State of Illinois
Department of Human Services - Early Childhood Development

CHILD CARE ASSISTANCE PROGRAM – CCAP

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: Angela Minniefield **Director's Name:**
Provider/Program Address: [redacted], Gary, IN 46409
Provider/Program Phone Number: 773-815-5724 **Provider/Program Email:** angelaminniefield9@gmail.com
Gateways/DTP Org ID (starts with a "B"): [redacted] **CCMS No.:** 31647138792711
H&S Coach's Name: Larintha Turner **Date of Visit:** June 30, 2025

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.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** ☐	**Comments:**
1.A.2	Are space heaters, fireplaces, radiators, and other heating sources in areas occupied by children are separated by partitions/sturdy barrier to prevent contact? Portable space heaters may not be used in a program during hours that child care is provided.	**Y** Yes **N** No **R** ☐	**Comments:**
1.A.3	Safety plugs or protective covers are in all electrical outlets/sockets that are accessible to children.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
1.A.4	Electrical cords and all window blind cords within children's reach are inaccessible or secured.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
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** ☐	**Comments:**
1.A.6	The exit paths are clear and free of debris.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
1.A.7	There are multiple exit paths (including exit windows and doors).	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
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** ☐	**Comments:**

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** ☐	**Comments:**
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** ☐	**Comments:**
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** ☐	**Comments:**
1.A.12	Is there is a working safety gate at the top or bottom of all indoor stairs when children under 30 months are present? (If answer is N/A, check signature sheet)	**Y** Yes **N** No **R** ☐	**Comments:**
1.B Preliminary	Is there is an outdoor play area on the premises of the child care program? (If answer is YES, check signature sheet)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
1.B Preliminary	Is there a pool on the premises? (If answer is N/A, check signature sheet)	**Y** Yes **N** No **R** ☐	**Comments:**
1.B Preliminary	Is there a safe area for outdoor play (provider or public property)? (If answer is N/A, check signature sheet)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
1.B Preliminary	Does the provider use a public play area? (If answer is YES, check signature sheet)	**Y** Yes **N** No **R** ☐	**Comments:**
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** ☐	**Comments:**
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:**
2.A	There is a working telephone. (land line or cellular)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
2.B	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** ☐	**Comments:**

2.C	Provider has a written, accessible list of any/all allergies for each child, if applicable.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
2.D	A first aid kit/supplies is available in the program consisting of adhesive bandages, scissors, thermometer, non-permeable gloves, Poison Control Center phone number (800-222-1222 or 800-942-5969), sterile gauze pads, adhesive tape, tweezers, mild soap.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
2.E	Provider has an emergency plan (e.g., exit plan, plan to notify parents, etc.).	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
2.F	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:**
3.A.1	Were proper hand washing procedures observed and followed by both the provider & the children? (If answer is N/A, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
3.A.2	The environment is cleaned and sanitized daily. Process and procedure were discussed.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.A.3	The provider uses disposable gloves for various activities (i.e., diapering, assisting w/toileting, handling emergencies/accidents).	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.A.4	Does the provider have a designated area for diapering? (If answer is N/A, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
3.B Preliminary	Does the provider currently participate in a USDA food program? (If answer is YES, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
3.B Preliminary	Does the provider prepare food for the children? (If answer is YES, check signature sheet)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.B Preliminary	Does the provider have food catered in? (If answer is YES, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
3.B Preliminary	Do the parents provide food for the children? (If answer is YES, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**

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** ☐	**Comments:**
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** ☐	**Comments:**
3.C.1	Medication is kept locked and/or out of reach of children.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.C.2	Provider has written parent's permission to administer medication - including prescription and over-the counter.	**Y** Yes **N** No **R** ☐	**Comments:**
3.C.3	Does the provider keep a log of medication given to each individual child? (If answer is N/A, check signature sheet)	**Y** Yes **N** No **R** ☐	**Comments:**
3.D.1	Children are given an opportunity for gross motor activities.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.D.2	There are variety of materials for gross motor play (e.g., bikes, riding toys, balls, etc.)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
3.D.3	There are materials for indoor play (e.g., blocks, cars, dolls)	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
4. Preliminary	Does the provider provide infant care? (Birth-15 months) (If answer is N/A, check signature sheet)	**Y** Yes **N** No **R** ☐	**Comments:**
4.A	Infant sleeps alone in a crib, bassinet or pack and play. (birth - 15 months)	**Y** Yes **N** No **R** ☐	**Comments:**
4.B	Sleeping item (crib, bassinet, or pack and play) meet current safety standards.	**Y** Yes **N** No **R** ☐	**Comments:**
4.C	Infant is placed on their back to sleep. (birth -15 months).	**Y** Yes **N** No **R** ☐	**Comments:**

4.D	Provider offers a safe sleep environment, which includes a firm sleep surface; no pillows, toys, blanket, crib bumpers, etc.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
4.E	The sleeping area has a window that serves as a second exit out of the home.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
4.F	Sleeping infants are within hearing distance of the provider.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
5. Preliminary	Does the provider provide transportation? (If answer is N/A, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
5. Preliminary	Does the provider contract with a transportation service? (If answer is YES, check signature sheet)	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
5.A	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** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
5.B	Provider has valid /current insurance for the vehicle(s) used to transport children.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
5.C	Provider has valid/current license(s) to operate vehicle.	**Y** Yes ☐ **N** No ☐ **R** ☐	**Comments:**
6.A	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** ☐	**Comments:**
6.B	Provider maintains personal/staff records, including but not limited to health clearances, required health & safety training, etc. And documents confirming "Child Abuse/Neglect Mandated Reporter" is completed, First Aid/ CPR is completed and is current.	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
6.C	Program maintains written record of each child's first and last name; name(s), address and phone number of parent(s); emergency contact, written authorization for medical care; health record, including immunization; schedule/number of hours for each child	**Y** ☑ **N** ☐ **R** ☐	**Comments:**
6.D	Program has a daily sign in/out procedure and maintains records.	**Y** **N** **R**	**Comments:**

		☑ ☐ ☐	

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 day
A follow up visit deadline is set for: _____
☑ If applicable, the following referrals will be made
☐ CCAP Specialist ☐ Quality Specialist ☐ Infant/Toddler Specialist ☑ Other Healthy Food Program

Provider's Printed Name	Provider's Signature	Date
Health & Safety Coach's Printed Name	Health & Safety Coach's Signature	Date

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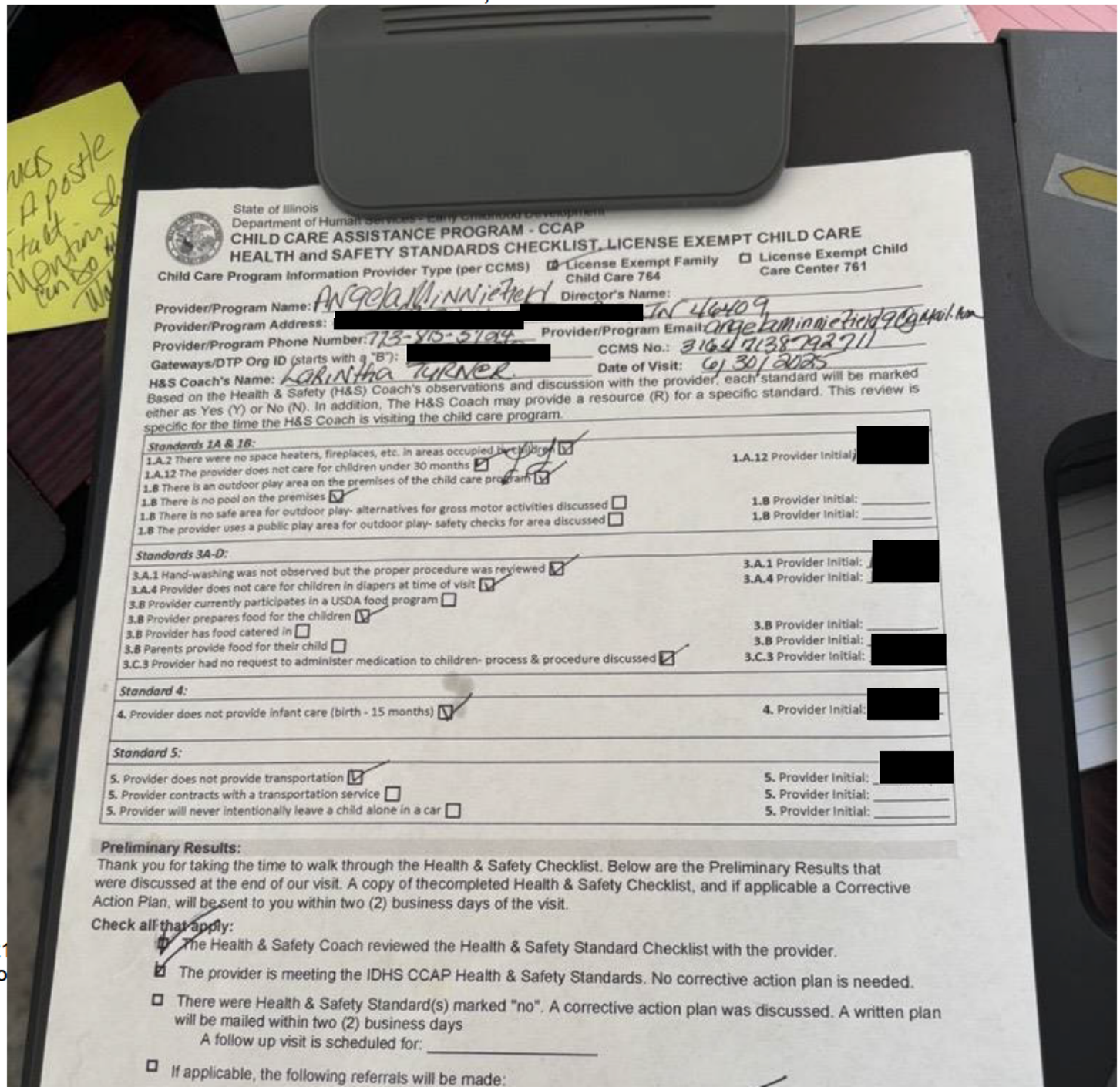

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Department of Human Services - Early Childhood Development
CHILD CARE ASSISTANCE PROGRAM - CCAP
HEALTH and SAFETY STANDARDS CHECKLIST, LICENSE EXEMPT CHILD CARE

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

Provider/Program Name: Angela Minnifield — Director's Name:
Provider/Program Address: [redacted] IN 46409
Provider/Program Phone Number: 773-415-5164 — Provider/Program Email: angelaminnifield9@gmail.com
Gateways/DTP Org ID (starts with a "B"): [redacted] — CCMS No.: 3164713892711
H&S Coach's Name: Lakintha Turner — Date of Visit: 6/30/2025

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Standards 1A & 1B:

1.A.2 There were no space heaters, fireplaces, etc. in areas occupied by children ☑
1.A.12 The provider does not care for children under 30 months ☑
1.B There is an outdoor play area on the premises of the child care program ☑
1.B There is no pool on the premises ☑
1.B There is no safe area for outdoor play- alternatives for gross motor activities discussed ☐
1.B The provider uses a public play area for outdoor play- safety checks for area discussed ☐

1.A.12 Provider Initial: [redacted]
1.B Provider Initial: _____
1.B Provider Initial: _____

Standards 3A-D:

3.A.1 Hand-washing was not observed but the proper procedure was reviewed ☑
3.A.4 Provider does not care for children in diapers at time of visit ☑
3.B Provider currently participates in a USDA food program ☐
3.B Provider prepares food for the children ☑
3.B Provider has food catered in ☐
3.B Parents provide food for their child ☐
3.C.3 Provider had no request to administer medication to children- process & procedure discussed ☑

3.A.1 Provider Initial: [redacted]
3.A.4 Provider Initial: _____
3.B Provider Initial: _____
3.B Provider Initial: _____
3.C.3 Provider Initial: [redacted]

Standard 4:

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

4. Provider Initial: [redacted]

Standard 5:

5. Provider does not provide transportation ☑
5. Provider contracts with a transportation service ☐
5. Provider will never intentionally leave a child alone in a car ☐

5. Provider Initial: [redacted]
5. Provider Initial: _____
5. Provider Initial: _____

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