



**Health and Safety Compliance Monitoring Form
Child Care Facilities**

Facility Name: _____	YES	NO	NA	COMMENT
Religious Exempt ____ Private School ____ Public School ____				
Minimum Age: {65C-22.001 (3) }				
Staff-to-Children Ratio Under 1 1:4 <small>(402.305 F.S.)</small> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> Mixed Ages: 1:4 with infants 1:6 with < 2yr > 2 - based on majority </div> 1 year 1:6 2 years 1:11 3 years 1:15 4 years 1:20 5 or older 1:25				
Mixed Groups [65C-22.001 (4)]				
Supervision [65C-22.001 (5)]				
Transportation [65C-22.001 (6)]				
Discipline [65C-22.001 (8)]				
Physical Environment [65C-22.002 (1)]				
Rooms Occupied by Children [65C-22.002 (2)]				
Indoor Floor Space [65C-22.002 (3)]				
Outdoor Play Area [65C-22.002 (4)]				
Napping and Sleeping Space [65C-22.002 (5)]				
Toilet and Bath Facilities [65C-22.002 (6)]				
Fire Safety [65C-22.002 (7)]				
Health and Sanitation [65C-22.002 (8)]				
Diapering Requirements [65C-22.002 (8)]				
Indoor Equipment [65C-22.002 (9)]				
Outdoor Equipment [65C-22.002 (9)]				
Training – 40 hour [65C-22.003 (2)]				
Training – Inservice [65C-22.002 (6)]				
Communicable Disease Control [65C-22.004 (1)]				
First Aid and CPR [65C-22.004 (2)]				
Emergency Procedures and Notification [65C-22.004 (2)]				
Medication Provision [65C-22.004 (3)]				
Nutrition [65C-22.005 (1)]				
Children’s Health Records [65C-22.006 (2)]				
Medication Records [65C-22.006 (3)]				
Enrollment Information [65C-22.006 (4)]				
Personnel Records [65C-22.006 (5)]				
Accident/Incident Records [65C-22.006 (6)]				

Monitor: _____

Date _____

Facility Director: _____

Date: _____