



PARENT CHILD PROGRAM CHECKLIST

PARENT CHILD PROGRAM CHECKLIST
(for programs operated and supported by Parent Child Centred Coalitions)

PROGRAM NAME: _____

HOURS OF OPERATION: _____

MAILING ADDRESS: _____

PROGRAM CONTACT: _____

PARENT CHILD COALITION CONTACT: _____

DATE: _____

Guideline	AGREEMENT			Comments
	YES	NO	N/A	

HEALTH AND SAFETY

Fire Safety: Program is conducted in a space with a current fire inspection report.				
Health: Program is conducted in a space with a current report from the health authority.				
Emergency Numbers and Procedures: Program has an emergency evacuation plan. Procedures and numbers are accessible.				
Fire Extinguisher: Operating fire extinguisher is on site and staff responsible are knowledgeable about the use of the fire extinguisher.				
Poisonous Substances: All poisons and inflammables are stored in an area inaccessible to children.				
Smoking: No person shall smoke on the premises or in the presence of children.				
Hot Beverages: Adults do not drink hot beverages in areas where children are engaged in activities.				
First Aid Kit: Each program provides a first aid kit on site and for outings.				

<p>Menus and Food Provided: Parents are informed of food provided – nutritious foods, low choking potential, no peanut products to children under three.</p>				
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RECORD KEEPING

<p>Child Information Records: Program keeps current child and family information, appropriate for the program being delivered.</p>				
<p>Attendance Records: Programs keep attendance records.</p>				
<p>Confidentiality Policy: Information about a child or family is kept strictly confidential.</p>				
<p>Research, Photography, Videotaping: Parental consent forms are signed and on file.</p>				
<p>Daily Record: Any records about children are kept confidential. Parents may have access to records concerning their child.</p>				
<p>Outings: Parents are given notice of outings, child information records are taken.</p>				
<p>Insurance: Program has current liability coverage.</p>				
<p>Transportation Policy: If parents are not on site, a written transportation policy is in place.</p>				

STAFFING

<p>First Aid Training: At least one staff on site has current training in first aid and CPR.</p>				
<p>Investigation Authorizations: Each staff and volunteer working with children completes a written authorization for criminal records check and child abuse registry.</p>				
<p>Adult Supervision: There is an adult responsible for the direct supervision of children.</p>				
<p>Behaviour Management Policy: Programs develop a positive written behaviour management policy which is provided to all staff, parents and volunteers.</p>				

Child Abuse Reporting: Programs will immediately report any case of suspected child abuse concerning a child in the program.				
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SUPERVISION

Supervision: All children are supervised at all times.				
Ratio: If parents are not on site, ratios as determined by Manitoba Child Care are recommended.				

SPACE

Room: Maximum Enrollment: Program maintains a safe maximum in numbers of participants to ensure all children’s needs are met.				
Program Activity: Play activity is offered in appropriate group size and allows for a variety of developmentally appropriate options.				
Sleeping and Toileting: Routines are flexible to meet the developmental needs of children.				

EQUIPMENT

Telephone: Program has a telephone on site or easily accessible.				
Children’s Equipment and Furnishings: Program provides equipment for eating and storage of personal effects				
Toilets and Washbasins: Program provides a minimum of one toilet and one washbasin with running water for each group of 10 children.				
Diapering and Toilet Training Facilities: Program provides diapering and toilet training facilities for children who require them.				
Drinking Water and Cups: Program ensures that children have access to drinking water and separate drinking cups.				
Play Equipment: Program provides safe and developmentally appropriate play equipment for children in attendance. Equipment is cleaned and disinfected on a regular basis.				

COMMENTS/RECOMMENDATIONS

PROGAM CONTACT: _____

PARENT CHILD PROGAM CONTACT: _____

DATE: _____