

## Registered Provider Home Safety Checklist

Registered Provider Name (s) \_\_\_\_\_ CLR# \_\_\_\_\_

Worker: \_\_\_\_\_ Date of Home Visit: \_\_\_\_\_

- Initial Visit       Annual/ Reregistration       Change in Residency       Follow-up

Name and ages of children in care at time of visit \_\_\_\_\_

Firearms and ammunition locked up and safely out of reach:  Yes  No

If yes, where are the firearms and ammunition located? \_\_\_\_\_ 135

Registered provider should maintain first aid supplies that include: 165

- Liquid soap  
 Band aids (sterile gauze & adhesive tape)

Are all sharp items stored safely out of reach of children?  Yes  No 130

- Knives  
 Scissors  
 Other sharp objects

If yes, where are the sharp items stored? \_\_\_\_\_

Are items below inaccessible to children?  Yes  No 130

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Power tools             | <input type="checkbox"/> Nails        |
| <input type="checkbox"/> Lawn mowers             | <input type="checkbox"/> Hand tools   |
| <input type="checkbox"/> Matches                 | <input type="checkbox"/> Combustibles |
| <input type="checkbox"/> Cigarettes              | <input type="checkbox"/> Lighters     |
| <input type="checkbox"/> Other flammable liquids | <input type="checkbox"/> Other _____  |

Are all cleaning supplies, insecticides, and paints kept safely out of reach of children?  Yes  No 130

Are alcoholic beverages safely out of reach of children?  Yes  No 130

Stairs/steps safety: 150

- Protective gates to block stairways (under 3)  
 Stairs and steps in good repair  
 Safety railing around steps and stairs

Each floor of a Registered Provider's home must have at least one (1): 125

- Unblocked exit to outside       Smoke detector       Fire extinguisher  
 Carbon monoxide detector (if home uses fuel burning appliance or has attached garage)

Registered Providers' home must have the following: 155

- Working telephone  
 Emergency phone numbers accessible  
(Police, fire station, emergency medical care, poison control, reporting CA/N)  
 Working refrigerator maintaining (temperature at 45' or below)  
 Freezer maintaining (zero')  
 Immunization Records

Play area has safe and adequate:     Heat     Light     Ventilation      120

Are each of the items listed below out of reach of children or have safety guards in place to protect children from injury?  Yes  No 145

- Electric fan
- Wood burning stove
- Floor furnace
- Fireplace
- Freestanding heater

Explain: \_\_\_\_\_

A Registered Provider should wash hands with liquid soap and running water: 170

- Before and after diapering a child
- Before and after food preparation
- Before feeding a child; and
- Times when necessary to prevent the spread of diseases

If transportation is provided by the Registered Provider, the provider should have: 185

- Written permission from the parent or guardian to transport child
- Have a vehicle equipped with seat belts; and
- Comply with KRS 189.125 regarding child restraint and seating

All electrical outlets not in use are covered  Yes  No 140

List all pets (if applicable). \_\_\_\_\_

If provider has pets, do they have current inoculations?  Yes  No Initials: \_\_\_\_\_ 180

In accordance with KRS 199.896 (18), a registered provider should not use corporal physical discipline on a child entrusted to the provider's care: Initials: \_\_\_\_\_ 175

Arrival/Departure times of each child are recorded on cabinet form.  Yes  No 240

Attendance forms are retained for five (5) years.  Yes  No 245

Ratios are maintained (3 CCAP; 6 CCAP if siblings, related to provider; 8 total).  Yes  No 295

Training requirements met (3 hours, including Pediatric Abusive Head Trauma 1 ½ in 1<sup>st</sup> year  and subsequent 5 yrs). Yes No 300

Evacuation plan is updated, retained, and provided to parents.  Yes  No 305

Report **all changes** to the Division of Child Care within 10 days.

\_\_\_\_\_  
**Registered Provider's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**DRCC Staff/CHFS Cabinet Representative Signature**

\_\_\_\_\_  
**Date**