

Janet T. Mills
Governor



Maine Department of Health and Human Services
Child and Family Services
Child Care Subsidy Program
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Jeanne M. Lambrew, Ph.D.
Acting Commissioner

742495

CHILD CARE SUBSIDY PROGRAM ANNUAL MONITORING FORM (207) 441-5523

Date: 3/12/19 Staff Conducting Monitoring: Bob Gauthier

Child Care Provider: Teresa Barker Resource Family Supervisor

Street Address: [REDACTED]

Town/City: Watford State: ME

Phone: (207) 595-6173 Zip: 04088

Date of Last Monitoring: Initial Inspection

All Providers and Staff are CPR/First Aid Certified: Need to Complete

Met Not Met

Monitoring Guidelines

Check off each item if evidence of compliance is observed during the monitoring. If you observe the Child Care Provider is not compliant with an item(s) on the checklist, please document such, along with any additional comments deemed necessary to further explain your observation(s).

Definitions:

- **License-Exempt Child Care Provider** refers to a Child Care Provider who is not licensed to provide Child Care Services.
- **In-home Child Care Provider** refers to a License-Exempt Child Care Provider who is eighteen (18) years of age or older, provides Child Care Services to no more than two (2) un-Related Children.
- **Recreational Program** refers to a License-Exempt non-residential Child Care Provider of Child Care Services including, but not limited to: before and after school programs and programs during school break, which are located in a building that has been inspected and approved by a Fire Marshal. Staff or volunteers who are at least sixteen (16) years of age and under eighteen (18) years of age must be under the direct supervision (within sight or sound) of a staff member who is eighteen (18) years of age or older.

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Fire Standards and Danger/Toxins for Premises	Comments
<input checked="" type="checkbox"/> Presence of functioning and unaltered smoke detector(s) <input checked="" type="checkbox"/> At least two (2) exits clear from obstructions (e.g., locked doors, storage, large objects) <input type="checkbox"/> Presence of at least one (1) fire extinguisher which is properly charged, mounted securely, and easily accessible to the Child Care Provider <input checked="" type="checkbox"/> Medications on-site are not expired <input checked="" type="checkbox"/> Handwashing takes place after bathroom use, diaper changing, and before meal preparation	<p>- Has fire extinguisher Needs to mount</p>
Child Records	Comments
<input checked="" type="checkbox"/> Immunization records or a written statement of exemption from a Parent who objects to immunization on religious grounds or whose Child's medical condition contraindicates immunization for the Child, on file <input type="checkbox"/> Written authorization from the Parent allowing permission to provide non-expired prescription or nonprescription medication(s) to the Child, on file <p>N/A</p>	
Infant Care (if applicable)	Comments
<input checked="" type="checkbox"/> Safe sleep practices including but not limited to: infant being put to sleep on his/her back and on a firm mattress and in an area free from hazards that could cause strangulation or suffocation, are being utilized <input checked="" type="checkbox"/> All choking/swallowing hazards are out of reach of Children	

Notes: House in great condition -
Children appropriately supervised and cared for.
Guns (immunization) secured

Needs:
- Mount fire Extinguisher
- Obtain FA/CRP.

The Department of Health and Human Services may verify that the child care provider is complying with all the above statements. Providers found to be noncompliant will have thirty (30) days to come into compliance. Noncompliance continuing after the thirty (30) days may result in termination from participation in the Child Care Subsidy Program. Please email us at CCSP.LEProvider@maine.gov or call (207)624-7999 for questions, to give proof of needed compliance, or to request an appeal.

Corrected

MONITORING CHECKLIST

Child Guidance and Supervision	Comments
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Positive methods of child guidance observed/ described <input checked="" type="checkbox"/> Children supervised inside by sight or sound <input checked="" type="checkbox"/> Children supervised outside by sight N/A <input type="checkbox"/> Children swimming supervised by sight N/A <input type="checkbox"/> If transporting Children, the Child Care Provider has a valid driver's license, utilizes car seats, seat belts, and prohibits smoking in the motor vehicle 	<p><i>Quiet time at table</i></p>
Condition of Premises	Comments
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence of routine maintenance and cleaning N/A <input type="checkbox"/> Swimming pool safeguarded <input checked="" type="checkbox"/> Building and physical premises are safe and free from hazards <input checked="" type="checkbox"/> All hazardous and dangerous materials, including but not limited to: medication; chemicals; toxins; and any sharp, rusted, and/or broken/damaged items are out of reach of Children <input checked="" type="checkbox"/> Working telephone/cell phone located in the Child Care Provider's home <input checked="" type="checkbox"/> Firearm(s) and ammunition(s) are stored separately, locked, and out of the reach of Children 	<p><i>Fire arms locked / secure Ammunization kept separate</i></p>
Emergency Preparedness	Comments
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Parent and secondary emergency contact information and reunification plan for each Child, on file <input checked="" type="checkbox"/> First Aid supplies and manual readily available to the Child Care Provider <input type="checkbox"/> Written authorization from each Parent allowing permission for the Child Care Provider to seek emergency treatment for the Child, on file <input checked="" type="checkbox"/> Written Emergency Preparedness Plan <p>Above plan includes, at a minimum, the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Method of immediately notifying Parents of any injury requiring emergency treatment <input type="checkbox"/> Response to emergencies due to food and allergic reactions <input type="checkbox"/> Procedures for: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evacuation <input type="checkbox"/> Lock-down <input checked="" type="checkbox"/> Shelter-in-place <input checked="" type="checkbox"/> Relocation <i>Down the street at curbs</i> <input type="checkbox"/> Practice drills 	<p><i>Has verbal permission - needs written</i></p> <p><i>- Yikes Complete</i></p> <p><i>- No allergies or Medical needs</i></p> <p><i>Practice Drills</i></p>

Corrective Action Summary

Date 03/25/2019

Summary:

Obtained FA/CPR

Text:

[Normal] Tahoma 10 B I U [List] [Align] [Zoom] 100% [Table] [Link] [Unlink]

1 2 3 4

Text from Teresa Barker. She completed her FA/CPR requirements.