



Child Care Center Director/Owner Survey

Dear Child Care Business Owner/Director: Please complete this health and safety survey prior to the visit by your Child Care Nurse Consultant. We look forward to working with you to improve the health and safety of children enrolled in child care. Thank you.

Child Care Nurse Consultant name _____ Telephone _____

Name of Child Care Business _____ Today's Date _____

Name of Owner/Director _____

Address _____ City _____ Zip Code _____

Telephone Number _____ Fax Number _____

Email Address _____

- Type of Business (Check all boxes that apply.): Start-Up (in business less than 90 days)
- DHS Licensed Child Care Center DHS Licensed Preschool Head Start or Early Head Start
- Shared Visions Preschool School-Based Child Care Center School-Based Preschool
- Other _____

Identifying the health and safety needs of your business:

- How long have you been the director of this business?
- How long has the business been in operation?
- What is the total number of children AND the total number of staff for each age group in your business?
Example: total number of infants: 9 infants; total number of staff: 5 (this would include full-time and part-time child enrollment).

Infants	Total number of infants		Total number of staff	
Toddlers	Total number of toddlers		Total number of staff	
3-year olds	Total number of 3-year olds		Total number of staff	
4-year olds	Total number of 4-year olds		Total number of staff	
School-Age	Total number of school-age children		Total number of staff	

- What is the largest group size (number of children) that may be in a designated room at any given time?
Infants _____ Toddlers _____ 3-year olds _____ 4-year olds _____ School-age _____

- How many children use the Child Care Assistance Program to pay their child care costs? _____
Would you like information about this program? Yes No

- Do you participate in the Child and Adult Care Food Program (CACFP)? Yes No
Would you like information about this program? Yes No

- How many people does your business employ or use as volunteers? Supervisors _____ Teachers _____
Teacher Aides _____ Food Service _____ Custodial _____ Drivers _____ Volunteers _____ Substitutes _____
Please list any other positions and number of personnel.

- What is the education level for teachers and child care staff?
Please specify the number of caregivers who have completed each level of education listed below.

Less than High School Diploma*	High School Diploma/GED	CDA (Child Development Associate)	Some College Education	2-year degree	4-year degree	Other (please specify)

* Example: If you have high school students working in your program, they would be considered having less than a high school diploma.



9. How many hours of training does your business require staff to complete each year?

Director _____	Food Service _____
Supervisors _____	Custodial workers _____
Teachers _____	Drivers _____
Teacher Aides _____	Substitutes _____

10. Are all staff up-to-date in their Universal Precautions training? Yes No
11. Are all staff up-to-date on their Mandatory Child Abuse Reporter Training (MART)? Yes No
12. Do staff members know who to call and how to make a child abuse report? Yes No
13. Have any staff members ever made an official child abuse report? Yes No

14. How many staff members completed the following trainings during the last calendar year? Please provide a number in each applicable blank.

CPR _____	The Power of Mental Health _____
Every Child Reads _____	Welcome to Child Care _____
First Aid _____	Welcome to School-Age Care _____
Program of infant/toddler caregivers PITC _____	Other training _____
Team Nutrition _____	

15. Do you serve children with special health or developmental needs? Yes No
16. What types of special needs do the children enrolled in your care have? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Sensory (vision or hearing problems) |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Speech / Language Delays |
| <input type="checkbox"/> Health Problems (Please list) _____ | <input type="checkbox"/> Other types of special needs (Please list) _____ |
| <input type="checkbox"/> Physical Delays (problems physically moving about in the child care environment) _____ | |

17. Do you care for children who receive medication on a regular basis? Yes No
18. Do you care for children who speak languages other than English? Yes No
 What other languages do children in your care speak? (Please list the other languages in the space below)
- Do you care for children from cultures different than your culture? Yes No
 What other cultures do the children in your care represent? (Please list)
- Do you speak languages other than English? Yes No
 What other languages do you speak?

19. How many smoke detectors do you use in your home/facility?
 What types of smoke detector(s) do you use in your home/facility? (Check all that apply.)
- Electric
- Battery -- How often are the batteries in your smoke detector(s) changed? _____
- Combination Electric / Battery
- How often do you inspect and test the smoke detector(s)? _____
- How many fire extinguishers do you have in your home/facility? _____
- How often do you check the gauges on your fire extinguishers? _____
- Have you had your fire extinguishers professionally inspected? _____
- Have you ever had to use your fire extinguishers? Yes No



20. How often do you inspect and restock the contents of your first aid kit(s)?
 Do you have a list of contents for your first aid kit? Yes No

21. What information do you keep on file for child-related emergencies? Please check all that apply.

<input type="checkbox"/> Child's parent/guardian names	<input type="checkbox"/> Child allergies
Child's parent/guardian telephone number(s)	<input type="checkbox"/> Child medications
<input type="checkbox"/> work	<input type="checkbox"/> Parent/guardian signatures authorizing emergency care
<input type="checkbox"/> home	<input type="checkbox"/> Parent authorized alternate contact person
<input type="checkbox"/> cell phone	<input type="checkbox"/> Authorization for an alternate person to pick up child if parent not available
<input type="checkbox"/> Doctor/clinic name and telephone number	<input type="checkbox"/> Other information: _____
<input type="checkbox"/> Dentist name and telephone number	_____
<input type="checkbox"/> Hospital name and telephone number	
<input type="checkbox"/> Child health insurance information	

How frequently do you update the child emergency information?

22. Are you aware of any environmental health hazards in your business or neighborhood? Yes No
 Examples: lead, radon, smoke from neighborhood factory. Please explain any known hazards.

What year was your facility built?
 Has your facility had any remodeling conducted? Yes No
 Please explain any remodeling.

23. Do you use wading or swimming pools in your child care business? Yes No

A. Do you require parents to sign a permission form allowing children to use pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you have safety / rescue equipment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have all staff received training in how to use rescue equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are all staff that supervise children during wading or swimming CPR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Do you maintain a file of the warranty and manufacturer information for all equipment used in your business? Yes No

25. In the last 6 months, how many children in your care were injured AND required health care from a doctor, clinic, or emergency room?

26. What health and safety concerns would you like to discuss with your child care health consultant?



Child Care Nurse Consultant Plan

For CCNC use:

Business Partnership Agreement Signed: Yes, Date: _____ No

Program nationally accredited: Yes Accrediting entity: _____ No

Provider participating in the Quality Rating System: Yes No

Next Step: Injury Prevention Checklist Child Record Review Health and Safety Assessment

Next Appointment Date: _____

CCNC Signature¹: _____

Notes:

WORK COPY

¹ The CCNC signature indicates the CCNC reviewed the survey, discussed findings with the child care owner/director, and the survey is ready to be photocopied and submitted to Iowa's Quality Rating System.
Child Care Center Director/Owner Survey and Agreement-2006