

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

CHILD CARE SUBSIDY PROGRAM ANNUAL MONITORING FORM

Date: 4/10/19 Staff Conducting Monitoring: Sheila Single
Child Care Provider: East End Elementary/City of Portland Rec.
Street Address: 195 North Street Before + After School
Town/City: Portland State: Me
Phone: (207) 653-3443 Zip: 04108
Date of Last Monitoring: Initial

All Providers and Staff are CPR/First Aid Certified: _____

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.

Fire Standards and Danger/Toxins for Premises	Comments
<input checked="" type="checkbox"/> Presence of functioning and unaltered smoke detector(s) <input type="checkbox"/> At least two (2) exits clear from obstructions (e.g., locked doors, storage, large objects) <input checked="" 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	Bath room + sink in Rec room. Hand Sanitizer.
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 checked="" type="checkbox"/> Written authorization from the Parent allowing permission to provide non-expired prescription or nonprescription medication(s) to the Child, on file	School has on file
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	No infants attending program

Notes: _____

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 <input checked="" type="checkbox"/> Children swimming supervised by sight <i>NIA</i> <input checked="" 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 style="font-size: 1.2em; font-family: cursive;">Do Not transport</p>
Condition of Premises	Comments
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evidence of routine maintenance and cleaning <input checked="" type="checkbox"/> Swimming pool safeguarded <i>NIA</i> <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 	
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 <i>Office w. kids</i> <input checked="" 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 checked="" type="checkbox"/> Response to emergencies due to food and allergic reactions <input checked="" type="checkbox"/> Procedures for: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Evacuation <input checked="" type="checkbox"/> Lock-down <input checked="" type="checkbox"/> Shelter-in-place <input checked="" type="checkbox"/> Relocation <input checked="" type="checkbox"/> Practice drills 	<p style="font-size: 1.2em; font-family: cursive;">has yikes & first aid kits</p>