

## Division of Children and Family Services Child Care Subsidy Provider Facility Inspection Checklist

*Intended Audience: Child Care Subsidy Providers - CCC*

Provider Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Ratio Requirements: \_\_\_\_\_

Subsidy ID Number: \_\_\_\_\_ License ID Number: \_\_\_\_\_

The following information and documentation will be reviewed with the above provider by the Resource Developer at the initial and/or renewal facility site inspection. Any missing documentation or corrections needed to the documents or site will be noted in the Modifications/Follow-Ups table at the end of this document.

### Provider Identification:

- Valid photo ID
- Citizenship Attestation
- W-4 or W-9
- Child Care License verified (if applicable)

### Background Checks:

- APS/CPS (Central Registry) – 13y+
- Sex Offender Registry – 13y+
- NDEN (local law enforcement) – 13y+
- Out-of-State (previous 5 yrs, if applicable) – 13y+
- Department of Motor Vehicles (DMV) – 13y+
- FBI Fingerprint Checks (eligibility letter) – 18y+
- Release of Information completed for director/owner and all staff – 13y+

### Payments:

- Payment selection (FA-84) completed
- Billing Training completed
  - Attendance Calendars – policy reviewed; calendars provided
  - Online Portal – Claims, Units, Notifications discussed
  - Service Authorizations/Notices – what information is included and where they can be found
  - Family Fee, a.k.a. Sliding Fee, or Customer Obligation

### Training Requirements & Verification:

- Pediatric First Aid/CPR Certification – must include in-person skills course/testing
- Preservice orientation training (Prepare to Care, Lancaster Co Health Dept)
- Ongoing training –
  - Licensed providers – subject to Children’s Services Licensing review

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**Provider Rates:**

- Private Pay Rates – completed, or established rate set provided (*In-Home providers exempt*)
  - Subsidy Rates listed on Enrollment are correct
  - Is provider Step Up to Quality rated?     No     Yes    *Step Rating:* \_\_\_\_\_
  - Is provider Nationally Accredited?     No     Yes    *Accrediting Body:* \_\_\_\_\_
- \*\*If provider is accredited, proof of accreditation is required to receive enhanced rates. SUTQ rating will be verified through NDE.**

If Transportation is authorized –

- Transportation Checklist completed
- Copy of vehicle insurance and registration

If Special Needs is authorized –

- Documentation of special need (CC-6)
- Social Service Exception

**Walkthrough:**

- Emergency Preparedness Plan reviewed
- Walkthrough of the location where care is provided – completed
- Staff files reviewed for training verification

**Enrollment:**

- Child Care Subsidy Handbook
- Child Care Subsidy Provider Enrollment completed & signed

Modifications/Follow-Ups:	Due Date:

*By signing this document, I am attesting that the above information has been reviewed with me by my Resource Developer. I also agree to make any identified modifications to my site, or follow-up with my Resource Developer regarding the identified issues above by the due date(s) assigned.*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RD Signature: \_\_\_\_\_ Date: \_\_\_\_\_