

**Division of Early Childhood
Office of Child Care
Licensing Branch**

Protocol for Inspections at Child Care Programs

First issuance: October 1, 2019

Table of Contents

FOREWORD	3
1 The Six Components	4
2 Specialist Professionalism	5
3 Investigative Techniques	5
3.1 Planning and Flexibility	6
3.2 Evidence Verification	6
4 Entrance Conference and the Tour	7
5 Interactions and Interviews	9
5.1 Care and Program Assessment	9
5.2 Guidelines for Interactions and Interviews	9
6 Classroom Observation	12
7 Medication Administration Review	12
8 Documentation Review	13
9 Sample Selection Table	15
10 Citation of Violations	16
10.1 Using Evidence Gathered from Children	16
10.2 Words to Avoid in a Description of Violation	16
11 Exit Meeting	17
12 Acknowledgements	17
Appendix A: Entrance Conference Brochure	19
Appendix B: Request for Information at Entrance Conference	20
Appendix C: Facility Review Form for Child Centered Care	22
Appendix D: Sample Interview Questions for Director / Staff	26
Appendix E: Reference Tool for Classroom Observations	28

FOREWORD

The inspection protocol is at the heart of a sustained effort by HQ and field office staff to increase consistency across the state. It also looks to the future by paving the way for greater participant involvement in the evaluation of care and services rendered to those in care in the various children's programs in the state regulated by the Division of Early Childhood (DEC).

The focus here is on the provider's ability to meet children's needs through the actual delivery of care and services and not just "paper" compliance. The inspection tasks are designed with this in mind and are inter-connected in order to both identify potential problem areas and verify from multiple sources any non-compliance discovered during the inspection. The components of observation and interview are further emphasized and integrated into the inspection process.

The inspection protocol:

- describes DEC's philosophy on inspections, including the basic components and inspection strategies;
- gives forms and tools (in the appendices) for specialists to use, as needed, in gathering information and making investigative decisions during an inspection; and
- should be applied during all inspections.

NOTE: Specialists are given some flexibility in terms of which tools to use and how to apply them (appendices are optional), but for consistency they may *not* create their own (alternate versions of) forms/tools.

It is hoped that by continuing to conduct participant-centered inspections, DEC will promote an even greater emphasis among providers on the delivery of care and services to children. The degree to which it is able to achieve this will likely depend on the licensing specialists' ability to implement this protocol accurately, consistently, and efficiently.

The inspection is at the center of our work as licensing professionals. Its purpose is to evaluate and monitor provider compliance with applicable standards for licensure. It also gives the provider the chance to demonstrate the systems in place at the program to provide care and services to its participants. In order to achieve these goals, however, the specialist must effectively complete all the components of an inspection and employ thorough investigative techniques. This inspection protocol was created to be a guide for specialists to assist them in the challenging task of performing an inspection.



1 The Six Components

There are six basic components of an inspection:

- **Entrance Conference** – Specialists introduce themselves briefly, outline the basic components of the inspection process and asks for items they will need to conduct the inspection;
- **Tour** – Specialists walk through the building(s) directly after the entrance conference and *as soon as possible* after arrival in order to observe activities and personal interactions, talk to children and staff, examine the physical plant, and check on general health and hygiene issues;
- **Interactions and Interviews** – Specialists speak casually to children, may have discussions with parents (either during or after an inspection), converse with staff members, and interview the program director to gather information on compliance with standards, especially those relating to care and services to children;
- **Observations** – Specialists observe – from the moment they drive up to the building until the conclusion of the inspection – what is happening in the program in order to assess compliance with standards. Specialists pay special attention to the interaction between staff and children, the execution of the program’s internal policies and procedures, and the learning and recreational activities;
- **Documentation Review** – Specialists conduct a focused examination of child and staff records, targeted on key standards and information gathered during interviews and observations; and
- **Exit Meeting** – Specialists review the results of the inspection with the provider, listen to and discuss with the provider any disputed findings and/or comments about the inspection process, provide consultation, and request from the provider a plan of correction for any violations and ensuring future compliance.

Note: The specialist will be able to provide the completed Summary of Findings for signature by the provider at the exit meeting, but if not will at least discuss preliminary findings.

Though the entrance conference and tour should take place at the beginning of the inspection and the exit conference at the end, the other components (or tasks) of the inspection need not occur in any particular order. This allows the specialist(s) the greatest degree of flexibility in order to be responsive to the unique circumstances presented during an inspection at a given program. There is also no minimum or maximum amount of time required to complete any protocol component or an inspection generally.

The specialist(s) should be evaluating at all times whether the children in the program are receiving safe and appropriate care and services from the provider. The emphasis throughout the inspection should be on observing children as they go about daily activities and noting the way staff members interact with them.

This section is borrowed substantially from Minnesota Department of Health's, "10 Commitments for MDH Nurses Who Survey Assisted Living Home Care Providers."

2 Specialist Professionalism

As they conduct their inspections, specialists will:

- Treat everyone they meet with dignity and respect, using "people skills" to make others feel as comfortable as possible;
- Maintain an open dialogue with directors and staff members, while gathering the information needed to complete a fair evaluation of the facility's performance;
- Enforce the regulations and their official interpretations as written;
- Look for patterns of non-compliance or risk to children, without being prescriptive in their enforcement of the standards;
- Remain objective during their information gathering, recognizing that things are not always as they appear at first glance;
- Protect confidential information gathered prior to and during the inspection, sharing it only with those who have the authority or permission to receive it; and
- Be aware of their own reactions to interpersonal conflict and strive to keep the inspection process on a professional footing.

3 Investigative Techniques

The focus of the inspection process should be to assess the actual delivery of care and services to children. Though the specialist must evaluate provider compliance with standards about documentation, his or her foremost concern should be with the well-being of the children. In order to do this adequately, the specialist must employ key investigative techniques for every inspection. To inspect means to check or test an individual or entity against established standards. Investigation, however, means to observe or study by close examination and systematic inquiry for the purposes of making a determination (of compliance) based on an in-depth analysis of facts. Good investigative techniques should be a component of every inspection.

3.1 Planning and Flexibility

Planning is essential in order to conduct a successful inspection. It assists in determining the pervasiveness and validity of violations, if there are any, and is an aid in the decision-making process. It should include both pre-planning before the start of the inspection and planning during the course of the inspection, since circumstances are unpredictable.



PROVIDER FILE REVIEW

Prior to the inspection, the specialist should do a thorough review of the program file, paying special attention to the following:

- **The most recent application;**
- **The most recent staff list, Form 1203, (bring a copy to the inspection);**
- **Associated Parties List;**
- **Most recent Staffing Pattern;**
- **Any allowable variances and/or stipulations on the license (photocopy or make a notation of relevant information for reference during the inspection)**
- **Floor plan (copy for inspection if necessary)**
- **The inspection summary and Summary of Findings notice (if applicable) from the last inspection; and**
- **Any complaints since the last inspection (review outcomes and identify any patterns).**

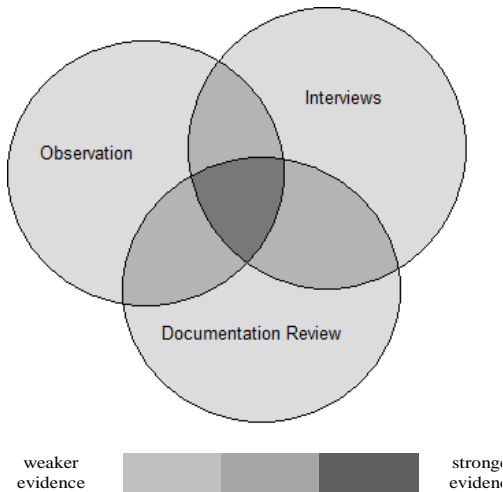
A thorough review and analysis of the provider file will help the specialist determine who may need to be interviewed, which records and documents will need to be reviewed, and what to carefully observe. It also helps the specialist gather any evidence that may be useful during the inspection. The specialist will also need these tools for the inspection: 1) tablet, 2) tape measure, 3) thermometer, 4) camera, 5) relevant technical assistance materials (which specialists often copy onto their tablets), 6) directions and any other travel items, and 7) program contact information.

Though pre-planning and preparation are essential to the inspection process, flexibility during the inspection itself is equally important. Although the specialist may have pre-conceived ideas and a pre-planned strategy for performing any given inspection, he or she must be able to adapt as situations change and evidence emerges. The assumption is that when presented with unanticipated issues (or “red flags”), the specialist will fully investigate and follow-up, addressing all potential areas of non-compliance.

3.2 Evidence Verification

Specialists must be thorough to ensure that compliance (or non-compliance) is accurately determined. It is important to verify information and to avoid making assumptions about what “appears”

to be the case. For this reason, the specialist should not share information with children, their parents, or program staff and administration until he or she has made necessary observations and gathered adequate evidence. While it is important not to jeopardize collecting important evidence by discussing concerns with providers prematurely, it is also essential to inform them of potential violations at some point prior to the exit conference. This affords the provider an opportunity to produce information (including documents) that shows a violation is not warranted and helps specialists avoid making conclusions without having all the facts. There may well be a reasonable explanation for what may appear to be a violation during an initial encounter.



Evidence is always strengthened when it is verified from a variety of sources. One observation or one document may be sufficient to support a violation, but serial observations of non-compliance made over an extended period of time are stronger than a single one. Along the same lines, an observation that is corroborated with an interview is strengthened by that interview. An observation, an interview, and a document combined present stronger evidence than a single observation, a single interview, or a single document. If the specialist observes a situation that potentially indicates non-compliance, it is essential to do the necessary follow-through to actually make that determination. As much as possible the specialist should document interactions with children and/or their parents/guardians, and discussions with staff members and the director. This would include, again as much as possible, the names of the individuals, as well as the date, time, and details of the information shared with the specialist.

NOTE: Since interactions with children will often be informal, with a group, and in a way that minimizes disruptions to their daily routine at the program, the specialist may not be able to record all the specific details mentioned here. It is helpful, however, to obtain as much information as possible, as this can be very useful at a later point.

It is essential that the specialist retain any notes in the provider record and include the details in any description of the violation.

4 Entrance Conference and the Tour

First impressions are very important during an inspection. Through the entrance conference, the specialist can set a professional tone for interactions with the program director. Likewise, the initial tour provides a unique opportunity to begin key observations about a given program. Through careful observation (paying close attention to what one sees, hears, smells, and touches) and the information offered by those he or she may talk to along the way, the specialist is able to form initial impressions about the program and identify any potential areas of non-compliance. This information helps the specialist devise a strategy for implementing the remaining tasks of the inspection.

In a sense, the tour begins with the first visual sighting of the program facility. The specialist should note any concerns with the

exterior appearance and maintenance of the building and any potential safety issues. He or she should also note whether any children are outside the building and in what type of activity they may be engaged. Once inside the building, the specialist should present photo identification, briefly explain the purpose of the visit, present the inspection brochure ([Appendix A](#) - at least the first time the inspection protocol method is used at the program and to all new providers), and hand the director the form *What Your Specialist Needs from You Today* ([Appendix B](#)). This entrance conference should be very limited in duration, however, in order that the specialist may begin the tour as soon as possible. Any delay in starting this key task (even during complaint investigations), may greatly diminish the specialist's ability to obtain valuable information and insight into what it is really like at the program on a daily basis. (Reminder: It is Division policy that inspections, except initial and conversion inspections, should be unannounced).

Introducing oneself during the tour to participants, parents, and staff is key for the specialist, as this shows he or she is approachable. It provides an opening for these individuals to convey important information about the program, which may also inform the specialist's strategy for the inspection. This would include which areas to investigate in greater detail. These interactions, along with observations during the tour, may also help guide the specialist to form additional questions to ask during the inspection.



At the beginning of every inspection, specialists must count staff on duty and note their physical location, number of children in care, and whether the personnel on duty meet qualifications and correspond accurately to the required ratios.

All potentially significant observations from the tour (as well as throughout the inspection) should be recorded legibly with the date and time and in sufficient detail to adequately and objectively describe them at any later point. Specialists have the option of using the *Facility Review Form for Child Care Centers and Homes* ([Appendix C](#)) for this purpose. The health, safety, and general welfare of the children in care must be the specialist's primary concern. While the physical environment should be noted and addressed, this is largely to be assessed in terms of its impact on the children. (NOTE: *What Your Specialist Needs from You Today*, mentioned above, is also an excellent tool for obtaining this information.)

At the end of the tour, the specialists should reflect on the interactions with children and staff (covered in the next section) and observations, as well as the information gathered during pre-planning efforts, to formulate a plan for the remaining tasks of the inspection. This will include a formal classroom observation(s) or general child-caregiver observation (at a family child care home [FCCH]), which will be described in section six, selecting an appropriate sample for record review and interviewing tasks (see sample selection table in section nine) in order to determine if a potential violation is isolated in nature or potentially systemic, posing greater risk to the children in care.

5 Interactions and Interviews



It has been stated already that the most important element of an inspection is the specialist's assessment of the care that children receive at a program in relation to the program standards. Though the specialist can gather information about this through observation and documentation review, interviews and interactions are also essential for an accurate assessment.

During an inspection at a child care program specialists:

- Interact with children in care;
- Provide an opportunity to have discussions with parents/guardians;
- Converse with staff members;
- Interview the director; and
- Conduct any other interviews or follow-up discussions if indicated.

5.1 Care and Program Assessment

The interview process is crucial to the specialist's ability to make an assessment of the provider's compliance with standards related to the following areas: physical plant, food, services, activities, staff, supervision, medication, behavioral guidance, inappropriate interactions, parental involvement, transportation, and emergencies. Specialists may also receive information through their interactions and interviews that would cause them to look further into other areas of the standards to uncover possible non-compliance.

5.2 Guidelines for Interactions and Interviews

Specialists should follow certain principles in their interactions with children, and their interviews with parents, staff, and program administration. As a general rule, a specialist should:

- Introduce himself/herself and identify the purpose of the inspection;
- Develop a rapport with the individual(s), focus questions on the care and services that the program provides to participants, and thank the person for sharing his or her views;

NOTE: When children approach the specialists during the tour and he or she talks to them in casual conversation (see section below), it is OK to listen and take notes on any topics the children bring up on their own initiative. This reflects more of the interactive nature of conversations specialists should have with children, as opposed to the more formal interview format.

- Document information that would be relevant to a determination decision such name, date, time, etc.

NOTE: Though not always apparent during an interview or casual conversation, this information can be very important if used later on as evidence in support of a violation. The intent here is not to create extra work during the inspection, but to make the specialist's job much easier when it comes to making decisions about whether to cite and, if so, how to construct the description of violation.

- Consider what is going on at the time of the interaction/interview in order to obtain routine information in the least intrusive way possible;
- Discontinue a conversation/interview if to continue would place a child in an unsafe position at the program;
- Make every effort to protect the identity of the person(s) who provides information unless he or she gives permission to share this with the program director; and
- Report immediately to CPS any allegations of abuse or neglect disclosed during the interviews.

There are also specific considerations for interactions with children, discussions with parents, and director and staff interviews. These are outlined below, with some additional information in the appendices of this protocol.



INTERACTIONS WITH CHILDREN:

During the tour, and/or at any other opportune time during the inspection, the specialist should engage a few children in casual conversation about the program. These interactions are essential as the children in care are the consumers of the care and services at the program and talking with them will give important insight into their experience and general level of satisfaction with the program. The conversations should be casual, brief, and friendly.

Examples of the type of questions that may be used with children include:

Tell me what you're doing today.

What do you like about school?

What was your snack today?

DISCUSSIONS WITH PARENTS:

Specialists should make themselves available and accessible to any parent (or guardian) who wishes to speak with them during or after the inspection. Parents may also wish to speak to the specialist at another point by phone. Information gathered from these discussions can give the specialist important insight about the care and services provided to children in a particular program and can influence the specialist's decisions about the inspection and its outcome. Information received after the specialist has finished documenting and syncing the inspection to CCATS should be evaluated and may be considered as possible material for a complaint.

CONVERSATIONS WITH STAFF:

Conversations with staff are also a part of the licensing specialist's interaction during a tour of a facility or as part of a separate interview, if warranted. As with interactions with children, questions for staff will normally be part of general conversation during the facility tour. The licensing specialist should determine the extent and focus of questions for staff based on the history of the facility and what is discovered during the course of the inspection. If concerns are noted, more in-depth interviews are indicated.



Examples of the type of questions that could be used with staff and the areas that could be addressed include:

What are your responsibilities here? What is your job title?

How many children do you have directly under your care?

How were you informed of your job duties and/or shown what to do when you started?

What is the procedure when a staff person is absent?

If there is an emergency that requires evacuation, what are you personally required to do?

When was your last emergency drill? Fire drill?

When the director is absent, who's in charge?

How do you deal with a difficult child?

What training have you had about reporting child abuse?

How is suspected child abuse reported at your program?

What is the school's procedure for changing diapers, potty training, restroom time for children, etc.?

What are you expected to do if a child in your care is injured?

DIRECTOR INTERVIEWS:

In addition to conversations with staff members, the specialist will also interview the director of the program to obtain important information about operations and the care and services provided to children. The scope and number of questions will depend on the compliance history, what is observed during the inspection, and items discussed with children, staff, and/or parents. Sample interview questions can be found in [Appendix D](#) (for CCCs & FCCHs).

6 Classroom Observation

At all child care programs the specialist will complete a formal classroom observation in addition to observations made throughout the tour. (NOTE: This would be general child-caregiver observation, *not* a “classroom” observation, at a family child care home.) The specialist must first find a comfortable, inconspicuous spot within a classroom and simply observe what is happening there for a period of 10 minutes, at minimum. The specialist will observe interactions between the (lead) caregiver and the children, as well as any other activities that may be taking place in the classroom. [Appendix E](#) provides a useful reference for specialists to review prior to or after the classroom observation. However, this tool is not intended to be used as a form, nor should the specialist reference it *during* the classroom observation. The specialist should simply observe, though it is acceptable for him or her to make notes of these observations, particularly if they may trigger further investigation and/or may be an indication of provider non-compliance with standards. The specialist will want to pay careful attention to areas of potential concern based on any history of non-compliance at the program and what is discovered throughout the inspection.

Once the observation is completed, the specialist should review the results to follow up on any items that may need further investigation. Follow-up activities might include further discussion(s) with some of the children in care, staff members, and/or the director; a review of a particular child or staff member’s record; an analysis of any written policies and procedures; and/or going through information on staff training.



7 Medication Administration Review

If the specialist discovers – either through interactions/interviews or through information obtained by using the form *What Your Specialist Needs from You Today* – that the provider administers medication to children in care, he or she should complete a review of medication administration requirements. The specialist should first review the facility’s medication documentation to ensure the name, type of medication(s), dosage, and the date/time of administration has been recorded for each child. Next, the specialist should review the actual bottles/containers for the medications to see if what is listed on the label matches what is recorded on the Medication Administration Authorization Form OCC Form 1216. In addition, the specialist should review the Medication Authorization Form to ensure that all of the permissions are in place. The specialist should include in the medication administration review, if applicable, any emergency medications, over the counter products, and/or topical skin products. Any errors or inconsistencies should be noted and considered as possible evidence in support of a non-compliance. Finally, the specialist should observe and discuss the storage of the medication to ensure that it is stored in compliance with directed guidelines, out of reach of children and readily accessible to each employee designated to administer medication.

8 Documentation Review



This section and the sample selection table in section nine outline the minimum requirements for children and employee record reviews and general documentation review. These must be met for all annual inspections. The specialist must ensure as well that the sample size for record reviews (as with interactions/interview and classroom/caregiver interaction observations) is sufficient to determine whether there is noncompliance and, if so, its pervasiveness. This is critical in determining how many children may be affected or potentially affected by the provider's noncompliance. If the specialist identifies an issue in one area or for one child, he or she must also determine if it is a problem for others for the simple reason that as the pervasiveness of a problem increases, so does the risk of harm to any child in care. There is a balance specialists must find, however, between being thorough and using their and the provider's time efficiently. It is important that specialists work strategically and efficiently in the time spent on-site with documentation review. If one is not careful, too much of the limited amount of time at the program can be spent on this task with little result, instead of focusing primarily on interacting with and observing those in care at the program. Specialists must collect sufficient evidence to make a compliance determination, but must also know when they have been reasonably thorough and should stop. The best way to ensure this is to determine before starting documentation review exactly which items need to be verified and/or investigated in the sample files and general documents, based on potential problem areas or noncompliance identified through observations and interactions/interviews. Specialists may use the *Facility Review Form for Child Care Centers and Homes* ([Appendix C](#)) to assist them in documenting items discovered through documentation review.



CHILDREN'S RECORDS:

Specialists should at minimum examine the following standards in their strategic review of children's records in the sample they have selected:

- Parent agreements/authorizations
- Emergency cards/ contacts
- Physical / Immunization

Based on the program's history and/or items of potential concern identified through observations and interactions/interviews during the inspection, the specialist may also want to examine other aspects of the children's records. This is useful to help corroborate any evidence gathered from other sources, determine the pervasiveness of any deficiency, and/or assess the risk that may be associated with the noncompliance.

EMPLOYEE RECORDS:

Specialists should at minimum examine the following standards in their strategic review of employee records:

- Background checks
- Staff qualifications
- Medical w/TB screening, if indicated
- First aid/CPR and Medication Administration Training (if required)
- Staff training
- Orientation

As with children's records, the specialist may want to examine other aspects of the employee records if this is indicated from the program's history and/or items identified through the inspection.

OTHER DOCUMENTATION TO REVIEW AT EACH INSPECTION:

In addition to children and employee records, the specialist should also review specific documentation of a general nature at the program. This would include the annual health and fire inspections, emergency and fire drill documentation (requested from the provider through the *What Your Specialist Needs from You Today* form), and items relating to any allowable variances (if applicable), which must be reviewed annually.

9 Sample Selection Table

Minimum sample selection for record reviews, the classroom/child-caregiver interaction observation, and review of medication administration during inspections at programs are as follows:

Number of children in care today	Staff	Minimum Number of children's record reviews	Number of classroom observations	Review of Medication Administration
	Ensure that staff have complied with background check requirements for all household members and/or staff	<i>(All records must be reviewed for children under age 2)</i>	10 minutes minimum per observation; if more than one is required, each must be in a different classroom	If medications are administered to the children in care, check all the medications for the following # of children
1 – 12	ALL	20%	1	ALL
13 – 49	ALL	20%	2	ALL
50 - 99	ALL	20%	3	ALL
100 & above	ALL	20%	4	ALL

NOTES ON COLUMN THREE: For children's records, the specialist must:

- review children's records for every child under the age of 2 years.
- include in the sample records from both newly enrolled children and children enrolled prior to the last inspection.

EXAMPLE: If there are 50 children at the center such that the specialist must review 10 records, he or she would look at records for two new children, as well as those of eight other children in care.

NOTE: The specialist may review more records to evaluate compliance as needed, based on what is indicated from the history of compliance and/or information gathered during the inspection. Staff records for multiple facilities owned by the same entity and kept at a central location must have copies on file at each location.

NOTE ON COLUMN FOUR: If only one classroom is available, then the specialist should spend the total amount of time observing that one classroom. (Example: In a YMCA afterschool program with 55 children, but just one classroom, the specialist could meet the requirement of three 10-minute observations by conducting just one 30-minute observation.)

It is essential that the specialist select which records to review based on the information he or she has gathered during the inspection. The specialist should *not* ask the provider to choose which records to include in the sample. Even if the specialist would like the sample to contain a randomly selected record, he or she should ask the provider to deliver record X (child's name). The specialist can usually determine the child's name from what the provider has already provided with the form *What Your Specialist Needs from You Today* or from his or her interactions with children and employees during the tour.

10 Citation of Violations



Inherent in the philosophy of the regulatory environment is the concept of culpability. The specialist must always ask, “Did the provider have knowledge of this, or should the provider have known about it?” Observations that are incidental, statements from interactions/interviews that are not corroborated from other sources, and/or missing or incomplete items discovered during documentation review do not necessarily constitute a violation. The specialist must ensure that he or she has all possible evidence in order to avoid any subjective generalizations when making decisions about noncompliance. It is useful to ask the provider questions, throughout the course of the inspection and/or prior to making violation decisions, to clarify various matters and to avoid making pre-judgments without having all the facts.

10.1 Using Evidence Gathered from Children

Because evidence is always strengthened when it is verified from a variety of sources (see section 3.2), specialists are encouraged to include information obtained from interactions with children whenever relevant. The specialist should consider statements from a child since children are in a great position to give an account of the care and services they receive in a program. When assessing statements from children as evidence to support a “description of noncompliance”, the specialist must consider the child’s level of understanding and ability to express his or her views.

10.2 Words to Avoid in a Description of Violation

Specialists should avoid “subjective generalizations and words that imply a conclusion that is not supported by the evidence.” This is particularly important when recording and documenting observations of and interactions with children. Certain words should be avoided, especially in the description of noncompliance. Here are some common red flag words to avoid:

Feelings cannot be objectively observed. Avoid these red flag words: happy, sad, mean, kind, angry, mellow, apathetic, bored, interested, proud, sympathetic, understanding, nasty, mischievous, lazy, crabby, laid-back.

Intelligence cannot be objectively observed. Avoid these red flag words: smart, bright, dumb, mediocre, above-average, overwhelmed, overachiever, underachiever.

Reasons for doing things cannot be objectively observed. Avoid these red flag words: provoked, tricked, determined, undirected, out-of-control, motivated, spiritual, conscientious.

Self-concept cannot be objectively observed. Avoid these red flag words: weak, competent, pretty, athletic, strong, secure, insecure. The specialist should instead use factual descriptions of what he or she observed and/or direct statements (short quotations whenever possible). He or she should observe all confidentiality requirements, which include utilizing children’s initials on inspection summaries and

This section is borrowed from Patricia Marickovich’s “Observation and Recording: It’s Not Always Obvious,” (Virginia Department of Social Services Division of Child Care and Development, Fall 2010), 21.

Summary of Findings notices (such as, A.B. or C.D.) with corresponding identities listed on a supplemental page.

11 Exit Meeting

The exit meeting takes place between the specialist and licensee (or designee) at the completion of an inspection. The purpose is for the licensing representative to deliver and review the inspection summary, answer any questions from the licensee, see if there is anything he or she may have missed that the licensee can supply to demonstrate compliance, provide technical assistance, and indicate findings when there are noncompliances. The specialist may also use the exit meeting to discuss recent changes or new interpretations of licensing regulations, refer the provider to additional resources that might enhance understanding and compliance with standards, and give feedback on the provider's ideas for plans of correction for any violations.

12 Acknowledgements

The Division of Early Childhood would like to acknowledge that some of the materials in this document were inspired by and adapted from the following sources:

- ***A Guide to the Survey Process for Assisted Living Home Care Providers* (November 2004) and *ALHCP 2620 Informational Memorandum: Licensing Survey Form* (July 2006), Minnesota Department of Health.**
- ***State Operations Manual, Appendix P: Survey Protocol for Long Term Care Facilities* (Revision 22: December 2006) and *Principles of Documentation for the Statement of Deficiencies* (2000), Centers for Medicare and Medicaid Services, United States Department of Health and Human Services.**
- **Alan Jefferson (Director, Northwest Region, Commission for Social Care Inspection, United Kingdom), "Putting People Who Use Care Services at the Center of Our Work," a presentation by at the 16th Annual Licensing Seminar of the National Association for Regulatory Administration (Richmond, Virginia: October 8-10, 2007).**
- **Patricia Marickovich, "Observation and Recording: It's Not Always Obvious," a four hour class sponsored by the Division of Child Care and Development (fall 2006), Virginia Department of Social Services.**
- **Special thanks to the Virginia Department of Social Services for sharing their Protocol for Licensing Inspections.**

Specialist Professionalism

The inspection is at the center of the work of the Division of Early Childhood/Office of Child Care/Licensing Branch programs. Its purpose is to evaluate and monitor the compliance at this facility with applicable standards for licensure. It also gives you the chance to demonstrate the systems in place to provide care and services to children. In order to achieve these goals effectively, the Specialist will complete the six components of an inspection while using thorough investigative techniques.

The Division of Early Childhood/Office of Child Care/Licensing Branch considers the benchmark of compliance to be your ability to deliver essential care and services to children. Therefore, the inspection will include informally gathering of information from children themselves, along with conversations with staff and maybe even parents. Additionally, the Specialist will use observation techniques and documentation review to assess your compliance in key areas and to evaluate your overall performance,

WHAT YOU CAN EXPECT FROM YOUR SPECIALIST

As they conduct their inspections, Specialists:

- Treat everyone they meet with dignity and respect using "people skills" to make others feel as comfortable as possible;
- Maintain an open dialogue with providers, directors and staff members, while gathering the information needed to complete a fair evaluation of the facility's performance;
- Enforce the regulations and their official interpretations as written;
- Look for patterns of non-compliance or risk to children, without being prescriptive in their enforcement of the standards;
- Remain objective during their information gathering, recognizing that things are not always as they appear at first glance;
- Protect confidential information gathered prior to and during the inspection, sharing it only with those who have the authority or permission to receive it; and
- Be aware of their own reactions to interpersonal conflict and strive to keep the inspection process on a professional footing.

Specialist: _____
Phone #: _____

MARYLAND STATE DEPARTMENT
OF EDUCATION

DIVISION OF EARLY CHILDHOOD

OFFICE OF CHILD CARE/LICENSING
BRANCH

Provider Guide to the Inspection Process for Child Care Programs

Appendix A: Entrance Conference Brochure Optional form

Appendix B: Request for Information at Entrance Conference
Optional form



Office of Child Care
Licensing Branch

WHAT YOUR SPECIALIST NEEDS FROM YOU TODAY

Fill in blank spaces and use the back of this page and/or attach additional pages for lists:

- Current email address of facility/program director _____
- Today's attendance _____ and total enrollment _____
- Names of the following:
 - New hires (if applicable) since last inspection (_____) (date)
 - Van/vehicle drivers (if applicable)
 - Substitutes
 - Any children with special needs
- Are there any children taking medication while at the facility/program? (Yes/No) _____
- Any injury reports since the last inspections
- Documentation of fire and evacuation drills
- Current fire inspection (so specialist may review)
- Current liability insurance/ Workmen's Compensation as required (so specialist may review)

CHILD CARE CENTERS ONLY:

- Current health inspection (so specialist may review)
- Names of new/promoted program staff (if applicable)

FAMILY CHILD CARE HOMES ONLY:

- Names and birthdates of children present
- Names of new household members (if applicable) since last inspection (_____) (date)

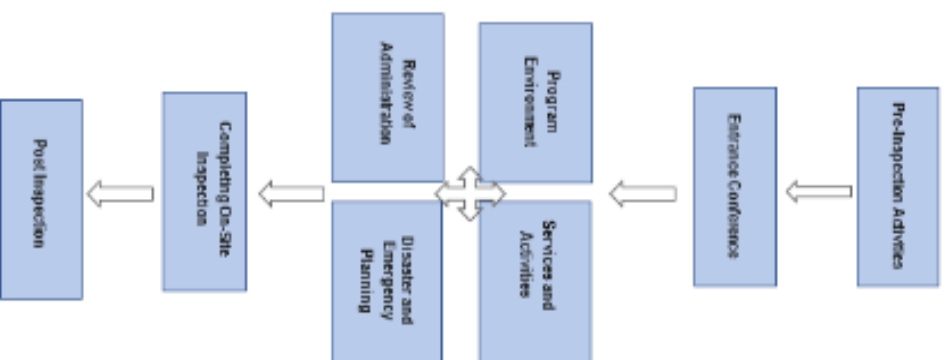
Facility: _____

Date: _____

The Six Components

There are six basic components of an inspection.

- 1. Entrance Conference-** Specialists introduce themselves briefly, handout a brochure that outlines the basic components of the inspection process, and ask for items they will need for the inspection.
- 2. Tour-** Specialists walk through the building(s) directly after the entrance conference and as soon as possible after arrival in order to observe activities and interpersonal interactions, talk to participants and staff, examine the physical plant and check on food preparation and delivery of snacks/meals.
- 3. Interactions and Interviews-** Specialists speak casually to children, have discussions with parents (either during or after an inspection), and interview staff members and the facility/program director to gather information on compliance with standards, especially those relating to care and services to children.
- 4. Observation-** Specialists observe from the moment they drive up to the building until the conclusion of the inspection - what is happening in the program/facility? in order to assess compliance with standards. Specialists pay special attention to the interactions between staff and children, the execution of the program's internal policies and procedures, and the learning and recreational activities.
- 5. Documentation Review-** Specialists conduct a focused examination of children's and staff records targeted on key standards and information gathered during interviews and observations; and
- 6. Exit Meeting-** Specialists review the results of the inspection with provider, listen to and discuss with the provider any disputed findings and or comments about the inspection process, provide consultation, and request from the provider a description of the actions that will be taken to correct any non-compliance and ensure future compliance.



What Your Specialist Needs From You Today

Your specialist will ask you to collect some information about this facility/program, which will be necessary for the completion of this inspection. Please supply your specialist with this information as soon as possible. It may include (but may not be limited to):

- Today's attendance and the total enrollment
- Names of the following:
 - New hires/household members
 - New/promoted program staff
 - Training/certification (CPR, etc.)
 - Van/vehicle drivers
 - Substitute(s)
 - Children with special needs
- Any children with medication?
- Incident reports
- Changes to policies and procedures
- Copies of last fire and health inspections
- Documentation of recent emergency/fire drills
- Names and birthdates of children

Appendix C: Facility Review Form for Child Care Centers and Homes

Facility Review Form for Child Care Centers and Homes

Facility Name:

Inspection Date:

Specialist Name:

HOW TO USE THIS FORM:

This is an optional form, which can be used to assist the specialist in taking notes (in the margins or on the back) and keeping track of key standards for observation and review during the inspection. If notations are made on this form relative to a citation, it should be retained in the facility record, along with any other notes, forms, or other materials applicable to a citation(s) that results from the inspection.

Key areas of observation:

CHILD CARE CENTERS:

Classrooms

- Furniture and equipment age appropriate and in good repair
- Center is properly heated and cooled
- Drinking water readily available
- Storage for children's belongings
- Space sufficient for number of children being served
- Space approved

Bathrooms and Toileting Area:

- Toilets flush? Faucets work?
- Toilets and sinks reachable by children
- Water temperature
- Toilet paper, paper towels and soap available
- Bathrooms clean

Inspection of Food-Service:

- Menu posted; if applicable, substitutions indicated
- Required food groups served
- Food-preparation area clean and free of hazards
- Cleaning supplies out of reach of children, stored away from food & separate from food supplies
- Adequate food for meals and/or snacks
- Food allergies

Inspection of Playground/Pool:

- Climbing structures, swings, slides and other large play equipment securely anchored
- Resilient surfacing
- Drinking water readily available on or near the play area
- Shade Provided (June, July, August)
- Equipment developmentally appropriate for age group
- Playground free of hazards

Facility Review Form for Child Care Centers and Homes

Facility Name:

Inspection Date:

Specialist Name:

CHILD CARE CENTERS (cont.):

Napping Equipment:

- Sufficient cots and mats, linens for each child in care
- Linens clean
- Napping children properly supervised (within ratios)

Infants/Handwashing/Diapering:

- Furniture and equipment age appropriate and in good repair (e.g., High chairs or feeding tables have broad-based legs, safety strap? Plastic seats in good repair? Trays lock onto the chair?)
- No Infant walkers
- Sanitary and cleaning solution out of infant's reach
- Changing tables covered with nonabsorbent surface?
- Caregivers wash hands before and after each diaper change and before each feeding
- Toys safe, with no sharp edges, splinters or points, nor made of small parts that can be pulled off and swallowed
- Cribs or other appropriate napping equipment available for each infant
- Bedding separately identified and stored for each infant
- Placement of cribs, cots or mats allows for entry to/exit from the napping space

Health-Related Services:

- Medication properly labeled and stored in original container
- Children greeted and checked for illness
- First Aid supplies and flashlight, 1st aid and CPR certified staff available

Transportation:

- Vehicles in good repair
- Appropriate safety belts and child restraints

Posting Requirements:

- License
- Menu
- Emergency plan
- Evacuation procedures/maps posted
- Emergency Numbers posted including 911
- Daily schedule

Facility Review Form for Child Care Centers and Homes

Facility Name:

Inspection Date:

Specialist Name:

FAMILY CHILD CARE HOMES:

A physical plant inspection covers overall maintenance and operations, such as equipment and supplies, building and grounds (including an inspection of the garage), food-preparation areas, bathrooms, storage areas, lighting, medication and cleaning supplies, napping arrangements and compliance with fire clearances.

- Provider or substitute provider is continuously present when children are in care
- Home is clean, free of hazards, properly heated or cooled
- Home has a working telephone
- Children's toys, equipment and materials are safe and age appropriate
- Children are excluded from home if infectious
- Food brought from the children's homes is labeled with the child's name and properly stored or refrigerated
- Fireplaces and open-face heaters are screened
- Children under 5 do not have access to stairs
- Poisons, detergents, medicines are inaccessible to children
- Firearms or dangerous weapons are in locked in a container(s), compartment(s), or cabinet(s) and ammunitions is stored separately
- Pools, hot tubs or other bodies of water are made inaccessible by a pool cover, fence, or other appropriate barrier
- Outdoor play areas are fenced (if within 30' of a hazard)
- Infant walkers are not used for child care
- Children are free from corporal punishment, physical or mental abuse, or interference with daily living functions
- There is no smoking in the home where care is provided and children are present
- If transportation is provided, the vehicle is in good repair; appropriate safety belts and child restraints available
- Posting of current registration
- Posting of emergency numbers

Facility Review Form for Child Care Centers and Homes

Facility Name:

Inspection Date:

Specialist Name:

KEY AREAS OF DOCUMENTATION REVIEW:

Records Review (CCCs and FCCHs):

Staff Files (of staff records not previously reviewed)

- Background checks (also review any background check waivers, if applicable)
- Staff qualifications
- Medicals
- First Aid/CPR certification, and Medication Administration Training
- Staff training

Children's Files

- Parent information
- Emergency contacts
- Physical/Immunization
- Proof of ID (Recommended)
- Notice of liability insurance (if required)

General Documentation Review (CCCs and FCCHs):

- Fire Inspection
- Evacuation/Fire drills
- Annual review of allowable variance(s) if applicable

Appendix D: Sample Interview Questions for Director/Family Child Care Provider - *Optional*

Sample Interview Questions for Director/Family Child Care Provider

(Note: This is intended to be a tool for specialists, who are given flexibility on how to use it from one inspections to the next. The scope and number of questions will depend on the compliance history, what is observed during the inspection, and items discussed with children, staff, and/or parents.)

Facility Name: _____

Inspection Date: _____

Specialist Name: _____

(Person(s) Interviewed: _____)

NUTRITION

- How do you ensure that foods posing a high risk of choking for infants and toddlers (e.g., hot dogs, whole grapes, hard raw vegetables, popcorn, and whole nuts) are not given to them?
- How do you ensure that appropriate snacks and meals are provided?
- How do you inform staff that a child has a disability, food allergy, medically based dietary needs, or other special dietary needs that requires accommodation? How do you know when you need to modify a menu/accommodate for this child?
- What kinds of food do you serve to children? How do you ensure that you are meeting age-appropriate nutritional requirements? Do children have to eat all of the food offered? Are there times when children are not allowed to have something offered or given something extra because of behavior?
- Do staff members sit down with children at meal time? Is conversation shared during the meal?

DIAPERING/TOILETING PRACTICES

- Describe practices related to potty use.
- Describe diapering practices in detail.
- How is the clean-up of bodily fluids handled?
- Are gloves available to staff, where are the gloves kept and how does staff determine whether or not they use gloves?

HEALTH AND SAFETY OF INFANTS AND TODDLERS

- Are infants held during breast feeding? If not, describe.
- When and how often are toys sanitized? Review toy sanitation schedule, if available. What products do you use to sanitize toys? Can you show me the product?
- What precautions are taken to ensure each child received his or her own mother's breast milk or the correct formula?

CLASSROOM SIZE AND STAFFING

- How many staff members are in the classroom? How many children are in the classroom? How many children are assigned to each teacher?
- When are parents allowed to visit the program and observe children?
- How do you ensure the children are supervised at all times?
- Whom do you tell when facilities and/or equipment is unsafe or in need of repair?

FIRST AID KITS

- Do all staff working with children know where the first aid kit is located?
- Are all items in the kit within the expiration date applicable?
- Are kits inaccessible to children
- Is there a portable kit to use on field trips or on the playground?

TRAINING

- When do you receive training on identifying and reporting child abuse and neglect? What steps would you take if you suspected child abuse or neglect?
- Describe the opportunities for ongoing job-related training?

TRANSPORTATION

- How often do you transport children?
- How do you know the people to whom each child can be released?
- How do you monitor children when they have to cross the street?
- How do you ensure a child is not left in the vehicle at the end of the route?

ADDITIONAL QUESTIONS SPECIFICALLY FOR FAMILY CHILD CARE HOMES

- Are smoke detectors installed?
- What is the system of supervision that assures safety of children not within view for a period (e.g., the provider needs to use the bathroom or an infant is napping in one room while toddlers play in another)?
- How many children are enrolled? What are their ages?

Appendix E: Reference Tool for Classroom Observations

(This tool is not intended to be used as a form, nor should the specialist reference it during the classroom observation. Instead, inspectors may review it prior to or after the classroom observation.)

REQUIREMENT	POSITIVE INTERACTIONS WITH INFANTS (Birth to 16 months)	POSITIVE INTERACTIONS WITH TODDLERS (16 month to 24 months)	POSITIVE INTERACTIONS WITH PRESCHOOLERS (24 months to 5 years)	POSITIVE INTERACTIONS WITH SCHOOLAGERS (5 to 12 years)
Is courteous respectful, patient and affectionate towards children in care	Speaks warmly and in soothing tones Makes eye contact Listens attentively Speaks reassuringly Smiles Provides warm, welcoming greetings and departures	Makes eye contact Listens attentively Speaks warmly Speaks reassuringly Smiles Provides warm, welcoming greeting and departures	Makes eye contact Listens attentively Speaks warmly Speaks reassuringly Smiles Provides warm, welcoming greeting and departures	Makes eye contact Listens attentively Speaks warmly Speaks reassuringly Smiles Provides warm, welcoming greeting and departures
Provides opportunities for child to interact with caregivers and other children	Positions child to view activities of others and to interact with them Plays interactive games like patty-cake or peek-a-boo	Responds to child's request for playful response Provides opportunities to communicate with other children Provides opportunities to play in small groups Is approachable	N/A	N/A
Provides individual attention to child such as holding, cuddling, talking, reading	Interacts with individual children Holds Cuddles	Interacts with individual children Holds Cuddles	N/A	N/A
Talks to the child	Uses child's name frequently Uses exaggerated tone, pitch, etc. and exaggerated facial movements (baby talk) Sings Reads	Acknowledges child's use of words to express self Responds to child's attempt at non-verbal communication Interprets and gives meaning to what child is saying Sings Reads Engages child in rhyming games Asks child to repeat sounds	Sings Reads Engages child in rhyming games Acknowledges child's use of words to express self	Sings Reads Engages child in conversation

+

REQUIREMENT	POSITIVE INTERACTIONS WITH INFANTS (Birth to 16 months)	POSITIVE INTERACTIONS WITH TODDLERS (16 month to 24 months)	POSITIVE INTERACTIONS WITH PRESCHOOLERS (24 months to 5 years)	POSITIVE INTERACTIONS WITH SCHOOLAGERS (5 to 12 years)
Provides needed help, comfort and support	<ul style="list-style-type: none"> Responds consistently and promptly Soothes by patting or crooning Holds Provides a regular routine for eating, sleeping and activities Changes diaper Feeds on demand Changes position or adds/removes blanket 	<ul style="list-style-type: none"> Responds consistently and promptly Provides a regular routine for eating, sleeping and activities 	<ul style="list-style-type: none"> Responds consistently and promptly Provides a regular routine for eating, sleeping and activities 	<ul style="list-style-type: none"> Responds consistently and promptly Provides a regular routine for eating, sleeping and activities
Respects personal privacy		Has private conversations with child to avoid embarrassment	<ul style="list-style-type: none"> Allows child the opportunity to practice modesty when toileting, dressing and bathing Has private conversations with child to avoid embarrassment 	<ul style="list-style-type: none"> Allows child the opportunity to practice modesty when toileting, dressing and bathing Has private conversations with child to avoid embarrassment
Respects differences in cultural, ethnic and family backgrounds	Behaves toward all people, both adults and children with respect and acceptance	Behaves toward all people, both adults and children with respect and acceptance	Behaves toward all people, both adults and children with respect and acceptance	Behaves toward all people, both adults and children with respect and acceptance
Encourages decision-making abilities	Allows children to make choices whenever possible	Allows children to make choices whenever possible Discusses likes and dislikes	Allows children to make choices whenever possible Discusses likes and dislikes	Allows children to make choices whenever possible Discusses likes and dislikes



REQUIREMENT	POSITIVE INTERACTIONS WITH INFANTS (Birth to 16 months)	POSITIVE INTERACTIONS WITH TODDLERS (16 month to 24 months)	POSTIVE INTERACTIONS WITH PRESCHOOLERS (24 months to 5 years)	POSITIVE INTERACTIONS WITH SCHOOLAGERS (5 to 12 years)
Promotes ways of getting along	<p>Encourages sharing (taking turns with toys and taking turns speaking)</p> <p>Models ways to take turns and help</p> <p>Encourages helping</p> <p>Encourages child to take turns and help</p> <p>Encourages helping</p>	<p>Encourages sharing (taking turns with toys and taking turns speaking)</p> <p>Models ways to take turns and help</p> <p>Encourages helping</p> <p>Encourages child to problem-solve independently when conflicts arise</p> <p>Acknowledges child's attempts to resolve conflicts</p> <p>Explains how behavior affects others</p>	<p>Encourages sharing (taking turns with toys and taking turns speaking)</p> <p>Models ways to take turns and help</p> <p>Encourages helping</p> <p>Encourages child to problem-solve independently when conflicts arise</p> <p>Acknowledges child's attempts to resolve conflicts</p> <p>Explains how behavior affects others</p>	<p>Encourages sharing (taking turns with toys and taking turns speaking)</p> <p>Models ways to take turns and help</p> <p>Encourages helping</p> <p>Encourages child to problem-solve independently when conflicts arise</p> <p>Acknowledges child's attempts to resolve conflicts</p> <p>Explains how behavior affects others</p>
Encourages independence and self-direction	Encourages and supports child's interest in trying new things	<p>Encourages and supports child's interest in trying new things</p> <p>Encourages child to express displeasure in situations with other children independently while monitoring for safety</p> <p>Acknowledges and shows appreciation for child's accomplishments</p> <p>Provides adequate time and support for child to complete task</p> <p>Provides assistance if asked</p> <p>Shares responsibility with child to find solutions</p>	<p>Encourages and supports child's interest in trying new things</p> <p>Encourages child to express displeasure in situations with other children independently while monitoring for safety</p> <p>Acknowledges and shows appreciation for child's accomplishments</p> <p>Provides adequate time and support for child to complete task</p> <p>Provides assistance if asked</p> <p>Shares responsibility with child to find solutions</p>	<p>Encourages and supports child's interest in trying new things</p> <p>Acknowledges and shows appreciation for child's accomplishments</p> <p>Provides adequate time and support for child to complete task</p> <p>Provides assistance if asked</p> <p>Shares responsibility with child to find solutions</p>

REQUIREMENT	POSITIVE INTERACTIONS WITH INFANTS (Birth to 16 months)	POSITIVE INTERACTIONS WITH TODDLERS (16 month to 24 months)	POSITIVE INTERACTIONS WITH PRESCHOOLERS (24 months to 5 years)	POSITIVE INTERACTIONS WITH SCHOOLAGERS (5 to 12 years)
Uses consistency in applying expectation		Ensures rules do not change according to the child or to the situation	Ensures rules do not change according to the child or to the situation	Ensures rules do not change according to the child or to the situation
Uses limits that are fair, consistently applied, appropriate and understandable for the child's level of development	Distracts child from alternative toy or activity Rewards desired behavior Remains calm Is firm, but loving in approach Is consistent Limits what is labeled "misbehavior" Deals with misbehavior promptly	Limits the number of rules Eliminates temptations Rewards desired behavior Moves child to different place Is firm, but loving in approach Is consistent Limits what is labeled "misbehavior" Deals with misbehavior promptly Uses distraction	Rewards desired behavior Is consistent Remains calm Is firm, but loving in approach Deals with misbehavior promptly Redirects to acceptable behavior	Rewards desired behavior Is consistent Remains calm Is firm, but loving in approach Deals with misbehavior promptly Redirects to acceptable behavior
Provides children with reasons for limits		Explains the rule simply Repeats the rule frequently	Explains the rule simply and why it's necessary	Explains the rule simply and why it's necessary
Gives positively worded direction		Explains what child is expected to do Speaks calmly	Explains what child is expected to do Speaks calmly	Explains what child is expected to do Speaks calmly
Models and redirects children to acceptable behavior	Distracts child with alternative toy or activity	Gives attention and consideration to the point of view of others Solves disagreements without anger Models self-control Uses direction	Gives attention and consideration to the point of view of others Solves disagreements without anger Models self-control Uses direction	Gives attention and consideration to the point of view of others Solves disagreements without anger Models self-control Uses direction
Helps children to constructively express their feelings and frustration to resolve conflict		Verbalizes child emotions Helps child use words to describe actions and feelings	Helps child use words to describe actions and feelings	Helps child use words to describe actions and feelings