

Observation Based Inspection**MSDH Child Care Licensure**

County _____

Inspection Date _____

Facility Name _____

License Number _____

Purpose _____

Capacity _____

Time IN _____

Time OUT _____

Transition Periods Observed☐ Arrival☐ Meal Time☐ Transportation☐ Rest Room☐ Playground/Outside Play☐ Naptime/Rest Time☐ Diaper Change☐ Departure_____
Facility Owner/Director_____
MSDH Child Care Facility Inspector

Arrival Classroom/Age Group _____	
1. Staff-to-child ratios are in place during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly attended at all times during arrival time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
4. All children were checked in at arrival by an authorized individual.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation/Recommendation:

5. Children arrived at the proper destination (Classroom/Age Group, school, etc.).

☐ Yes☐ No**Observation/Recommendation:**

6. Children are properly grouped during arrival times.

☐ Yes☐ No**Observation/Recommendation:**

7. Age-appropriate activities and materials are available to all children during arrival times.

☐ Yes☐ No**Observation/Recommendation:**

Meal Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly attended at all times during mealtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

4. Children and staff adhere to proper handwashing procedures (soap, paper towels, trash can, step stools).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. The staff adheres to safe food handling (allergies, shared food).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
6. A process for mealtime cleanup is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
7. The facility is serving a meal at the time indicated on the facility schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation/Recommendation:

8. The facility is following an approved menu.

☐ Yes☐ No

Transportation Classroom/Age Group _____	
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Field Trip	
1. Staff-to-child ratios are in place during transportation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	
2. Children are properly attended during transportation. (e.g., loading, unloading, walking into/out of the facility).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation: 	

4. Seat restraints, car seats, and/or booster seats are accessible and utilized during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. Individual seats (i.e., children are not sharing seats/seatbelts) are available and functional for each child during the entire transport.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
6. Emergency equipment (e.g., stocked first aid kit, fire extinguisher, etc.) is available on the vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Restroom Breaks	Classroom/Age Group _____
1. Staff-to-child ratios are in place during restroom breaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during a restroom break.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

4. Hand washing supplies are provided (soap, paper towels, trash can, step stool).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. Sinks and toilets are operational (i.e., hot, and cold running water) and clean.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Playground/Outdoor Time	Classroom/Age Group _____
1. Staff-to-child ratios are in place during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during playground/outdoor time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

4. Enough staff is present (possibly including a floater) for instances when children to go to the bathroom, emergencies, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. Teachers conduct headcounts before/during/after playground time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
6. Teachers are properly supervising children (i.e., no cell phones, keeping eyes on children, spread out across the playground area).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

7. No hazards are present on the playground/outdoor play area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
8. Sun safe practices are utilized when appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Nap Time/Rest Time		Classroom/Age Group _____	
1. Staff-to-child ratios are in place during naptime/rest time.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			
2. Children are properly supervised during naptime/rest time.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:			

4. Adequate space is available to keep personal items (e.g., blankets, stuffed animals, etc.) separate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. There is at least two (2) feet between mats/cots -OR- an impenetrable barrier exists between mats/cots. <input type="checkbox"/> <i>Satisfactory Standardization</i> <input type="checkbox"/> <i>Unsatisfactory Standardization</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
6. Classroom/Age Group environment allows staff to see and/or hear a child in distress (not too dark, music not too loud, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Diaper Change	Classroom/Age Group _____
1. Staff-to-child ratios are in place during diaper changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
2. Children are properly supervised during diaper changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

4. Potty chairs are in an appropriate area and sanitized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. The staff adheres to proper handwashing procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
6. Children's hands are being washed by a proper handwashing procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Departure		Classroom/Age Group _____
1. Staff-to-child ratios are in place during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:		
2. Children are properly supervised during departure time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:		
3. Transition activities are used during waiting times (e.g., story time, fingerplays, songs, games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation/Recommendation:		

4. Children are properly grouped during departure times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	
5. Age-appropriate activities and materials are available to all children during departure times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Recommendation:	

Game Plan

Recommendation #1

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #2

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Game Plan

Recommendation #3

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #4

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Game Plan

Recommendation #5

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #6

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Game Plan

Recommendation #7

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____

Recommendation #8

What's Causing the Issue?

How Do We Improve?

Who's Responsible? _____

Resource _____

Timeframe _____