



DAY CARE REFERRAL AGENCY SURVEY INSTRUMENT

To be completed by licensing surveyor:

License Number _____ County _____ Type of Survey: Initial _____ Annual _____

Name of Applicant/Licensee (**exactly as it appears on the license**) () Telephone Number () Fax Number Email Address

Physical Address of the Facility Street Address City Zip Code

List all counties served by the Day Care Referral Agency: _____

SECTION I ON-SITE SURVEY CONDUCTED ON: _____ **Beginning Time of Survey:** _____ **Ending Time of Survey:** _____
MM DD YYYY

Surveyor Findings:

- _____ **Full compliance** with state requirements. Provider given a copy of the Notice of Survey Findings. **(Original is submitted to KDHE at this time.)**
- _____ **Areas of non-compliance identified.** Provider given a copy of the Notice of Survey Findings. Surveyor provided consultation for meeting compliance. **(Surveyor must complete Section II prior to submitting to KDHE.)**
- _____ **Enforcement Action is recommended** without additional on-site inspection at this time. Provider given a copy of the Notice of Survey Findings. **(Report is submitted to KDHE at this time.)**
Describe reason enforcement action is recommended at this time:

Surveyor's Signature: _____ Date _____

SECTION II IF AN ON-SITE COMPLIANCE CHECK WAS CONDUCTED TO VERIFY COMPLIANCE, PLEASE ENTER THE DATE: _____
MM DD YYYY

Beginning Time of Survey _____ **Ending Time of Survey** _____

- _____ **Corrections received.** No on-site compliance check is necessary to verify compliance.
- _____ Corrections received and some items remain in non-compliance or corrections were not received. **Compliance check was conducted and all items of non-compliance were verified as corrected and/or a satisfactory corrective action plan was established.** Provider given a copy of the Notice of Survey Findings.
- _____ **Enforcement action is recommended.** Compliance check was conducted and areas of non-compliance indicate the need for KDHE enforcement action to achieve compliance. Provider given a copy of the Notice of Survey Findings. **Describe reason enforcement action is recommended at this time.**

Surveyor's Signature: _____ Date: _____

Records for Persons 16 years of age and Older

Instructions: Complete for all persons 16 years of age and older who live, work or volunteer in the day care referral agency.

Name	Age	28-4-187(d)(2) Job Descript on file (Y or N)	K.S.A. 65-516 and K.A.R. 28-4-187(d)(5)(D) Name submitted SRS/KBI form (Y or N)	28-4-187(d)(2) Record of Training and Experience on file. (Y or N)	28-4-188(a) Health Cert. (only if in contact with children) on file signed by licensed phys or nurse (does not apply to subs or volunteers)	28-4-188(a) (only if in contact with children Neg TB on file	28-4-189(a) (only if providing transportation service) Valid Driver's License

K.S.A. 65-501 License required.

If initial applicant and no temporary permit or license has been issued by KDHE, the applicant is not providing referral services. _____

K.S.A. 65-508 Equipment, supplies, accommodations

(a) Facility is properly heated, plumbed, lighted and ventilated _____

Plumbing, water and sewerage systems conform to state and local laws _____

(b) Complies with applicable fire codes, rules and regs of the State Fire Marshal _____

K.S.A. 65-512 Inspections.

Surveyor is given right of entry and access to every place on the premises. _____

Surveyor is provided with records which are required to be inspected. _____

K.S.A. 65-513 Changes or alterations required to comply.

Licensee understands that it is her/his responsibility to make changes or alterations provided in any Notice of Survey Finding within 5 days of the receipt of the notice. _____

K.S.A. 65-516 Prohibited Persons.

No person **known to be a prohibited person** is residing, working or regularly volunteering in the facility. _____

K.A.R. 28-4-186 Licensing

(b) License is posted. _____

(c)(2) Exceptions, if any, are posted with the license. _____

(d) Copy of *Regulations and Procedures of Day Care Referral Agencies* is on file. _____

K.A.R. 28-4-187 Administration

(a) Clearly designated individual or governing body exercises authority over and has responsibility for the operation, policies and practices _____

Who is that authority? _____

(b) Liability insurance and accident insurance of not less than \$100,000 per occurrence is on file. _____

(c) (1) Written description of services offered is on file. _____

Individual copies of the statement of services is available for clients and the public. _____

(2) Any advertisements conform to the written statement of services. _____

(3) Agency notifies KDHE or the local surveyor of any changes in the designated authority or services offered. _____

(4) Referrals are made only to child care facilities with a temporary permit, license or certificate. _____

(5) Records are maintained for the following: _____

(A) Date of inquiry _____

(B) Name of person requesting referral _____

(C) Disposition of the request _____

Records are maintained for at least one year. _____

Personnel

(1) Staffing Patterns _____

(A) If the agency operates a child care facility, direct child care staff are maintained separate from the day care referral staff. _____

(B) Day care referral staff are NOT counted in child/staff ratios for any other licensed or registered child care facility. _____

(2) Personnel records are maintained for each day care referral staff member. _____

Record includes: _____

Job Descriptions _____

Medical Records (if any) _____

Record of training and experience _____

Staff members have reasonable access to their own file. _____

Staff members are allowed to add written statements to their own file at any time. _____

(3) At least ONE staff member meets the following requirements: _____

(A) Knowledge of the needs of young children AND _____

(B) Human relation skills to relate to providers, parents and the community AND _____

(C) Training and experience in administrative skills such as budgeting, bookkeeping and record keeping. _____

Who is that person? _____

(4) If the agency uses volunteers, a written plan for orientation training and use is on file. _____

Regulatory Reference

Satisfactory = S
Unsatisfactory = U
Not Applicable = N/A

If the agency uses volunteers, a staff person is assigned to supervise volunteers. _____

(5) Substitute care. _____

(A) Agency does not move children from one child care provider to another or knowingly assist in the relocation of children without establishing, with the provider, a means of informing each child's parent or parents. _____

(B) If the need for substitute care is known in advance, parents are given notification of names, addresses, and telephone numbers of substitute providers and parents shall make their own substitute care arrangements. _____

(C) Emergency permission forms and health assessment forms accompany the child to substitute care. _____

(D) The name, address and birth date of each new staff person hired, each person living in the facility and volunteering in the facility is reported within two weeks of hire to KDHE. _____

K.A.R. 28-4-188 Health Policies for staff.

(a) Before employment, all staff who have contact with children have a HA on file. _____

HA is signed by a licensed physician or nurse approved to perform health assessments. _____

Certification that the person is free from TB and the test is within 2 years of the date of employment. _____

(b) Substitutes and volunteers, before participating in the program, have results of a neg. TB on file. _____

K.A.R. 28-4-189 Transportation (if provided)

(a) When children are transported, driver is 18 years or older. _____

Has operator's license of a type appropriate for the vehicle being used. _____

(b) Vehicles maintained in safe operating condition. _____

Yearly mechanical safety check and corrections recorded and on file. _____

(c) Children are not transported in campers, vehicle-drawn recreation vehicles or in the back of a truck. _____

(d) Accident and liability insurance is current. _____

(e) Health assessments, and emergency release forms are in the vehicle when children are transported. _____

First-aid kit is in vehicle. _____

(f) Safety of the children is protected as follows: _____

(1) Each vehicle is equipped with an individual restraint for each child. _____

(A) Through (C) Appropriate individual restraint is used. (see reg.) _____

(D) Only one child is restrained per seat belt. _____

(E) School type buses are used for school age children only without restraints. _____

(2) Doors are locked when vehicle is in motion. _____

(3) Discipline maintained at all times. _____

(4) All parts of child's body in vehicle at all times. _____

(5) Children enter and exit the vehicle away from traffic. _____

(6) Children are not left in vehicle unattended by an adult. _____

Driver makes sure that no child is left in the vehicle when vacated. _____

(7) No smoking when transporting. _____

COMMENTS: