

**SELF-ASSESSMENT CHECKLIST FOR CHILD CARE CENTER SAFETY ASSESSMENT**

Use to assist in preparing for inspection by the Office of Licensing (OOL) for compliance with the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52) and the DCF COVID-19 Related Health and Safety Requirements pursuant to Executive Order #149 and for the center to verify and maintain compliance.

Yes	No	INSPECTION/VIOLATIONS based on MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS (N.J.A.C. 3A:52)
		Do I have adequate staff to meet child/staff ratios?
		Is my License prominently posted in each building?
		Are staff Child Abuse Record Information (CARI) available for inspection?
		Are staff Criminal History Record Information (CHRI) available for inspection?
		Have I identified and maintained space requirements for all rooms approved by the OOL for children's use?
		Is unapproved space inaccessible to children?
		Do I have a designated area where sick children can be separated from well children and provided with rest equipment?
		Are all surfaces washed and disinfected as required using a commercial disinfectant or a staff-made solution of bleach and water made daily according to manufacturer's instructions?
		Are children washing their hands as required before intake of food?
		Are children washing their hands immediately after outdoor play?
		Are children washing their hands immediately after diapering?
		Are children washing their hands immediately after using the toilet?
		Are children washing their hands immediately after coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body fluids or secretions, and an animal's body secretions?
		Are staff washing their hands as required after caring for a child who appears to be sick?
		Are staff washing their hands as required after assisting a child in toileting?
		Are staff washing their hands as required before preparing or serving food?
		Are staff washing their hands as required immediately after diapering?
		Are staff washing their hands as required immediately after using the toilet?
		Are staff washing their hands as required immediately after coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body fluids or secretions, and an animal's body secretions?
		Are all toxic substances and medications inaccessible to children?
		Are the center's fire protective systems operative at all times?
		Are all exits and egress areas unobstructed?
		Are exit doors easily operable?
		Is indoor equipment sturdy, safe and free of apparent hazards?
		Is outdoor equipment sturdy, safe and free of apparent hazards?
		Are necessary actions taken to ensure the children's health, safety and well-being?
Yes	No	HEALTH AND SAFETY STANDARDS based on DCF COVID-19 Related Health and Safety Requirements pursuant to EO #149
		Are children and staff screened for fever or signs of COVID-19 illness using one of the two DCF approved screening methods in an area outdoors that is sufficiently sheltered to allow use during inclement weather or in the immediate indoor entryway of the facility separated from the program facility by walls or physical barriers?
		Are staff social distancing or using physical barriers to eliminate or minimize exposure risk during in-car screening, if applicable?
		Is information collected during the screening process recorded on the OOL's Daily Log of Child and Staff Entry Health Screenings and Attendance form?
		Have I completed and submitted OOL's online Daily Report no later than 11:00AM on each operating day, even when no children are present?

	Have I completed and submitted OOL's Daily Log of Children and Staff Entry Health Screening and Attendance form to my assigned OOL inspector by 11:00AM on Friday of each week?
	Are persons that have a fever of 100.4°F (38°C) or above or other signs of illness denied access to the facility?
	Are parents encouraged to be on the alert for signs of illness in their children and to keep them home when they are sick?
	Are groups of children limited to no more than 10 children?
	Are classes grouped with the same children each day, to the greatest extent possible?
	Are staff assigned to care for the same group each day, to the greatest extent possible?
	Are groups of children separated by no less than 10 feet in all directions from other groups or separated by walls or other physical partitions?
	Is combining or mixing of groups prohibited?
	Is a distance of 6 to 10 feet maintained between groups during nap or sleep periods?
	Are cots or bedding positioned alternatively head-to-toe to minimize potential virus transmission between children?
	Is use of shared spaces (entry ways, restrooms) carefully controlled using floor markings, physical partitions or other safeguards as necessary to ensure that children and staff maintain at least six feet of separation from children or staff from other groups?
	Are non-essential shared spaces, such as game rooms or dining areas closed, if possible or staggered and washed and disinfected between uses?
	Is outdoor play time on shared playgrounds staggered if simultaneous use by multiple groups of children is not possible?
	Is at least six feet of separation maintained between groups or available space partitioned, where possible to prevent mixing between groups?
	Are children and staff washing their hands upon returning from outdoor play?
	Are procedures implemented to prevent crowding at pick up and drop off?
	Is the entry of parents or others into any entry vestibule or pick up area limited to the number that can be accommodated with at least six feet of distance between persons?
	Are parents prohibited from entry into the facility to the greatest extent possible and instead staff walk children to cars or waiting for parents outside the building?
	Are staff wearing cloth masks while working unless doing so would inhibit the individual's health? If a staff member refuses to wear a cloth face covering for non-medical reasons and if such covering cannot be provided to the staff person at the point of entry, are they denied entry?
	Are children over the age of two encouraged to wear cloth face coverings within the center, when feasible?
	Are children's face coverings removed during nap or sleep periods?
	Are meals and snacks provided in the classroom or area where groups are regularly situated to avoid congregating in large groups or in a lunchroom with staggered mealtimes and tables arranged to ensure that there is at least six feet of space between groups?
	Are tables washed and disinfected before and after each use?
	Are staff conscious of how they deliver food and handle silverware and plates (recommend disposables) and family style meals prohibited?
	Are staff wearing gloves or using utensils when handling food contact surfaces and ready to eat food?
	Is space maximized between riders (e.g. one rider per seat in every other row) during transportation provided or contracted by the center?
	Are field trips and other off-site activities prohibited, with the exception of off-site activities within walking distance of the facility, if social distancing can be maintained throughout? Permissible activities may include, for example, hikes, or walks to nearby parks.
	Is close person to person contact (hugging, wrestling, games involving touching or tagging) strictly limited?
	Are staff sensitive to otherwise age-appropriate behavior while re-enforcing the extra caution that is necessary at this time?
	Are activities that are likely to bring children into close contact like games and sports involving direct physical contact or shared equipment (football, baseball) replaced with no contact activities or sports (running races, aerobics), modified, or cancelled?
	Is sharing of supplies, food, toys, and other high touch items (art supplies, school supplies, equipment, etc.) strictly limited?
	Is an adequate supply of school, art and other supplies provided to preclude the need for sharing of items?

	Are children's belongings kept separate in individual storage bins or cubbies and sent home each day for washing?
	Are items that must be shared used by one group at a time and cleaned and disinfected between uses?
	Are external entertainers and visitors denied access to the center?
	Are visitors, including but not limited to non-emergency maintenance or repair services, prospective customers, prospective employees, entertainers or speakers, and third-party therapists or service denied entry to the center during operating hours, with the exception of emergency or law enforcement personnel in their official capacity, Department of Children and Families personnel for child protection or child care licensing purposes, and persons providing emergency repair services within the center that cannot be reasonably delayed until the center is closed?
	Are visitors to the facility subject to the same screening procedures as children and staff, and denied admission on the same basis unless precluded by emergency circumstances or if the center is legally precluded from denying access (e.g. a law enforcement agent with an appropriate warrant)?
	Are all reasonable efforts made to minimize essential visitor contact with children and staff to the greatest extent feasible, unless the purpose of the authorized outside visitor is to observe the care provided to children (e.g. a DCF licensing inspector)?
	Are visitors required to wear face coverings while visiting the center unless doing so would inhibit the individual's health?
	Are visitors declined entry to the center for refusal to wear a face covering for non-medical reasons and if such covering cannot be provided to the individual by the business at the point of entry?
	Does the center teach and reinforce washing hands and covering coughs and sneezes among children and staff?
	Does the center teach and reinforce use of face coverings among children, where appropriate, and staff especially at times when social distancing is not possible?
	Are staff and children frequently reminded not to touch the face covering and to wash their hands frequently?
	Are adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues provided?
	Are children practicing frequent hand washing with soap and water for at least 20 seconds monitored to ensure proper technique?
	Are hand hygiene stations set up at the entrance to the facility so that children and staff can clean their hands upon entering?
	Are staff and children washing their hands as required when entering the classroom?
	Are staff washing their hands as required after outside time?
	Are staff and children washing their hands as required prior to leaving for home?
	Are staff taking protective measures to prevent contact with secretions including but not limited to wearing a large button-down, long-sleeved shirt or smock and by wearing long hair up off the collar when washing, feeding, or holding infants and toddlers?
	Does staff change clothing that have secretions on it and wash their hands after changing?
	Does staff wash areas touched by a child's secretions, including but not limited to their neck, hands when washing, feeding or holding infants and toddlers?
	Are clothes contaminated with secretions changed and placed in a plastic bag or washed in a washing machine?
	Do Infants, toddlers and caregivers have multiple changes of clothes on hand?
	Have the frequency of cleaning toys, equipment, and surfaces, especially doorknobs, light switches, countertops, and restrooms increased?
	Are keyboards and electronics cleaned with alcohol wipes to clean keyboards and electronics after use?
	Are children and staff washing their hands after use of keyboards and electronics?
	Are frequently touched surfaces (e.g., playground equipment, door handles, sink handles) and shared objects cleaned, sanitized, and disinfected multiple times per day?
	Are shared objects cleaned, sanitized, and disinfected between use?
	Is cleaning done in accordance with the CDC's Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes?
	Are cleaning measures completed prior to the new group entering the area if groups of children are moving from one area to another in shifts?
	Are toys and items that are not easily cleaned or disinfected (e.g., soft or plush toys) prohibited?

	Are toys and items brought from home that are not easily cleaned or disinfected prohibited from sharing and returned home with the child each day for washing?
	Are machine washable cloth toys used by one child at a time and laundered before used by another child, or not used at all?
	Are toys that children have placed in their mouths or are contaminated by body secretion or excretion set aside until they are washed and disinfected by hand with gloves or cleaned in a mechanical dishwasher?
	Are surfaces and objects that are touched often washed and disinfected on a daily basis, including not limited to restrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys?
	Are Environmental Protection Agency approved disinfectants for use against COVID-19 used or disinfecting?
	Are HVAC systems maintained and operational?
	Are windows opened frequently to allow fresh air flow, and HVAC systems adjusted to allow for more fresh air to enter the facility to the extent practicable?
	Is bedding cleaned weekly or before use by another child?
	Is each child's bedding kept separate and stored in individually labeled bins, cubbies, or bags?
	Are cots and mats labeled for each child?
	Are any confirmed or suspected exposure to COVID-19 occurring in a child care center immediately reported to both the local department of health and the DCF Office of Licensing?
	Is a child or staff member that develops symptoms of COVID-19 while at the facility (e.g. fever of 100.4 or higher, cough, shortness of breath), immediately separated from the well people until the ill person can leave the facility?
	Is the caregiver waiting with the child that has symptoms of COVID-19 (e.g. fever, cough, shortness of breath), remaining as far away as safely possible from the child (preferably, 6 feet)?
	Are staff or the child's parent or caregiver with symptoms advised to call a health care provider for further guidance if symptoms persist and inform the facility immediately if the person is diagnosed with COVID-19.?
	Are all rooms and equipment used by an infected person and/or person potentially exposed to that person cleaned and disinfected in accordance with CDC guidance? If uncertain about the extent of potential exposure are all rooms cleaned and sanitized?
	Is the local health department contacted for guidance when the center becomes aware of a COVID-19 positive case in their facility? Health officials will provide direction on whether a center should cease operations following the identification of a positive case in the facility. The duration may be dependent on staffing levels, outbreak levels in the community and severity of illness in the infected individual. Symptom-free children and staff should not attend or work at another facility during the closure.
	Are all rooms and equipment used by an infected person and/or person potentially exposed to that person cleaned and disinfected in accordance with CDC guidance? If uncertain about the extent of potential exposure are all rooms cleaned and sanitized?
	Is a staff member or child that contracts or is exposed to COVID-19 denied entrance to the center until the criteria for lifting transmission-based precautions and home isolation have been met?
	For additional guidance on the cleaning and disinfection of rooms or areas that those with suspected or confirmed COVID-19 have visited, please see the Centers for Disease Control and Prevention's Coronavirus Disease 2019 Environmental Cleaning and Disinfection Recommendations.
	Has the CDC's Use of Cloth Face Coverings to Stop the Spread of COVID-19 pamphlet been distributed to staff?
	Is the CDC's Use of Cloth Face Coverings to Stop the Spread of COVID-19 pamphlet posted in a prominent location in the center?
	Is the CDC's Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes posted in a prominent location in the center?
	Is the CDC's Safe and Healthy Diapering to Reduce the Spread of Germs Poster posted prominently near all diapering stations?

**Notes:**