IDHS Child Care Assistance Program

Health and Safety Standards Checklist

License Exempt Child Care

The CCR&R Health & Safety Coach is a mandated reporter. If any abuse or neglect causing children to be in imminent danger is observed, they are required to stop the visit and call the DCFS hotline. 800-25-ABUSE (800-252-2873)

Child Care Program Information **Provider Type (per CCMS)** ☐ **License Exempt Family Child Care 764** ☐ **License Exempt Child Care Center 761**

Provider/Program Name Champions - Oak crest **Director's Name** Jacki Gloss

Provider/Program Address 38550 N Lewis Ave Beach Park IL 60099-3308

Provider/Program phone # 224-376-3052 **E-mail** jacki.gloss@discoverchampions.com

Gateways/DTP Org ID [redacted] (starts with a "B") **CCMS #** 494239255233008

H&S Coach's Name DON GILL **Date of Visit** Tuesday 19-Mar 4-5pm

Based on the Health & Safety (H&S) Coach's observations and discussion with the provider, each standard will be marked either as Yes (Y) or No (N). In addition, The H&S Coach may provide a resource (R) for a specific standard. This review is specific for the time the H&S Coach is visiting the child care program.

1 Building and Physical Location Safety		
1A Indoor Safety		
1.A.1	The walls and woodwork in areas where child care is being provided is free of chipping and/or peeling paint.	Y N R
1.A.2	Space heaters, fireplaces, radiators, and other heating sources in areas occupied by children are separated by partitions or a sturdy barrier to prevent contact. Portable space heaters may not be used in a program during the hours that child care is provided. ☒ There were no space heaters, fireplaces, etc., in the areas occupied by children.	Y N R
1.A.3	Safety plugs or protective covers are in all electrical outlets/sockets that are accessible to children.	Y N R
1.A.4	Electrical cords and all window blind cords within children's reach are inaccessible or secured.	Y N R
1.A.5	Hazardous materials are stored in their original containers and are locked up and/or out of reach of children. This includes, but is not limited to medications, cleaning materials, pesticides, etc.	Y N R
1.A.6	The exit paths are clear and free of debris.	Y N R
1.A.7	There are multiple exit paths (including exit windows and doors).	Y N R
1A	**Indoor Safety: STANDARDS 1A8-12 ARE APPLICABLE ONLY TO FAMILY CHILD CARE.**	
1.A.8	Choking hazards (e.g., small toys, art materials, buttons, coins, plastic bags, sharp or breakable objects, etc.) are kept away from children under the age of 3.	Y N R
1.A.9	There are working smoke detectors in the home. (a minimum of one approved smoke detector in operating condition on every floor level, including basements and occupied attics and in any room where children are allowed to nap or sleep.)	Y N R
1.A.10	There are working carbon monoxide detectors in the home. (a minimum of one approved carbon monoxide detector in operating condition within 15 feet of rooms where children nap or sleep).	Y N R

1.A.11	The kitchen is equipped with readily accessible and operable fire extinguisher rated for Class A, B, and C fires. Extinguishers shall have a valid date of verification.	Y N R
1.A.12	There is a working safety gate at the top or bottom of all indoor stairs when children under 30 months are present. ☐ The provider does not care for children under 30 months • Provider's initials _____	Y N R
1B	**Outdoor Safety** ☑ There is an outdoor play area on the premises of the child care program. (complete section 1B) ☐ Is there a pool on the premises? YES / NO (complete section 1B) ☐ There is not a safe area for outdoor play (provider or public property). Alternatives for gross motor activities were discussed with the provider. • Provider's initials _____ (move to Standard 2) ☐ The Provider uses a public play area. Safety checks of a public play area were discussed with the provider. • Provider's initials _____ (move to Standard 2)	
1.B.1	Outdoor area of the property is free of hazards and animal feces, broken glass, sharp edges, nails or other items that can injure children.	Y N R
1.B.2	Barriers are used to restrict children from unsafe areas. Such areas include, but are not limited to swimming pools, open drainage ditches, wells or holes.	Y N R
Comments for Standards 1A & 1B		
2	**Emergency Preparedness and Disaster Response**	
2A	There is a working telephone. (land line or cellular)	Y N R
2B	A list of emergency telephone numbers (e.g., police, poison control, etc.,) is posted near the telephone and/or in plain sight.	Y N R
2C	Provider has a written, accessible list of any/all allergies for each child, if applicable.	Y N R
2D	A first aid kit/supplies is available in the program consisting of adhesive bandages, scissors, thermometer, non-permeable gloves, Poison Control Center telephone number (1-800-222-1222 or 1-800-942-5969), sterile gauze pads, adhesive tape, tweezers and mild soap.	Y N R
2E	Provider has an emergency plan (e.g., exit plan, plan to notify parents, etc.).	Y N R
2F	Program maintains a portable written record that includes emergency number and information for each child that can be taken with them during an emergency situation.	Y N R
Comments for Standard 2		

3 General Health

3A Infectious Disease Prevention & Control

3.A.1	Proper handwashing procedures were observed and are followed by both the provider & the children. ☑ Handwashing was not observed but the proper procedure was reviewed. • Provider's initials [redacted]	Y N R
3.A.2	The environment is cleaned and sanitized daily. *Process and procedure were discussed.*	Y N R
3.A.3	The provider uses disposable gloves for various activities (i.e., diapering, assisting w/toileting, handling emergencies/accidents).	Y N R
3.A.4	Provider has designated area for diapering. ☑ NA Provider does not care for children in diapers at time of visit • Provider's initials: _____	Y N R
3B	**Nutrition** ☑ Provider currently participates in a USDA food program. ☐ Provider prepares food for the children ☐ Provider has food catered in ☐ Parents provide food for their child • Provider's initials: _____ • Provider's initials: _____	
3.B.1	Meals and snacks are provided to each child and are well balanced and nutritional. As applicable, meals and snacks are planned around children's food allergies or other special requests in accordance with a plan developed by both the parent and provider.	Y N R
3.B.2	Food prep and serving areas are clean and sanitized after each use. Area(s) are also free of any hazards, such as but not limited to, sharp objects, dangerous appliances, etc.,	Y N R
3C	**Administration of Medication**	
3.C.1	Medication is kept locked and/or out of reach of children.	Y N R
3.C.2	Provider has written parent's permission to administer medication - including prescription and over-the counter.	Y N R
3.C.3	Provider keeps a log of medication given to each individual child. ☐ At the time of the Health & Safety Visit, the provider had no request to administer medication. Process and procedure discussed. • Provider's initials _____	Y N R
3D	**Physical Activity**	
3.D.1	Children are given an opportunity for gross motor activities.	Y N R
3.D.2	There are variety of materials for gross motor play (e.g., bikes, riding toys, balls, etc.).	Y N R
3.D.3	There are materials for indoor play (e.g., blocks, cars, dolls).	Y N R

Comments for Standards 3A-D

4. Safe Sleep Practices (Only for programs serving birth – 15 months) Standard 4 IS APPLICABLE TO FAMILY CHILD CARE ONLY

☑ Provider does not provide infant care (birth – 15 months).

- Provider's initials: [redacted]

4A	Infant sleeps alone in a crib, bassinette or pack and play. (birth – 15 months).	Y N R
4B	Sleeping item (crib, bassinette, or pack and play) meet current safety standards.	Y N R
4C	Infant is placed on their back to sleep. (birth -15 months).	Y N R
4D	Provider offers a safe sleep environment, which includes a firm sleep surface; no pillows, toys, blanket, crib bumpers, etc.,	Y N R

4E	The sleeping area has a window that serves as a second exit out of the home.	Y N R
4F	Sleeping infants are within hearing distance of the provider.	Y N R

Comments for Standard 4

5. Transportation (Only for programs providing transportation)

☑ Provider does not provide transportation.

- Provider's initials: [redacted]

☐ Provider contracts with a transportation service (answer 5A).

- Provider's initials: _____

5A	Provider has written permission to transport children, and makes families aware of when, where, and how children are transported (includes vehicle, walking, public transportation).	Y N R
5B	Provider has valid /current insurance for the vehicle(s) used to transport children.	Y N R
5C	Provider has valid/current license(s) to operate vehicle.	Y N R

Comments for Standard 5

6. Administrative

6A **LEFCC**	The provider was with in compliance with child/staff ratios - no more than three (3) children, including their own children, unless all the children are from the same household	Y N R
6A **LECCC**	The provider was with in compliance with child/staff ratios. The facility provides at least one caregiver per 20 children	Y N R
6B	Provider maintains personal/staff records, which shall include but not limited to health clearances, required health & safety training completion, etc. This shall include documentation confirming that "Child Abuse/Neglect Mandated Reporter" has been completed and that First Aid/ CPR has been completed and is current.	Y N R
6C	Program maintains a written record on each child which shall include the first and last name of the child, name(s), address and phone number of the child's parent(s); emergency contact information, written authorization for medical care; health record, including immunizations; and the schedule/ number of hours each child is served.	Y N R
6D	Program has a daily sign in/out procedure and maintains records.	Y N R

Comments for Standard 6

Firearms

☒ For License Exempt Centers: Handguns are prohibited on the premises of the child care program except in the possession of peace officers. **The program shall post a "no firearms" sign, as described in Section 65(d) of the Firearm** Concealed Carry Act [430 ILCS 66/65(d)], in a visible location where parents pick up children.

☐ For LE family child care: Firearms are prohibited on the premises of the home except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the home. Unlawful firearms are prohibited and any firearm, other than a handgun in the possession of a peace officer or other person required because of employment, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. **The program shall post a "no firearms" sign, as described in Section 65(d) of the Firearm** Concealed Carry Act [430 ILCS 66/65(d)], in a visible location where parents pick up children.

The above statements were discussed with provider.

Provider signature: [redacted] Date: 5/24/24

Health & Safety Coach signature: [redacted] Date: 5-24-24

Preliminary Results:

Thank you for taking the time to walk through the Health & Safety Checklist. Below are the Preliminary Results that were discussed at the end of our visit. A copy of the completed Health & Safety Checklist, and if applicable a Corrective Action Plan, will be sent to you within two (2) business days of the visit.

Check all that apply:

- ☒ The Health & Safety Coach reviewed the Health & Safety Standard Checklist with the provider.
- ☐ The provider is meeting the IDHS CCAP Health & Safety Standards. No corrective action plan is needed.
- ☒ There were Health & Safety Standard(s) marked "no". A corrective action plan was discussed. A written plan will be mailed within two (2) business days.
  - A follow up visit is scheduled for: Mon June ~~20~~ 24
- ☐ If applicable, the following referrals will be made
  ☐CCAP Specialist ☐Quality Specialist ☐ Infant/Toddler Specialist ☐Other: _____

[redacted] 5/24/24

Provider's Signature / Date

[redacted] 5-24-24

Health & Safety Coach's Signature / Date

IDHS Child Care Assistance Program

Health and Safety Standards Corrective Action Plan

License Exempt Child Care [redacted]

Child Care Program Information **Provider Type (per CCMS)** ☐ License Exempt Family Child Care 764 ☒ License Exempt Child Care Center 761

Provider/Program Name Champions - Oak Crest

Director's Name JACKI GLOSS

Provider/Program Address 38550 N Lewis Ave Beach Park IL 60099-3308

Provider/Program phone # 224-376-3052 **E-mail** jacki.gloss@discoverchampions.com

Gateways/DTP Org ID (starts with a "B") [redacted] **CCMS #** 494239255233008

H&S Coach's Name DON GILL **Date of Initial Visit** _____ **Date of Follow up Visit** _____

Standard		Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe	Completed by H&S Coach during the ***follow up visit***
3.C.2		Parental permission TO Admin medication	will get form for medication	☐ Immediate ☐ 30 days: 6-24-24	Standard : ☐ is corrected ☐ remains corrected ☐ is not corrected.
3.C.3		NO medication Log	will get med Log	☐ Immediate ☐ 30 days: 6-24-24	Standard : ☐ is corrected ☐ remains corrected ☐ is not corrected.
6C		NO CPR/FA NO M.R.	will get CPR/FA will get M.R.	☐ Immediate ☐ 30 days: 6-24-24	Standard : ☐ is corrected ☐ remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: _____	Standard : ☐ is corrected ☐ remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: _____	Standard : ☐ is corrected ☐ remains corrected ☐ is not corrected.

Provider/Program Name ____________Oak Crest____

Standard		Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe	Completed by H&S Coach during the ***follow up visit***
				☐ Immediate ☐ 30 days: ________	Standard : ☐ is corrected ☐remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: ________	Standard : ☐ is corrected ☐remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: ________	Standard : ☐ is corrected ☐remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: ________	Standard : ☐ is corrected ☐remains corrected ☐ is not corrected.
				☐ Immediate ☐ 30 days: ________	Standard : ☐ is corrected ☐remains corrected ☐ is not corrected.

Check all that apply:

- ☒ The Health & Safety Coach reviewed the Health & Safety Corrective Action Plan with the Provider.
- ☐ All outstanding H&S Standards have been corrected.
- ☐ There were Health & Safety Standard(s) that were not corrected within the noted timeframe. An additional ten (10) calendar days was given..
  - A follow up visit is scheduled for: ____________________

______________________________ Provider's Signature / Date

______________________________ Health & Safety Coach's Signature / Date