



Tennessee Department of Human Services
Exempt Agency Health and Safety Checklist

District:	County:
Provider Name:	
Date of Visit: / /	Date Contract Signed: / /

Check the appropriate box for each item to indicate compliance	YES	NO
1. Each agency staff person has verifiable documentation of a qualifying background check.	<input type="checkbox"/>	<input type="checkbox"/>
2. The agency has verifiable documentation of a qualifying fire and health inspection.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agency staff has documented evidence of completing the Tennessee "Before You Begin" training.	<input type="checkbox"/>	<input type="checkbox"/>
4. The agency staff must have documented training, and a working knowledge of, the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.	<input type="checkbox"/>	<input type="checkbox"/>
5. The agency has a first aid kit available, and it is appropriately stocked.	<input type="checkbox"/>	<input type="checkbox"/>
6. The parent/guardian's contact information must be accessible in case of emergency. Emergency numbers must be placed near the phone or readily available.	<input type="checkbox"/>	<input type="checkbox"/>
7. The agency has a working telephone. Cell phones are acceptable, but 911 phones are not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
8. The agency has emergency preparedness and response planning for emergencies resulting from either a natural disaster, or a man-caused emergency (such as violence at an agency).	<input type="checkbox"/>	<input type="checkbox"/>
9. All toxic substances, such as medicines, cleaning agents, polishes, bleach, detergents, paints, insecticides, etc., are stored out of children's reach and away from food.	<input type="checkbox"/>	<input type="checkbox"/>
10. The agency has procedures for the proper handling, storage, and disposal of hazardous materials.	<input type="checkbox"/>	<input type="checkbox"/>
11. The agency has identified and provided protection from any hazards that could cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.	<input type="checkbox"/>	<input type="checkbox"/>
12. The agency has a written policy for the care of sick children, including the parent/guardian's permission to administer all medication, including dosage. The agency must have any medications clearly identified and out of children's reach.	<input type="checkbox"/>	<input type="checkbox"/>
13. The agency has written policies and procedures for the prevention and control of infectious diseases (such as the current immunization status of each child, etc.), unless a verifiable exclusion is on file (such as children experiencing homelessness or who are in foster care).	<input type="checkbox"/>	<input type="checkbox"/>
14. The records of children with special needs should be readily available, which specify conditions and the doctor's instructions for care.	<input type="checkbox"/>	<input type="checkbox"/>
15. If transportation is provided by, or on behalf of, the agency, the driver of the vehicle must have current auto insurance, and a current and valid Tennessee driver's license kept on his/her person whenever transporting children.	<input type="checkbox"/>	<input type="checkbox"/>
16. If transportation is provided, the agency ensures that age appropriate and federally approved child safety restraints are always used, and the agency has a clear procedure to ensure that no child is ever left unattended in a vehicle.	<input type="checkbox"/>	<input type="checkbox"/>

Check the appropriate box for each item to indicate compliance	YES	NO
17. The agency is mindful of children with food allergies, and has precautions in place to prevent reactions.	<input type="checkbox"/>	<input type="checkbox"/>
18. The agency follows emergency response procedures, and documents and reports incidents as required.	<input type="checkbox"/>	<input type="checkbox"/>
19. At least one (1) staff member who has current certification, or an equivalent, in first aid from a certifying organization recognized by the Department shall be on duty at all times.	<input type="checkbox"/>	<input type="checkbox"/>
20. At least one (1) staff member on duty shall hold current certification in Infant/Pediatric Cardiopulmonary Resuscitation (CPR) from the American Red Cross, the American Heart Association, or other certifying organization, as recognized by the Department.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

I, as the authorized representative of the agency, agree that all of these items are now in compliance, or will be in compliance, by the time of my annual visit.

I agree that I will maintain compliance with these health and safety conditions while on the Child Care Certificate Program.

I understand that I may be immediately terminated, without appeal, for failure to maintain compliance with these health and safety conditions while on the Child Care Certificate Program.

I understand that I must adhere to the guidelines in the “Before You Begin” training.

I agree to immediately report to the Child Care Certificate Program office any accident, with or without injury, of a child in my care.

I agree to immediately report to the Department of Children Services and the Child Care Certificate Program office any suspicions of child abuse and/or neglect.

Signature of Authorized Agency Representative

Signature of Child Care Program Evaluator

Date

Date