Toddler Care: continued</u>				
46. I will obtain and keep on file a signed and dated statement by the parent(s) that describes the formula and feeding schedule for each infant in care. 1-006.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. I will place infants on their backs to sleep unless I am given a written note from the infant's health care professional indicating the infant must sleep in a different position. 1-006.16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Diapering and Toileting:</u>				
48. I will establish diapering procedures that include:				
a.) Wet and/or soiled diapers are changed immediately; 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.) Diapers are checked on a frequent and regular basis; 1-006.16A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.) Individual washcloths or disposable towelettes are used; 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.) Wet and soiled diapers are properly stored and disposed; 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.) Diaper-changing surfaces are cleaned after each use by sanitizing the surface or changing the diaper pad or disposable sheeting; 1-006.16A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.) Proper hand washing is done after each diaper change. 1-006.16A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. I have submitted a Written Policy with the Provisional Application Packet. I will follow and ensure staff will follow the diapering procedure. 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. I will ensure that toilet training is conducted in a manner agreed upon by the primary provider and the parent. 1-006.16A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. I will not use or store any potty chairs in eating or play areas. 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. I will properly wash my hands and the child's hands each time I help a child with toileting. 1-006.16A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Overnight Care:</u>				
53. I will provide overnight care. 1-006.17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If no, skip to "Wading and Swimming Activities". If yes:</i>				
54. If requested by the parent, the child is given a shower, tub, or sponge bath in a manner agreed upon between the parent and the licensee; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. The following fire safety standards for overnight care are met:				
a.) The licensee/staff remain awake until all children are asleep; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.) The licensee/staff sleep on the same level of the home as the children; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.) Smoke detection is provided in the sleeping rooms of the licensee/staff and children; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.) A portable fire extinguisher with a minimum safety rating of 2A10BC is located in the licensee/staff sleeping room; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<u>Overnight Care: continued</u>				
e.) The licensee/staff is/are familiar with the operation of the extinguisher; 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f.) The extinguisher is properly maintained according the State Fire Code Regulations, 153 NAC 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. I have a portable fire extinguisher with a minimum safety rating of 2A10BC in my/the staff sleeping room. 1-006.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Wading and Swimming Activities:</u>				
57. I will not allow children in care to wade or swim on or off the premises of my Family Child Care Home. 1-006.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes, skip to: "Transportation". If no:</i>				
58. I will accompany, keep safe and adequately supervise children during swimming and wading activities while in care. 1-006.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Prohibited Water Sources:</u>				
59. I will not allow children to use natural bodies of water, hot tubs, spas, or saunas, livestock tanks, decorative ponds for swimming or wading activities. 1-006.18A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Wading:</u>				
60. I will accompany and directly supervise any child who is participating in wading or other water play activities. 1-006.18B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61. I will drain and sanitize the wading pool is daily. 1-006.18B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62. I will insure the wading pool is inaccessible to children when not in use. 1-006.18B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Permission for Non-Licensee-Supervised Activities Off the Premises:</u>				
63. I will obtain a written and signed statement from the parent of any child who leaves the premises to go to a pool that indicates the child is allowed to leave care and acknowledges that the licensee is not responsible for providing supervision. 1-006.18C	<input type="checkbox"/>	<input type="checkbox"/>		
64. I will is keep the written and signed statement on file on the premises and available to the Department upon request. 1-006.18C	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Permission for Licensee-Supervised Activities Off the Premises:</u>				
65. I will obtain a written, signed, and dated statement from the parent if I take any child to a swimming activity under my supervision or the supervision of my staff. 1-006.18D...	<input type="checkbox"/>	<input type="checkbox"/>		
66. The written, signed, and dated statement will include: the parent's permission for their child(ren) to leave the child care premises for swimming/wading; the location of the pool where the child is allowed to swim; and whether the child is allowed to swim in water over his/her head. 1-006.18D	<input type="checkbox"/>	<input type="checkbox"/>		
67. I will update the written and signed statement every year. 1-006.18D	<input type="checkbox"/>	<input type="checkbox"/>		

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<u>Licensure of Swimming Pools:</u>				
68. I will ensure that any swimming pools off the center's premises where I take children are licensed by the Department. 1-006.18E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Water Safety:</u>				
69. I will ensure that if the depth of the water is over four feet, the pool will have an individual who has satisfactorily completed a swimming water safety course on duty at all times children are at the pool. 1-006.18F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Pool on the Premises:</u>				
70. I have an above-ground or in-ground swimming pool on the premises. 1-006.18G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If no, skip to "Transportation". If yes:</i>				
71. I insure the pool is enclosed with a fence that is at least four feet high and flush with the ground; 1-006.18G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72. I insure the above-ground pool has non-climbable side walls; 1-006.18G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. I insure when the pool is covered, the cover used must be the manufacturer's recommended cover; 1-006.18G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74. I have equipment needed to rescue a child or adult that is readily accessible; 1-006.18G ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75. I will accompany and directly supervise all children if the pool is located in the outdoor play area. 1-006.18G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Pool on the Premises Used by Children in Care:</u>				
76. My swimming pool has a permit issued by the Swimming Pool Program of the Department. 1-006.18H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Transportation:</u>				
77. I transport children. 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If no, skip to "Medication". If yes:</i>				
1.) No child must ever be left alone in the vehicle; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.) Smoking is prohibited in the vehicle when children are being transported; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.) All doors on the vehicle must be locked when the vehicle is in motion; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.) Any individual who transports children must possess a current and valid driver's license for the type of vehicle used to transport children, as verified by the Department of Motor Vehicles; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.) The vehicle used to transport children must be properly registered and must contain a first aid kit and parent contact information for each child being transported; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.) The number of children transported must not exceed the seating capacity of the vehicle as indicated by the manufacturer; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<u>Transportation: continued</u>				
7.) All children transported must be properly secured in an appropriate restraint system as required by Nebr. Rev. Stat. §§ 60-6,267 and 60-6,268; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.) All car seats must be federally approved and must be the correct type for the child's age and developmental level; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.) Written permission from parents for the program to transport children must be obtained, kept on file, and made available to the Department; 1-006.19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.) Children must not be transported to any location without the prior knowledge of the parent(s), except in a medical or other emergency; 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.) Children must not be transported to avoid violations of capacity or staff-to-child ratio. 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78. I will not transport children to any location without the prior knowledge of the parent(s), except in a medical or other emergency. 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79. I will not transport children to avoid violations of capacity or staff-to-child ratio. 1-006.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Medications:</u>				
80. I will give or apply medication to children. 1-006.20A	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If no, skip to "Food Service". If yes:</i>				
81. I understand and will comply with the five rights in the Medication Aide Act: the right drug, the right recipient, in the right dose, by the right route, and at the right time; 1-006.20A	<input type="checkbox"/>	<input type="checkbox"/>		
82. Unless I am a licensed health care professional for whom administration is included in my scope of practice, I will obtain a statement from the parent of any child to whom I give or apply medications; 1-006.20A	<input type="checkbox"/>	<input type="checkbox"/>		
83. I will not disclose information about a child's medication or physical or mental health conditions unless such information is needed to protect the health of other children or staff. 1-006.20A	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Written Permission and Instructions:</u>				
84. I or my staff will only give or apply prescription and non-prescription medication with the prior written permission and written instructions from a parent. 1-006.20D	<input type="checkbox"/>	<input type="checkbox"/>		
85. I will report any error in giving or applying of medication to the parent. 1-006.20D	<input type="checkbox"/>	<input type="checkbox"/>		
86. I will not exceed the dosage which is printed on the label of any medication. 1-006.20D	<input type="checkbox"/>	<input type="checkbox"/>		
87. I will not give or any medication that has an expired based on the date on the label. 1-006.20D	<input type="checkbox"/>	<input type="checkbox"/>		
88. I will return or destroy any medication that is expired based on the date on the label. 1-006.20D	<input type="checkbox"/>	<input type="checkbox"/>		
89. Before giving any medication by a route other than oral, topical, inhalant, or instillation, I will obtain a written statement from the licensed health care professional who prescribed the medication allowing me or staff to give the medication by a different route. 1-006.20E	<input type="checkbox"/>	<input type="checkbox"/>		

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<u>Written Permission and Instructions: continued</u>				
90. Before giving any medication as needed (PRN), I will obtain a written statement from the licensed health care professional who prescribed the medication describing when and under what circumstances I am to give the medication. 1-006.20E	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Handwashing:</u>				
91. I will properly wash my hands and require any staff to properly wash his/her hands before giving or applying any medication. 1-006.20F	<input type="checkbox"/>	<input type="checkbox"/>		
92. I will properly wash my hands and require any staff to properly wash his/her hands after giving or applying any medication if handling any bodily fluid(s). 1-006.20F	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Storage of Medications:</u>				
93. I will keep all prescription and non-prescription medications in locked storage at all times children are in care. 1-006.20G	<input type="checkbox"/>	<input type="checkbox"/>		
94. I will provide separate locked storage for medications requiring refrigeration. 1-006.20G	<input type="checkbox"/>	<input type="checkbox"/>		
95. I will keep all medications in the original container, stored according to instructions, clearly labeled for the named child, and returned to the parent when no longer needed. 1-006.20G	<input type="checkbox"/>	<input type="checkbox"/>		
96. I will keep over-the-counter, non-toxic topical ointment such as lip balm, petroleum jelly, sun block and diaper ointment out of the reach of children. 1-006.20G	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Food Service:</u>				
97. I will serve meals and snacks that are appropriate to the needs of the children in care and served to all children in attendance. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
98. I will address children's allergies and food intolerance. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
99. I will meet established USDA requirements regarding food groups and serving sizes. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
100. I will supplement meals and snacks provided by the parents if USDA guidelines are not met. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
101. I will serve the following number of meals and snacks:				
a.) 2½ to 4 hours - One snack. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
b.) 4 to 8 hours - One snack and one meal. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>		
c.) 8 to 10 hours - Two snacks and one meal. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.) 10 or more hours - Two snacks and two meals. 1-006.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Food Safety:</u>				
102. I will store, prepare, protect, serve, and dispose of food in a safe and sanitary manner. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
103. I will store all perishable foods in a covered container in an operating refrigerator at a maximum temperature of 40 degrees Fahrenheit. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
104. I will properly wash my hands before and after handling food and require any other individual who is handling food to wash their hands before and after handling food. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		

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	Yes	No	Not Applicable	Alternative Compliance Requested
Food Safety: continued				
105. I will keep all prepared formula or breast milk refrigerated and clearly labeled with the child's name, date received, date expressed, and date frozen, if applicable. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
106. I will discard unused prepared formula as indicated by the label. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
107. I will discard unfrozen breast milk after 48 hours. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
108. I will discard frozen breast milk after three months. 1-006.220	<input type="checkbox"/>	<input type="checkbox"/>		
109. If I provide formula, it will be made from commercially prepared products. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
110. I will only serve children pasteurized grade A milk and milk products. If I use dry milk or milk products, those products will be made from pasteurized milk and milk products. 1-006.22 . .	<input type="checkbox"/>	<input type="checkbox"/>		
111. I will thoroughly wash all fresh or raw fruits and vegetables before use. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
112. I will serve no home-canned foods to children in care. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
113. I will keep all food preparation areas clean and in good repair. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
114. I will keep any deep freezer that cannot be opened from the inside locked or stored in a locked room. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
115. I will keep all utensils, equipment, and food storage areas clean and in good repair. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
116. I will properly wash, rinse, sanitize, and air dry all dishes and utensils. 1-006.22	<input type="checkbox"/>	<input type="checkbox"/>		
Telephone:				
117. I have a working telephone which will be on the premises at all times children are in care. 1-006.23A	<input type="checkbox"/>	<input type="checkbox"/>		
118. I have emergency telephone numbers, including fire, rescue, police (or 911), and Poison Control, prominently posted. 1-006.23A	<input type="checkbox"/>	<input type="checkbox"/>		
Fire and Tornado Drills:				
119. I will practice fire drills a minimum of once each month with the children and staff and maintain documentation available for review. 1-006.23B	<input type="checkbox"/>	<input type="checkbox"/>		
120. I will practice tornado drills a minimum of four time per year during the months of March through September and maintain documentation available for review. 1-006.23B	<input type="checkbox"/>	<input type="checkbox"/>		
Fire and Tornado Safety Diagrams:				
121. I have fire and tornado safety diagrams prominently posted and visible. 1-006.23C	<input type="checkbox"/>	<input type="checkbox"/>		
122. The fire and tornado safety diagrams show the layout of the licensed child care area(s). 1-006.23C	<input type="checkbox"/>	<input type="checkbox"/>		
123. The fire and tornado safety diagrams include how the evacuation of children with special needs will be conducted. 1-006.23C	<input type="checkbox"/>	<input type="checkbox"/>		
124. The fire and tornado safety diagrams include fire evacuation routes and tornado safety locations. 1-006.23C	<input type="checkbox"/>	<input type="checkbox"/>		
Disaster Preparedness:				
125. I have submitted a Written Policy with the Provisional Application Packet that addresses all the requirements in 1-006.23D	<input type="checkbox"/>	<input type="checkbox"/>		

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	Yes	No	Not Applicable	Alternative Compliance Requested
<u>Notification to the Department of Emergencies:</u>				
126. I will notify the Department within 24 hours or the next business day if the following occurs at my child care program:				
a.) Death of a child; 1-006.23E.	<input type="checkbox"/>	<input type="checkbox"/>		
b.) Any accident or injury which requires hospitalization or treatment at a medical facility; 1-006.23E.	<input type="checkbox"/>	<input type="checkbox"/>		
c.) When a child has been missing, lost, or left unsupervised on or off the premises; 1-006.23E.	<input type="checkbox"/>	<input type="checkbox"/>		
d.) An emergency or disaster that results in damage to the Family Child Care Home I or inability of the licensee to comply with regulations. 1-006.23E.	<input type="checkbox"/>	<input type="checkbox"/>		
<u>First Aid Kit:</u>				
127. I have a first aid kit which includes: fever thermometer, soap, bandages, gauze, first aid tape, scissors and disposable gloves available on the premises. 1-006.23F.	<input type="checkbox"/>	<input type="checkbox"/>		
128. I will keep the first aid kit inaccessible to children. 1-006.23F.	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Housekeeping and Maintenance:</u>				
129. I provide the necessary housekeeping and maintenance to protect the health and safety of children in care. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
130. I will keep the home and grounds clean, safe, and in good repair. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
131. There are no areas where children are present that have exposed lead-based paint surfaces that are flaking, peeling or chipped. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
132. All rooms, walls, floors, and ceilings are kept clean, in good repair, and free of odor resulting from sewage, mold, mildew, or other environmental or biological hazards or unsanitary conditions. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
133. All heating, ventilation, and lighting in all rooms used for child care are adequate to protect the health of children. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
134. I equip and maintain the premises to prevent the entrance, harborage, or breeding of rodents, flies, and all other insects and vermin. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
135. All doors opening to the outside are self-closing (except sliding doors) and all windows used for ventilation are screened. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
136. I dispose of all garbage and rubbish in a manner that prevents the attraction of rodents, flies, and all other insects and vermin, minimize odor, and the transmission of infectious diseases. 1-006.24A.	<input type="checkbox"/>	<input type="checkbox"/>		
137. I will keep equipment, fixtures, furnishings, and toys used in the child care program clean, safe, and in good repair. 1-006.24B.	<input type="checkbox"/>	<input type="checkbox"/>		
138. I have arranged furniture and equipment so as not to interfere with exits. 1-006.24B.	<input type="checkbox"/>	<input type="checkbox"/>		

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	Yes	No	Not Applicable	Alternative Compliance Requested
Smoking:				
139. I do not allow anyone to smoke indoors on the premises at any time. 1-006.25A	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes, skip to "Alcohol and Controlled Substance". If no:</i>				
140. I will not allow smoking anywhere indoors in my child care home during the hours of operation when one or more children who are not occupants of the residence are present. 1-006.25A	<input type="checkbox"/>	<input type="checkbox"/>		
141. Before any child is enrolled in my Family Child Care Home, I will inform the parent that individual(s) smoke in my residence. 1-006.25A	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol and Controlled Substances:				
142. I do not allow alcohol as defined by Neb. Rev. Stat. § 53-103 to be consumed in any area used for child care whenever any child in care is present. 1-006.25B	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes, skip to "Animals/Pet". If no:</i>				
143. I do not allow the unlawful use or possession of controlled substances, as defined by Neb. Rev. Stat. §§ 28-401 to 28-403 and 28-439 on the premises. 1-006.25B	<input type="checkbox"/>	<input type="checkbox"/>		
144. I do not allow controlled substances that have not been legally prescribed to be on the premises. 1-006.25B	<input type="checkbox"/>	<input type="checkbox"/>		
Animals/Pets:				
145. I have or plan to have pets or any animals in the Family Child Care Home I. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If no, skip to "Other Environmental Safety Requirements". If yes:</i>				
146. I do not allow any animal present at the child care home that negatively affects the children. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
147. All pets are or will be examined by a licensed veterinarian annually and I will have documentation available for review. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
148. All vaccinations recommended by the licensed veterinarian will be completed. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
149. I will have provisions for pet care to prevent fleas, ticks, and other parasites. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
150. I ensure no animals are in the food preparation, food storage or serving areas during food preparation and serving times. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
151. I will comply with all state and local law or ordinances relating to the care and ownership responsibilities of pets or specific breeds of pets. 1-006.25C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prohibited Animals:				
152. I do not allow exotic or unusual animals or any animal that has bitten or attacked anyone without provocation or have been determined by the local health authority to be dangerous, to be allowed on the premises during the hours of operation. 1-006.25D	<input type="checkbox"/>	<input type="checkbox"/>		

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	Yes	No	Not Applicable	Alternative Compliance Requested
Other Environmental Safety Requirements:				
153. I will keep all cleaning agents, medications (both prescription and nonprescription), and poisonous materials in locked storage at all times children are in care. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>		
154. I will provide separate locked storage for medications requiring refrigeration. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>		
155. I will keep all firearms, other potentially hazardous weapons, weapon accessories, and ammunition in locked storage. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
156. I will keep firearms unloaded and will store ammunition separately from firearms. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
157. I have electrical outlets within the reach of children covered with safety caps, or I have installed ground fault interrupters or safety outlets installed. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>		
158. I will not allow the shared use of disposable towlettes, drinking containers, personal care items, or towels and wash cloths. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>		
Other Environmental Safety Requirements: continued				
159. I will provide waterproof storage for soiled or wet clothing that is not accessible to children. 1-006.25E	<input type="checkbox"/>	<input type="checkbox"/>		
Physical Plant Standards:				
160. I have a home that is maintained in a manner that is safe, clean, and functional for child care. 1-007.01	<input type="checkbox"/>	<input type="checkbox"/>		
Activity Space:				
161. I have a minimum of 35 square feet of activity space for 10 children. 1-007.01 If not, how many children do you have activity space to serve? _____	<input type="checkbox"/>	<input type="checkbox"/>		
Water Supply and Sewer Requirements:				
162. I have a sanitary drinking fountain or individual or disposable cups for drinking water. 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>		
163. The water temperature for hand washing and bathing is between a minimum of 100 degrees Fahrenheit to a maximum of 120 degrees Fahrenheit. 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>		
164. I have a public water system. 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
165. If not, I have and maintain an accessible, adequate, safe, and potable supply of water for drinking, bathing, and hand washing. 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
166. I test the water annually for nitrate, total coliform bacteria, and lead with the Department of Health and Human Services, Division of Public Health. 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
167. If the water is not at acceptable levels, I will obtain water from a public water supply or commercial source 1-007.02A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer Requirements:				
168. I have a public sewer system. 1-007.02B	<input type="checkbox"/>	<input type="checkbox"/>		
169. If not, I have a sanitary and functioning sewage system which includes no open sewage discharge. 1-007.02B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	Not Applicable	Alternative Compliance Requested
Outdoor Play Areas:				
170. I have an outdoor play area that is at least 50 square feet for each child in care. 1-007.03.	<input type="checkbox"/>	<input type="checkbox"/>		
171. My outdoor play area is clean, safe, and contains no accident hazards, debris, or stagnant water. 1-007.03.	<input type="checkbox"/>	<input type="checkbox"/>		
172. My outdoor play area contains no barnyard animals, fowl, or animal waste. 1-007.03.	<input type="checkbox"/>	<input type="checkbox"/>		
Fencing:				
173. I have a fence because there are drainage ditches, wells, holes, heavy machinery is used, railroad tracks, and bodies of water including decorative ponds, heavy street traffic, and other hazards exist on or near the child care premises. 1-007.04.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR				
174. I do not have a fence because there are no hazards on or near the child care premises. 1-007.04.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground Surfaces:				
175. I have resilient material, such as sand, dirt, grass, rubber matter, wood chips or small to medium size gravel under climbing equipment, swings, slides, and other equipment from which children might fall. 1-007.05.	<input type="checkbox"/>	<input type="checkbox"/>		
Toilets and Sinks:				
176. I have a toilet and sink available for children's use of suitable height or have a safe stepstool. 1-007.06.	<input type="checkbox"/>	<input type="checkbox"/>		
177. My toilet and sink are conveniently located and are clean and in good repair. 1-007.06.	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Safety:				
178. I will obtain and maintain fire safety approval. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
179. I have two unblocked exits from every floor on which child care is provided. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
180. My furnaces, wood-burning stoves, and other heaters are not accessible to children when in use. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
181. I will not burn candles or incense while children are in care. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
182. I will have no open flames while children are in care. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
183. I have no excessively combustible or highly flammable materials in storage areas. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
184. My bathroom and closet doors are be designed so they can be unlocked from the outside. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		
185. I have or will obtain properly mounted and operated smoke detection equipment as required by the Fire Marshal. 1-007.07.	<input type="checkbox"/>	<input type="checkbox"/>		

By signing the Rules Compliance Checklist, I certify:

- 1.) I have read, understand, and am familiar with the Family Child Care Home I Regulations.
- 2.) To the best of my knowledge, I am in compliance with the Family Child Care Home I Regulations.
- 3.) To the best of my knowledge, the information I have given on this checklist is true and accurate.

I understand an inspection will be conducted within 60 days of the issuance of my license to verify my compliance with Family Child Care Home regulations.

Signature of Applicant/Provider

Date