Safety Concerns

☐ No safety concerns were identified during the visit.

☐ The following safety concerns were identified during the visit.

Type of Safety Concern	Location and Description
☐ Choking Hazards *Related Item: O.6.16*	
☐ Strangulation Hazards	
☐ Child Access to Hazardous Items and/or Materials	
☐ Tripping Hazards	
☐ Electrical Hazards	
☐ Broken Equipment, Furniture, Materials	
☐ Other:	
☐ Other:	
☐ Other:	

NAEYC requests that your program takes immediate corrective action to address the environmental safety concerns noted. This includes, if applicable, notifying third parties responsible for listed safety concerns by providing them with a copy of this form with a request that they take immediate action.

Orientation Meeting Checklist

Schedule

- ☐ Verify that number of observations and age categories follow protocol.
- ☐ Verify that observation times occur when classes are in session and toddler and older children are not napping.

Infant Sleep: Alternative Sleeping Arrangements for Infants Less Than 12 Months

- ☐ N/A – There are no infants less than 12 months enrolled at the program.
- ☐ There are no physician notes on file for infants younger than 12 months enrolled at the program.
- ☐ Physician notes were presented for the following infants (name and class):

Ethical Conduct

- ☐ Duty to report any situation where there is reason to believe that a child has been abused or neglected.
- ☐ Duty to protect children from harmful situations and report safety concerns.
- ☐ The visit may be paused and/or ended in certain circumstances.

Expectation for Observations

- ☐ Evaluation of stored materials and equipment.
- ☐ Choke tubes will be used in infant and toddler observations.
- ☐ The names and roles of all present staff will be confirmed at the start of each observation, or at a convenient time before the end of the observation period.
- ☐ Documentation of First Aid and CPR training will be requested before the end of the visit if this information is not found during the observation period.
- ☐ Verify classrooms where children have an IEP, IFSP, or other specific accommodations in place.
- ☐ Educators may be asked to briefly respond to questions but will not be engaged in lengthy conversations.
- ☐ Children will be gently redirected to ongoing activities or educators.

Orientation Meeting Checklist, Continued

Administrator Interview

1. Is there anything unique, interesting, or important that NAEYC should be aware of that may impact the assessment of this program?

2. What does NAEYC need to know about this community or the families you serve that would build an understanding of what is observed in the classrooms?

3. What have educators and children been working on or learning about in the past few days?

4. Is there anything else you think NAEYC should know before the observations begin?

Tour of Program Spaces

- ☐ Classrooms (indoor and/or outdoor)
- ☐ Grounds (playgrounds, fields, courtyards)
- ☐ Assessor workspace
- ☐ Other learning/activity areas
- ☐ Bathrooms/changing areas

Tour Notes:

Closing Meeting Checklist

☐ *Check this box if the visit was not completed and complete the **Halted Visit Closing Meeting Checklist** on the **Incident Report Form**. Do not complete this Closing Meeting Checklist.*

Review

☐ Site Visit Schedule

☐ Safety Concerns

☐ Required Item Report Form(s) (if applicable)

☐ Summary of Findings

Administrator Interview

1. What areas would you say you, your staff, and/or the program overall were particularly well-prepared to demonstrate in today's site visit?

2. Was there anything that you, your staff, and/or the program overall found to be challenging and/or not reflective of a typical day?

3. What goals or positive changes do you see for the program in the near future (3-5 years)?

Discuss Next Steps

☐ Receipt of Program Visit Records

- Site Visit Schedule
- Visit Forms
- Required Item Report Form(s), if applicable

☐ Visit Decision Timeline

☐ Visit Evaluation

☐ Review Next Steps Flyer

Review and Complete

☐ Visit Signature Form

Visit Signature Form

Program Administrator

☐ I affirm that I have reviewed the final ***visit schedule*** and that it reflects the times and tasks of the visit to the best of my knowledge.

☐ I affirm that I have reviewed the ***safety concerns*** identified by the assessor(s). I agree on behalf of the program to take immediate corrective action to address any noted safety concerns and/or notify any third party responsible. I understand that evidence has already been rated and therefore no further documentation or follow-up will be accepted by NAEYC at this time.

☐ I affirm that I have received notification from the assessor(s) of any concerns related to ***required items***.

- ☐ I affirm that I have received notification that no concerns related to required items were identified by the assessor(s) during the visit.
- ☐ I affirm that I have received notification of one or more concerns related to required items assessed during the visit. I understand that a report must be submitted to NAEYC Quality Assurance within 72 hours and that I will need to comply with requests to provide additional information and/or documentation related to the identified required item concerns.

☐ I affirm that the visit procedures as outlined in the ***orientation meeting checklist*** and the ***closing meeting checklist*** have been completed and reviewed with me.

☐ I affirm my understanding that the summary of findings provided by the assessor(s) during the closing meeting is intended only to provide a reflection of the site visit in the spirit of transparency and dialogue among professional peers. I understand that the final visit decision and report of findings will be provided after scoring and quality assurance processes have been concluded.

Administrator Name Title

Administrator Signature Date

Visit Signature Form

NAEYC Assessor(s)

☐ I affirm that I have provided all required information in the final ***visit schedule*** and that has been reviewed with the program administrator and that it reflects the times and tasks of the visit to the best of my knowledge.

☐ I affirm that I have reviewed any ***safety concerns*** identified during the visit with the relevant classroom educators and the program administrator.

☐ I affirm that I have provided notification of any concerns related to ***required items*** to the program administrator.

- ☐ I affirm that no concerns related to required items were identified during the visit.
- ☐ I affirm that I have notified the administrator of one or more concerns related to required items assessed. I have provided the administrator with the relevant information and an opportunity to provide a written response. I have communicated that the program must submit a report to Quality Assurance within the next 72 hours and that additional information will be collected and reviewed by Quality Assurance in accordance with established Early Learning Program Accreditation policies and procedures.

☐ I affirm that the visit procedures as outlined in the ***orientation meeting checklist*** and the ***closing meeting checklist*** have been completed and reviewed with the administrator.

☐ I affirm my commitment to maintaining confidentiality regarding all information about this program during the visit, except as required by law.

Assessor Name _____ Assessor Signature _____ Date

Co-assessor Name _____ Co-assessor Signature _____ Date