**Sponsoring Agency Name:** Food Bank of Alaska

**Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Please indicate whether your agency is in compliance or not in compliance with regulations by marking the appropriate field.

| **Staff Ratio** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| 6-10 years – 1:15 |  |  |  |  |
| 10 years & above – 1:20 |  |  |  |  |

| **Non-discrimination** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Services are available without discrimination based on race, color, national origin, sex, age, or handicap. |  |  |  |  |

| **Safety & Sanitation** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Current health/sanitation permit, or satisfactory report of an inspection conducted by local authorities within the past 12 months **shall be submitted.** |  |  |  |  |
| Current fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months **shall be submitted.** |  |  |  |  |
| Fire drills are held in accordance with local fire/building safety requirements. |  |  |  |  |

| **Suitability of Facilities** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Ventilation, temperature, and lighting are adequate for children’s safety and comfort. |  |  |  |  |
| Floors and walls are cleaned and maintained in a condition safe for children. |  |  |  |  |
| Space and equipment, including rest arrangements for pre-school age children, are adequate for the number of age range of participating children. |  |  |  |  |

| **Social Services** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Have procedures for referring families of children in care to appropriate local health and social service agencies. |  |  |  |  |

| **Health Services** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Each child is observed daily for indications of difficulties in social adjustment, illness, neglect and abuse, and appropriate action is initiated. |  |  |  |  |
| A procedure is established to ensure prompt notification of the parent or guardian in the event of a child’s illness or injury, and to ensure prompt medical treatment in case of emergency. **Procedure shall be submitted.** |  |  |  |  |
| Health records, including records of medical examinations and immunizations, are maintained for each enrolled child. |  |  |  |  |
| At least one full-time staff member is currently qualified in first aid, including artificial respiration techniques. |  |  |  |  |
| First aid supplies are available. |  |  |  |  |
| Staff members undergo initial and periodic health assessments. |  |  |  |  |

| **Staff Training** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Institution/sponsoring org provides for orientation and ongoing training in child care for all caregivers |  |  |  |  |

| **Parental Involvement** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| Parents are afforded the opportunity to observe their children in care. |  |  |  |  |

| **Self-Evaluation** | **In Compliance** | **Not in Compliance** | **N/A** | **Notes** |
| --- | --- | --- | --- | --- |
| The institution/sponsoring organization established a procedure for periodic self-evaluation on the basis of CACFP child care standards. **Procedure shall be submitted.** |  |  |  |  |

Do any of the standards listed above create a barrier to participation?

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If yes, please describe the standard and the reason it would create a barrier:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Submitted by Sponsoring Org. Representative

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Date of Submission