**CHILD CARE QUICK CHECK**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*For example: child care room, pool, gym, playground, etc.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Quick Check Item** |
|  |  | Staff are identified by name on badges, smocks or aprons |
|  |  | You are greeted and asked to identify yourself if unknown to staff |
|  |  | All children are within sight and sound of a staff person |
|  |  | Appropriate sounds abound from positive staff and happy children |
|  |  | Staff are meaningfully engaged with children |
|  |  | All staff are within sight and sound distance of other staff |
|  |  | Staff to child ratios appear appropriate |
|  |  | Ample toys, supplies and equipment are readily available to the children |
|  |  | The area is clean and organized |
|  |  | The area is free of dangerous objects/items/conditions that could cause injury |
|  |  | Bathrooms are easily and appropriately monitored |

Comments/Immediate Action Taken:

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**CHILD CARE QUICK CHECK**

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Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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