

PRE-LICENSING READINESS GUIDE - FAMILY CHILD CARE HOME

Before you receive a Family Child Care Home license, the licensing agency will visit your home to make sure that your home meets licensing requirements. Below is a checklist of requirements to help you get ready for our visit. As each requirement is completed, please put a check mark next to it.

When your home has met all of the requirements:

- **SIGN AND DATE THE FORM AT THE BOTTOM.**
- **MAIL THIS FORM BACK TO THE LICENSING AGENCY (When the licensing agency receives this form, it will mean that your home meets all of the requirements and you are ready for your visit.)**
- **A LICENSING PROGRAM ANALYST WILL CALL YOU TO SET UP A DATE FOR OUR VISIT TO YOUR HOME.**

THE FOLLOWING ITEMS ARE REQUIRED BY REGULATION

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| <input type="checkbox"/> All adults living in the home and assistant and/or substitute care providers have submitted fingerprints and child abuse index check forms to Department of Justice and received a California clearance or exemption. |
| <input type="checkbox"/> Home is neat and clean. |
| <input type="checkbox"/> All fireplaces, woodstoves, and/or heaters are screened to prevent access by children. |
| <input type="checkbox"/> Home has a fully charged fire extinguisher which is at least a 2A:10BC. |
| <input type="checkbox"/> Home has a working smoke alarm. |
| <input type="checkbox"/> Home has a working telephone. |
| <input type="checkbox"/> All poisons are locked. |
| <input type="checkbox"/> Hazardous materials are kept out of the reach of children (inaccessible): <ul style="list-style-type: none"> <input type="checkbox"/> Kitchen: all sharp utensils and cutlery, cleaning supplies, medicines, drawers and cabinets with liquor, plastic bags, and sharp things or small things children can swallow, etc. <input type="checkbox"/> Bathroom: shampoo, mouthwash, toothpaste, medicines, perfumes/lotions/cosmetics, solvents, etc. <input type="checkbox"/> Garage and Outdoors: solvents, gasoline, oil, turpentine, paint, sharp tools, lawn mower, gardening tools, poisonous plants, abandoned machinery, old refrigerators/freezers, old vehicles, etc. |
| <input type="checkbox"/> All firearms and any other weapons are not loaded and are locked up. Ammunition is stored and locked away separately from firearms. |
| <input type="checkbox"/> Outdoor play area is free from defects or dangerous conditions. Play equipment is securely anchored according to manufacturer directions. |

<input type="checkbox"/> Outdoor play area is fenced. -or- <input type="checkbox"/> Outdoor play area is not fenced and the plan for supervision is:
<input type="checkbox"/> If caring for children under 5 years old, home has a gate(s) blocking the stairs.
<input type="checkbox"/> Home does not have a swimming pool, spa, hot tub, fishpond, or any other bodies of water. -or- <input type="checkbox"/> Home <u>does</u> have a _____, covered or fenced. <div style="text-align: center;"><i>(Write in type of body of water)</i></div>
<input type="checkbox"/> The fence is at least 5 feet feet high with a self-latching gate that opens away from the pool or body of water. If using a cover, it must support the weight of an adult and shall be locked when pool is not in use.
<input type="checkbox"/> Toys and playthings are safe, clean, and appropriate for the age of the children.
<input type="checkbox"/> Babywalkers, bouncers, jumpers, and similar items will not be used for children in care and are kept inaccessible.
<input type="checkbox"/> A copy of the deed or property tax statement, or if renting or leasing, a copy of the lease or rental agreement is available at the home.

THERE ARE MANY OTHER THINGS YOU CAN DO TO MAKE YOUR HOME SAFE THAT MAY NOT BE IN REGULATIONS. IF YOU HAVE ANY QUESTIONS, CALL YOUR LICENSING PROGRAM ANALYST.

ADDITIONAL NOTES:

My home meets all of the above requirements and I am ready for a pre-licensing inspection.

SIGNATURE	DATE
PRINT YOUR FULL NAME	

Keep a copy of this form and use the area below to note the date and time we will visit your home and the name and telephone number of your Licensing Program Analyst.

DATE FOR MY HOME VISIT:	TIME OF HOME VISIT:
NAME OF MY LICENSING PROGRAM ANALYST:	TELEPHONE #