



State of Alaska
Department of Health
Division of Public Assistance
Child Care Program Office
<https://health.alaska.gov/en/education/child-care/>
Approved Relative Provider
Health and Safety Inspection Checklist

Facility or Family Name:		Date:
Address: (Street, City, Zip)		Phone: (907)
Administrator (Person in Charge): or In-home Caregiver Name:	Hours of Operation:	
Reason for Inspection: <input type="checkbox"/> New Application <input type="checkbox"/> Annual <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Special request Inspection Type: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Licensing Specialist conducting the Inspection:	CCAP Assigned Worker:	
Number of Children Present: Names of Children Present:	Arrival Time:	Departure Time:
Date Delivered/Sent by Licensing Specialist to CCAP Designee or CCPO:	Type of Delivery: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Scan/email	

The provider and the child(ren) in care may not reside in the same home. Definitions: Approved Relative Provider: sole caregiver for children all of whom are related to the provider as grandchild, great grandchild, niece, nephew, or sibling. Care must be provided in the Approved Relative Provider's private residence.

Key: NR = Not Reviewed C = Compliance NC = Noncompliance D = Discussed NA = Not Applicable

Description of Regulation	Key	Comments
Admission and Planning for Care 7 AAC 41.207		
(a) A provider shall:		
(1) Obtain emergency information about the child from the child's parent, at or before admission, including		
(A) Information about any drug or other allergies		
(B) Information about any medication the child is taking or medical or other treatment the child requires;		
(C) Information on how to contact the child's parent and at least one other local emergency contact individual;		
(D) Permission slips on a form prescribed by the department, signed by the parent, for emergency transport, care, and treatment; and		

(E) The name of a hospital and physician of choice as designated by the parent		
(2) Maintain the information obtained under (1) on a form prescribed by the department		
(3) Review and update information obtained under (1) at least semi-annually, and more often if a parent provides changed or additional information		
(b) A provider may not admit a child if that child's admission would place the provider beyond the condition of approval		
(c) The provider shall collaborate with the child's parent in developing and implementing a plan of care for the child at or before admission when a child is identified as having special needs or when a special need is identified. The plan of care		
(1) Must be approved by the parent and the provider responsible for the care of the child and must be signed and dated by the parent and the provider;		
(2) Must be based on the following information, to the extent that the parent consents in writing to disclose the information: (A) Results of medical and developmental examinations; (B) Assessments of the child's cognitive functioning or current overall functioning; (C) Evaluations of the family's needs, concerns, and priorities; (D)The child's individualized family service plan (IFSP) developed under 4 AAC 52.142 or individualized education program (IEP) developed under 4 AAC 52.140, if any; (E)Other evaluations as needed;		
(3) Must address any specific services the child care provider will provide in functional outcome objectives, designated responsibility for provision, and financing;		
(4) Must list any additional services, including educational or therapeutic services, the child is receiving from other service providers, and must identify the providers of those services; and		
(5) may contain permission from the parent for the child care provider to contact additional service providers and the child's IFSP coordinator, if any.		
Ratios and Program Requirements 7 AAC 41.211		
(b) A provider shall ensure the number of children does not exceed the maximum of five children, younger than 13 years of age, and no more than two children are younger than 30 months of age. Each child younger than 13 years of age receiving care, regardless of the hours in care, must be counted in the maximum number of children allowed, including the provider's own children or other children residing in the provider's home.		
(c) A provider shall provide structure and daily activities designed to promote a child's individual physical, social, intellectual, and emotional development. The provider shall		
(1) Provide direct care and supervision of children at all times;		
(2) Ensure each child receives responsible supervision that is appropriate to the child's age and developmental needs and that is adequate to prevent injury;		

(3) Demonstrate respect for each child in care and the child's family;		
(4) Support behavior of children with positive guidance and set clear and consistent limits to promote the children's ability for self-discipline;		
(5) Provide children with a variety of age-appropriate learning and social experiences;		
(6) Demonstrate a positive attitude toward bottle weaning, diapering, toilet learning, and individual needs of children;		
(7) Respond appropriately to a child's needs, including responding to a baby's cry as promptly and effectively as possible;		
(8) Prevent exposure of children to high risk situations, including exposure to physical hazards and encounters with individuals or animals posing a possible danger;		
(9) Use strategies to prevent a child's aggressive behavior and to de-escalate volatile situations;		
(10) Act as a positive role model for children, especially with regard to respecting the feelings and rights of others;		
(11) Provide an environment that respects the gender, culture, ethnicity, family composition, and special emotional, cognitive, and developmental needs of each child;		
(12) Have a schedule and daily plan of activities for each age group; the schedule and plan must provide a balance of quiet and active activities, and group and individual activities, and must include time for meals, snacks, sleep, toileting according to individual needs, and indoor and outdoor play; for purposes of this paragraph the schedule and plan need not be written, except that a typical daily schedule and plan must be presented with the application for approval		
(13) Provide opportunities for (A) Individual self-expression and imaginative play;		
(B) At least 20 minutes of vigorous physical activity for every three hours the provider is open between the hours of 7:00 am and 7:00 pm, and daily supervised outdoor activity when weather and the individual child's tolerance permit;		
(C) Each child to foster independence;		
(D) Intellectual and social development through use of a variety of activities and materials such as games, toys, books, crafts, puzzles, and blocks;		
(E) Language development, including encouraging children to talk and read books; and		
(14) Limit screen-viewing time, including television, computer, and hand held devices as follows: (A) Prohibit screen-viewing time for children under two years of age; and		
(B) For children over two years of age, only allow up to one hour of screen-viewing time in a 24-hour period, except for special occasions, and ensure (i) Any screen-viewing time shall be for physical or educational use that is specifically designed for the interest and benefit of the child; and		
(ii) Children not be required to participate in screen-viewing activities. Alternative activities shall be offered as an option for children during		

those times.		
(d) A provider caring for infants or toddlers may not routinely leave a child awake in a crib, swing, or similar device for more than 15 minutes without direct adult contact. The provider shall		
(1) Provide opportunities for a child to develop a caring and nurturing relationship with and attachment to one caregiver whose care for and responsiveness to the child ensures relief of distress, experiences of stimulation and comfort, and satisfaction of the need for a connection with the child's caregiver;		
(2) Provide frequent verbal communication during feeding, changing, and cuddle times;		
(3) Provide physical contact through holding, rocking, and play, as well as bathing, dressing, and carrying a child;		
(4) Allow infants and toddlers amply supervised opportunity during the day to explore and learn on their own outside of a play yard or other restraining device; and		
(5) Ensure that infants are placed on their backs to sleep, unless otherwise ordered by a physician.		
(e) A provider caring for school-age children shall provide		
(1) A program that supplements rather than duplicates the child's school		
(2) Freedom appropriate to the child's age and developmental level, and opportunities for self-reliance and social responsibility; and		
(3) Opportunities for school-age children to participate in the selection and planning of their own activities.		
(f) The provider shall treat children in care equitably with the caregiver's own children		
(g) The provider shall encourage parental involvement and allow parents unlimited access to their children, provider, and to all areas of the child care facility, to observe or participate		
(h) A provider caring for children identified as having special needs shall		
(1) Ensure that the child is afforded opportunities to participate in any scheduled activities, as possible;		
(2) Develop a plan of care under 7 AAC41.207(c) for that child, unless the provider has reason to believe that, even with reasonable accommodation, the provider cannot meet the child's needs and discharges the child;		
(3) Implement the plan of care developed under 7 AAC41.207(c) for each child with special needs to enhance their health and developmental status; and		
(4) Conduct regularly scheduled reassessments of each child's plan of care to monitor effectiveness.		
Behavior Guidance 7 AAC 41.213		
(b) A provider shall		
(1) Help a child to develop age-appropriate patterns of behavior that foster constructive relationships and increasing ability to deal with everyday life;		
(2) Provide for positive reinforcement, redirection, and the setting of realistic expectations and clear and consistent limits; and		

(3) Ensure that discipline or a behavior management technique used is not cruel, humiliating, or otherwise damaging to the child		
(c) A provider may not		
(1) Remove a child in care from the other children for more than 10 minutes, except as provided in (d) of this section;		
(2) Discipline a child in care in association with food or rest;		
(3) Punish a child in care for bedwetting or actions in regard to toileting or toilet training;		
(4) Subject a child in care to discipline administered by another child;		
(5) Subject a child in care to verbal abuse, to derogatory remarks about the child or members of the child's family, or to treats to expel the child from the child care;		
(6) Place a child in care in a locked room;		
(7) Physically restrain a child in care, except when necessary to protect a child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage; and then only passive physical restraint may be used;		
(8) Mechanically restrain a child in care, except for a protective device such as a seatbelt; or		
(9) Chemically restrain a child in care, except on the order of a physician and subject to the provisions of 7 AAC 10.1070		
(d) When a child has a pattern of out of control behavior, the child may be removed from the company of other children until the child's behavior has stabilized. In addition, the child care facility shall develop a plan with the child's parent to address the behavior issues.		
(e) Corporal punishment of children in care is prohibited.		
General Health, Medication, and Nutrition Requirements 7 AAC 41.215		
(c) A provider shall		
(1) Take precautions against the spread of infectious disease by ensuring that each person in contact with children washes that person's hands for at least 10 seconds with soap and water and rinses them with water		
(A) Before food handling, preparation, serving, eating, or table setting;		
(B) After toileting or assisting a child with toileting or diapering;		
(C) After handling an animal, animal waste, or an animal cage;		
(D) Before and after giving medication;		
(E) Before and after participation in moist play, including painting, cooking, or molding clay; and		
(F) If hands are contaminated with a body fluid, including from nose wiping;		
(2) Encourage children to wash their hands at similar times described in (1)		
(3) Ensure that children in care have been immunized as required by 7 AAC 57.550(a)-(e), except that children identified as homeless or in protective services or foster care may be enrolled for up to 30 days without a valid immunization record		

(4) Ensure that care of other children is not compromised by admitting or allowing a mildly ill child to be in attendance;		
(5) Ensure that a provider caring for a mildly ill child arranges a plan of care with the parent and provides a place where, under supervision, the child may rest or play quietly, apart from other children, if warranted;		
(6) Ensure that a child who shows definite signs of a serious illness or of a highly communicable disease is not admitted or allowed to remain in attendance unless a medical provider approves the child's attendance;		
(7) Ensure that an opportunity for a supervised rest or sleep period is provided for each child under five years of age who is in care more than five hours, and for any other child, if desired by the child who is unable to sleep, the provider shall provide supervised time and space for quiet play. The provider may place in a crib only an infant, a non-climbing toddler, or a child identified as having special needs, if appropriate		
(d) A provider shall meet the following requirements for the administration and storage of medication:		
(1) Administer medication only as follows:		
(A) Upon admission or when a new medication is prescribed, obtain from the parent of a child in care written permission for the administration of prescription medication;		
(B) Administer prescription medication and special medical procedures only in the dosage, at the intervals, or in the manner prescribed by a physician or other person legally authorized to prescribe medication or medical procedures and must document in a medication log the date and time each dose is administered and provider's initials;		
(C) If written permission has not been obtained from the child's parent for the administration of a commonly used nonprescription medication or medication contained in the first aid kit required by 7 AAC 10.1075 and 7 AAC 41.230(b); the provider shall document telephone permission to administer that medication;		
(D) Document in a medication log the date and time each dose is administered and provider's initials the use of any commonly used non-prescription medication for oral or topical use kept on hand by the provider for the communal use of any child;		
(E) Ensure that prescription medicine is kept in		
(i) The original container showing the date filled, the expiration date, instructions, and the physician's or other medical professional's name or		
(ii) Medicine sets filled by a pharmacist or a licensed medical professional; the prescription date filled, the expiration date, instructions, and the physician's or other medical professional's name must be affixed to or stored with each medicine set;		
(F) Ensure that all unused medication is returned to the parent of a child in care when the medication is no longer needed.		
(2) A provider shall ensure		
(A) Each stored medication, including each nonprescription medication, is in its original container and properly labeled with the name of the child for whom		

it is intended, the name of the medication, the dosage, expiration date, and directions for administration;		
(B) Medications are stored in a manner that prevents access by unauthorized persons;		
(C) Medications, including controlled substances, are stored in accordance with the manufacturer's recommendations. In this section "controlled substance" means a drug, substance, or immediate precursor included in the schedules set out in AS 11.71.140 - 11.71.190;		
(D) Nonprescription medications and health products, including nonaspirin fever reducers, naturopathic remedies, vitamin and mineral supplements, diaper ointments and powders, sunscreen, and insect repellent, are used only at the dose, duration, or method of administration specified on the manufacturer's label; and		
(E) Medication requiring refrigeration is grouped together, stored in a manner to prevent contamination of food, and labeled as required by this section.		
(e) A provider shall meet the following nutrition requirements		
(1) Ensure that snacks and meals meet the child care food program requirements of 7 C.F.R. 226.20;		
(2) Allow food for a child's meals and snacks to be provided by the child's parent and are labeled with the child's name and the date;		
(3) Maintain sanitary facilities for the proper care, storage, refrigeration, and preparation of food. The provider shall ensure that		
(A) Food served is not altered to contain harmful substances; and		
(B) Fruits and vegetables are thoroughly washed with potable water before use;		
(4) Observe the following requirements for bottle feedings if caring for infants;		
(A) Bottle feedings may be prepared by the parent or the provider; if the provider prepares the bottle feedings, the provider shall consult with the parent to ensure consistency with the bottle feedings given at home;		
(B) An infant must be fed on demand;		
(C) A child on bottle feedings		
(i) Shall be held or fed sitting up or, if unable to sit up, always be held by a caregiver during the feeding; bottles may not be propped for a child; and		
(ii) May not be permitted to hold or carry its bottle at times other than the feeding;		
(5) Obtain information concerning any food allergies or special dietary needs of each child and shall plan that child's meals accordingly; and		
(6) Except for medical reasons, may not deny a meal or snack to a child, force-feed a child, or otherwise coerce a child to eat against the child's will for any reason. Mere encouragement without any element of compulsion is not prohibited.		
Environmental Health and Safety 7 AAC 41.220		
(c) The provider shall		
(1) Maintain a functional telephone or other identified means of communication;		
(2) Maintain an ample supply of potable water;		

(3) Provide and maintain clean and sanitary toilet facilities and ensure that in each toilet room:		
(A) At least one easily cleanable waste receptacle is provided; if soiled diapers are kept in a waste receptacle until disposed of, that waste receptacle must be covered;		
(B) Toilet tissue is provided from a wall-hung or protected container at each toilet;		
(C) Each step stool, if provided, has a nonslip tread made of a water-impervious, durable material;		
(D) Each floor and wall is covered with smooth, durable, nonabsorbent, easily cleanable material;		
(E) Each toilet lid, seat, and handle and each handsink is kept clean and sanitary;		
(F) Each handsink is used only for its designated purpose and is equipped with accessible soap and a single-use towel dispenser or cloth towels; the provider must ensure single-use towels are discarded after each use and cloth towels are laundered after each use; and		
(G) Each potty-chair is emptied into a toilet and cleaned and sanitized after each use in a utility sink or another place approved by the department. The provider shall ensure that the utility sink or other area is cleaned and sanitized after each use;		
(4) Ensure that the child care premises and surrounding grounds are kept clean, sanitary, safe, and in good repair. The provider shall ensure		
(A) The premises is free of hazards, including splintered surfaces, sharp edges, protruding corners, broken or hazardous toys or play equipment, step stairways, ice on walkways, unsecured play equipment, and unsafe play areas;		
(B) Insects, rodents, and other pests are controlled and that the entity is kept free of conditions that are likely to attract or harbor pests; any pesticide used is subject to the notice and other applicable requirements of 7 AAC 10.1093; if the department determines that the provider is not adequately controlling pests, the department may require the provider to hire a commercial pest control applicator certified under 18 AAC 90, or take other appropriate action if a commercial pest control applicator is not available in the community;		
(C) Outdoor areas are well drained and free from deep depressions that may collect standing water; if necessary to ensure the safety of children in care, the department will require that an outdoor recreation area be enclosed with landscaping, a fence, or another effective barrier that prevents or deters access to a busy roadway or other potential hazard;		
(D) Ventilation by natural or mechanical means is provided to keep air fresh and to prevent the accumulation of heat, steam, condensation, vapors, smoke, or fumes; openings to the outside must prevent the entrance of rodents, insects, and other pests;		
(E) Walls and ceilings have smooth, durable, nonabsorbent, easily cleanable surfaces, except that rough-textured and acoustical tile ceilings are permitted in bedrooms and living rooms;		
(F) Lead-based paint is not used, and any painted surface is free from		

flaking;		
(G) Stairways and steps have handrails and nonslip treads or covering;		
(H) Any faucet that is accessible to children, hot water temperature is no less than 100 degrees Fahrenheit, and no more than 120 degrees Fahrenheit;		
(I) An artificial light source is provided in each area of the premises; the light must be sufficient and appropriate for the activities performed in each area by children in care;		
(J) Cleaners, medicines, and other harmful substances are stored in a place that is inaccessible to children; and		
(K) Furniture and equipment is durable, safe, easily cleanable, and is kept clean and in good repair.		
(5) Ensure that smoking is prohibited on the child care premises while children are in care. The provider must ensure that		
(A) Tobacco, cigarettes or other smoking products, and ashtrays, lighters, or other smoking accessories are not visible or accessible to children;		
(B) The premises do not smell of smoke from cigarettes or other smoking products; and		
(C) Any vehicle used to transport children must be smoke-free;		
(6) Ensure that alcohol, marijuana, legal controlled substances, and illegal controlled substances are not accessible to children or used during the hours that children are in care. "Controlled substance" means a drug, substance, or immediate precursor included in the schedules set out in AS 11.71.140-11.71.190;		
(7) Transport children in safe vehicles and use appropriate child restraints in each vehicle in accordance with 7 AAC 57.565;		
(8) Ensure that any firearms are unloaded and stored in a locked gun safe or other locked place that is not visible or accessible to children. The provider shall also ensure that ammunition is stored separately from the firearms in a place that is inaccessible to children.		
(9) Ensure safety gates are installed and used to prevent access to stairs if infants or toddlers are in care;		
(10) Ensure outlet covers are installed in all electrical outlets that are not in use and that are accessible to children under five years of age:		
(11) Ensure items brought by a parent for a child's personal use such as towels for bathing, toothbrushes, and combs, are stored separately to prevent contamination;		
(12) Ensure toys used by children are kept clean and sanitary and if a toy has been mouthed or is otherwise contaminated, that toy is cleaned and sanitized before use by another child;		
(13) Ensure that each crib, crib mattress, cot, mat, and playpen is cleaned and sanitized at least weekly, or before assigned to another child in care, or whenever soiled.		
(A) At least weekly;		
(B) Before assignment to another child in care; and		
(C) Whenever soiled; and		

(14) Ensure children are not allowed to participate in a high-risk activity including playing near or jumping on any type of trampoline.		
Life and fire safety 7AAC 41. 222		
(c) The department will inspect a provider described (b) of this section to determine if the provider meets the applicable requirements of this section. Based on the inspection, or if the department determines that it is necessary for purposes of public health, safety, or welfare, the department will request an advisory inspection report from one or more state or municipal building or fire safety authorities. The provider is responsible for any fee charged by the authority for each inspection.		
(d) A provider shall ensure basic life and fire safety by meeting the requirements of this section. The provider shall have a disaster preparedness and emergency evacuation plan that		
(1) Includes evacuation procedures that will ensure the complete evacuation of children in care, including children with limited mobility, within 150 seconds during an emergency;		
(2) Describes in detail the procedures that will be followed for the complete evacuation of the child care premises, including specific procedures, as applicable, for		
(A) Children younger than 30 months of age;		
(B) Children with limited mobility; and		
(C) Children who otherwise may need assistance in an emergency, including a child who is mentally, visually, or hearing impaired;		
(3) Includes procedures for other emergency situations or natural disasters that may affect the child care premises, including, as appropriate, tsunami, flooding, and earthquake emergencies;		
(4) Includes procedures for reunifying the child and family when the child care premises are inaccessible.		
(5) Provides for emergency evacuation drills to be conducted and documented once each month unless postponed due to severe weather. The provider must document the reason for any postponement.		
(e) A provider shall make and retain a record of each required evacuation drill and make the record available to the department upon request. The record must include		
(1) The date and time of the drill;		
(2) The name of each child in care who was present at the time of the drill but did not participate in the drill, and the reason for nonparticipation;		
(3) The amount of time used to complete the drill;		
(4) A critique of the drill including a brief evaluation of the evacuation.		
(f) The critique under (e)(4) of this section must include		
(1) A review of actions taken by the provider;		
(2) A review of responses by children in care during the drill;		
(3) An evaluation of whether existing policies were followed and, if not, an explanation of why a policy was not followed;		
(4) An evaluation of whether the policies followed were effective and, if not, a		

description of how any policy will be revised for future drills;		
(5) For any critique that indicates a drill was ineffective in any way, an identification of factors contributing to an ineffective drill; and		
(6) Any suggestions for improving future drills.		
(g) If an emergency affects the child care business, the provider shall notify the department by telephone, facsimile, or electronic mail no later than the following business day and shall, no later than five of the provider's working days after the date of the emergency, submit a detailed written report that includes:		
(1) The date and time of the emergency		
(2) A description of the nature of the emergency;		
(3) A description of how the evacuation was achieved, including the amount of time used to achieve evacuation; and		
(4) A critique of the evacuation that includes the information required under (f) of this section.		
(h) Provider must have at least (2) two means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one means of emergency escape must be an exterior door; if one of the means of emergency escape is a window, the window must comply with the requirements of (2) of this subsection;		
(1) The building occupied by children in care has at least one means of escape from any basement directly to the outside at or near ground level, if children in care occupy the basement for any part of the day;		
(2) Unless prohibited by the state fire marshal for a window 20 feet or more above ground level, each bedroom has at least one fully-opening window that provides escape directly to the outside and that meets the following requirements:		
(A) The finished sill height may not exceed 44 inches above the floor; the department will allow a child care provider to meet this requirement through the provision of a permanently installed step, the top of which is no more than 44 inches from the sill, if the step does not create a tripping hazard, block wheelchair access in the bedroom, or block a heating element; any request for a variance of the sill height requirement must be accompanied by written approval from the state fire marshal; or		
(B) The net clear openable area must be a minimum of 5.7 square feet; for purposes of this subparagraph,		
(i) The net clear openable height may not be less than 24 inches; if the height is 24 inches, the width may not be less than 34.25 inches; and		
(ii) The net clear openable width may not be less than 20 inches; if the width is 20 inches, the height may not be less than 41.25 inches;		
(3) A window screen may not be used if it permanently prevents exit or if it cannot be easily removed for exit;		
(i) A provider shall ensure		
(1) The child care premises are free of any accumulation of combustible waste material and other fire hazards in or around the premises;		
(2) At least one AC primary powered smoke detection device with battery backup, or at least one monitored battery powered smoke detection device, is		

located in each bedroom; in addition, if the child care premises are in a multi-level facility, at least one smoke detection device must be installed on each level; each device required under this paragraph must be less than 10 years old, or newer if necessary to comply with the manufacturer's recommended replacement date; in this paragraph, "AC" means alternating current;		
(3) At least one fully charged 2A:10BC dry chemical fire extinguisher is strategically located on each level of the child care building, and is installed, inspected, tested, and serviced according to the requirements of 13 AAC 50.025(47);		
(4) Any flammable or combustible liquid is stored in a container with a tight-fitting lid specifically designed for holding flammable or combustible liquids, and ensure that these liquids are kept out of the reach of children;		
(5) Each heating device meets the applicable requirements of 7 AAC 10.1015;and		
(6) If the child care premises uses oil, wood, natural gas, or propane as a heating or cooking fuel, that an operating carbon monoxide detector is installed in each hallway outside of, or within, each sleeping area, and ensure that each device is regularly inspected, tested, and serviced; in addition, for a multi-level building, at least one operating carbon monoxide detector must be installed on each level.		
Diapering 7 AAC 41.225		
(b) A provider who provides care for children requiring diapers shall use safe and sanitary equipment and supplies for diapering that minimize the risk of disease and the risk of contamination to hands and surfaces. A provider must wash the provider's hands each time after changing a diaper. The provider shall ensure that diapering is conducted in accordance with 7 AAC 10.1060(e):		
(1) The diaper changing area		
(A) Is not located in a food preparation area and is not used for temporary placement or serving of food; and		
(B) Has one accessible handsink located in, or immediately adjacent to, that area;		
(2) Each surface used for changing diapers is smooth, durable, nonabsorbent, and easily cleanable;		
(3) Sufficient quantities of clean diapers are available and are neatly stored;		
(4) Nonlatex gloves and handwashing supplies are available to prevent contamination, and are used in accordance with universal precautions described in 7 AAC 10.1045		
(5) For soiled clothing or cloth diapers, solid waste contents are disposed of by dumping the contents into a toilet and placing the diapers, without rinsing , in		
(A) An impervious bag to be given to the parent for laundering, if applicable; or		
(B) An easily cleanable container with a firmly fitted cover; the container must be		
(i) Lined with plastic		
(ii) Designed to prevent the caregiver from contaminating the exterior surface of the container or the caregiver when inserting ta soiled diaper;		

(iii) Provided within the caregiver's reach of the diaper changing area; and		
(iv) Emptied, cleaned, and sanitized daily;		
(6) Each diaper changing surface is cleaned and sanitized after each use; if a single-use, disposable cover is placed on the diapering surface before diapering, the entity shall ensure that the cover is disposed of immediately after diapering; the use of a single-use, disposable cover does not preclude or substitute for cleaning and sanitizing the surface or area after each use even if the surface or area is not visibly contaminated;		
(7) After a soiled disposable diaper is removed, it is folded inward and resealed before disposal into a container described in (5)(B) of this subsection;		
(8) If single-use, disposable wipes are used during diapering, the disposable wipes are discarded after use; if a nondisposable cloth is used, that cloth must be placed immediately, without rinsing, in		
(A) An impervious bag to be given to the parent for laundering, if applicable; or		
(B) A container described in (5)(B) of this subsection;		
(9) Diaper changing supplies, including containers of cream and lotion, are kept clean and sanitary; and		
(10) Children do not handle diaper changing supplies.		
First Aid Kit and Procedures 7AAC 41.230		
(b) A provider shall review and either post or make readily available, first aid and CPR instructions. The provider shall post emergency telephone numbers, including the number for the poison control center, near the telephone. The provider shall maintain first aid kits in accordance with 7 AAC 10.1075, except that activated charcoal is not required:		
(1) At least one first aid kit, described in (c) of this section;		
(2) At least one additional first aid kit, described in (c) of this section, for field trips or outings away from the facility;		
(3) An abbreviated first aid kit for a neighborhood walk of 30 minutes or less; an entity may use the kit described in (2) of this subsection for a neighborhood walk if the kit is not needed for a field trip or outing, and if a kit described in (c) of this section is kept at the entity; for purposes of this paragraph, an abbreviated kit must contain, at a minimum:		
(A) Disposable nonporous, nonlatex gloves;		
(B) Tweezers;		
(C) Adhesive bandages;		
(D) Bandage tape;		
(E) Sterile gauze pads;		
(F) A cold pack;		
(G) A CPR barrier device or mask;		
(H) Potable water;		
(I) The emergency child record information required by 7 AAC 41.207		

(a)		
(J) Medication that may be needed on the walk.		
(b) Each first aid kit is restocked after use to ensure compliance with this section.		
(c) Except as provided in (a)(3) of this section, each first aid kit must include at least the following items, checked regularly to ensure that any expiration date is not exceeded, and kept within a container that will hold all of the items;		
(1) Disposable nonporous, nonlatex gloves;		
(2) Sealed packages of alcohol wipes or antiseptic for thermometer cleaning only;		
(3) Scissors;		
(4) Tweezers;		
(5) Thermometer;		
(6) Adhesive bandages;		
(7) Bandage tape;		
(8) Sterile gauze pads;		
(9) Flexible roller gauze;		
(10) Triangular bandage;		
(11) Safety pins;		
(12) Eye dressing;		
(13) Note pad with pen or pencil;		
(14) Cold pack;		
(15) Standard first aid text by either American Academy of Pediatrics or American Red Cross or equivalent first aid guide;		
(16) CPR barrier device or mask;		
(17) Telephone number for the Poison Control Center;		
(18) Potable water;		
(19) Splints, including small child-sized splints;		
(20) Soap; and		
(21) Working flashlight;		
(22) For a field trip or outing away from a child care facility, and for each child participating in the trip or outing,		
(A) The emergency child record information as required by 7 AAC 41.207 (a); and		
(B) Written permission for use of medication; only medication that is or may be needed during a field trip or outing may be included in the first aid kit, and only for the length of the field trip or outing.		
Certification for First Aid and CPR 7 AAC 41.235		
(b) A provider shall obtain before approval and maintain throughout their approval period a valid certification for pediatric first aid and CPR obtained through in-person instruction. A currently certified emergency medical or trauma technician on duty at the child care premises satisfies the requirements of this subsection. If		

certification courses are not available in the community where the provider is located, the provider may		
(1) Receive instruction in pediatric first aid and CPR procedures through distance learning, training videos, and other materials approved by the department; and		
(2) Complete and pass the first available in-person pediatric first aid and CPR certification courses offered within 60 miles by road of the provider.		
Animals 7AAC 41.240		
(b) A provider shall inform parents of children in care if any animal is present on the premises.		
(c) A provider shall ensure that any animal kept on the child care premises has no communicable disease, has immunizations required under state and federal law, and is free of internal and external parasites. The provider shall show proof of compliance with required immunizations to the department upon request.		
(d) A parakeet, pigeon, or other similarly small-sized psittacine bird may be kept on the premises of a provider only if the bird		
(1) Receives prophylactic antibiotics before introduction into the child care premises; and		
(2) Is isolated at least 45 days in a room separate from a room occupied by any other birds in the entity.		
(e) On the premises of a provider, ducklings and chicks may be incubated or hatched, except in the room where infants or toddlers are present, if		
(1) Children do not handle the ducklings or chicks; and		
(2) The ducklings and chicks are removed from the child care premises when hatched;		
(f) Amphibians, ferrets, reptiles, and wild, poisonous, or predatory animals may not be kept on the premises of a provider. This does not apply to domestic dogs and domestic cats.		
(g) A provider shall ensure that		
(1) Any birds, fish, or other animals allowed by this section are kept in appropriately designed cages or aquariums. This does not apply to domestic dogs and domestic cats;		
(2) The area around the cage or aquarium is smooth, nonabsorbent, impervious to water, and easily cleanable, and is cleaned and sanitized at a frequency to keep the area clean and sanitary;		
(3) Animal waste is removed daily, or at a frequency to prevent odor or contact with children in care;		
(4) Each cage is lined with an impervious material and is cleaned at a frequency necessary to prevent a health risk to children in care;		
(5) Bowls used for providing food and water for animals are cleaned at a frequency necessary to prevent a health risk to children in care; and		
(6) Cleaning of animal waste		
(A) Is conducted when children in care are not present; and		
(B) Is not conducted in an area used for food preparation or service.		
(h) A provider shall		

(1) Disclose to the department information regarding any animal in the child care facility, if that animal has		
(A) Been the subject of a past contact with an animal control official because of aggressive behavior or biting; or		
(B) A history of aggressive behavior or biting, regardless of whether the animal has been the subject of a past contact with an animal control official;		
(2) Notify the department within 24 hours of any occurrence of aggressive behavior or biting by an animal on the child care premises, including whether the occurrence resulted in a contact with an animal control official;		
(3) Immediately remove from contact with children, an animal described in this subsection; and		
(4) Permanently remove from the child care premises an animal described in (1) or (2) of this subsection, if the department determines that the animal is a threat to the life or safety of children.		

Additional Comment(s):

Licensing Specialist Signature: _____

Date: _____

Provider Signature: _____

Date: _____