

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Type of Inspection: ☐ Initial ☐ Unannounced Full ☐ Announced Full ☐ Partial ☐ Follow-Up ☐ Change of Location

Program Name:		Date of Inspection:		Time of Arrival:	
Address:		License Number:		Expiration Date:	
Town:		Telephone Number:		Summer Care:	
Operator:		# of Staff Present:		# over 3 Present:	# under 3 Present:
Email:		Total Capacity:		Total Under 3 capacity:	Ages Served:
Designated Director:		Hours/Days of Operation:			

Instruction Codes: $\sqrt{}$ = Regulation in Compliance **O** = Regulation not in Compliance **N/A** = Not applicable at this time

Endorsements: ☐ Under Three (6wks - 36m) ☐ Preschool (3y - 5y) ☐ School Age (5y & up) ☐ Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

☐ 1. (c)(8) Local Health Inspection-Date: _____

ADMINISTRATION 19a-79-3a

- | | | |
|------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 2. | (a) | Ensuring health & safety of children |
| <input type="checkbox"/> 3. | (b) | Overall management of program |
| <input type="checkbox"/> 4. | (b)(6) | Employee orientation for new program staff |
| <input type="checkbox"/> 5. | (b)(6) | Annual policy training for program staff |
| <input type="checkbox"/> 6. | (b)(7)(A) | Child behavior management |
| <input type="checkbox"/> 7. | (b)(7)(B) | Documentation that parents were informed of behavior management techniques |
| <input type="checkbox"/> 8. | (b)(7)(C) | Child Protection |
| <input type="checkbox"/> 9. | (b)(7)(E) | Mandated Reporting |
| <input type="checkbox"/> 10. | (c)(1-4) | Notification of Change |
| <input type="checkbox"/> 11. | | <u>POLICIES-COMplete/IMPLEMENTED</u> |
| | <input type="checkbox"/> (d)(2)(A) | Discipline policy |
| | <input type="checkbox"/> (d)(2)(B)(C) | Child Protection policy |
| | <input type="checkbox"/> (d)(3) | Closing time policy |
| | <input type="checkbox"/> (d)(4)(A) | Medical emergency policy |
| | <input type="checkbox"/> (d)(4)(B) | Multi-Hazards policy-annual drill |
| | <input type="checkbox"/> (d)(5) | Supervision policy |
| | <input type="checkbox"/> (d)(6) | General Operating policies |
| | <input type="checkbox"/> (d)(6)(C) | Administrative Oversight policy |
| | <input type="checkbox"/> (d)(7) | Personnel policies |
| <input type="checkbox"/> 12. | (d)(1) | Daily attendance-children/staff- keep 1 yr. |
| <input type="checkbox"/> 13. | | <u>ACCESS</u> |
| | <input type="checkbox"/> (f) | Immediate access by parents |
| | <input type="checkbox"/> (h) | Immediate access by OEC-facility/records |
| <input type="checkbox"/> 14. | (l) | 2.8 yr olds in prek-authorization |
| <input type="checkbox"/> 15. | (m) | Motor vehicle laws-transportation |
| <input type="checkbox"/> 16. | (n) | Capacity |
| <input type="checkbox"/> 17. | (o) | Respond to OEC-no false, misleading statements or documents |
| <input type="checkbox"/> 18. | | <u>POSTINGS</u> |
| | <input type="checkbox"/> 3a(e)(1) | License posted |
| | <input type="checkbox"/> 3a(e)(2) | OEC Complaint Procedure posted |
| | <input type="checkbox"/> 3a(d)(6)(C) | Administrative Oversight policy |
| | <input type="checkbox"/> 3a(e)(3) | Menus posted |
| | <input type="checkbox"/> 3a(e)(4) | No Smoking posted signs at entrances |
| | <input type="checkbox"/> 3a(e)(5) | OEC Inspection report posted or available |
| | <input type="checkbox"/> 3a(e)(6) | Dev. Milestones posted |
| | <input type="checkbox"/> 7a(e)(17) | Radon Test posted (Schls-N/A) |
| | <input type="checkbox"/> 10(g)(8) | Safe Sleep policy posted |

STAFFING and CONSULTANTS 19a-79-4a

- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> 19. | (a)(1) | Staff health records |
| <input type="checkbox"/> 20. | (a)(3) | Disciplinary actions |
| <input type="checkbox"/> 21. | (b) | Comprehensive Background Checks |
| <input type="checkbox"/> 21a. | (b)(2) | Past employment history |
| <input type="checkbox"/> 22. | (b)(4) | Evidence of compliance with bknd cks/history |
| <input type="checkbox"/> 23. | (d) | Adequate staffing |
| <input type="checkbox"/> 24. | (d)(1)-(e)(2) | Designated head teacher-approved-60% |
| <input type="checkbox"/> 25. | (d)(2) | Two staff present-age 18 or older |
| <input type="checkbox"/> 26. | (d)(3)(A-C) | Personal qualities of staff |
| <input type="checkbox"/> 27. | | <u>RATIOS</u> |
| | <input type="checkbox"/> (d)(4)(A) | Ratio 1:10 – Indoors/Outdoors |
| | <input type="checkbox"/> (d)(4)(B) | Mixed age group |
| | <input type="checkbox"/> (d)(6) | Nap time ratio |
| <input type="checkbox"/> 28. | (d)(4)(D) | Supervision-Indoors/Outdoors |
| <input type="checkbox"/> 29. | | <u>GROUP SIZE</u> |
| | <input type="checkbox"/> (d)(5) | Group Size-Indoors/Outdoors |
| | <input type="checkbox"/> (d)(5)(A) | Group Size-school age field trips/outdoors |
| | <input type="checkbox"/> (d)(5)(B) | Mixed age group-group size |
| <input type="checkbox"/> 30. | (e)(1) | Designated director-training |
| <input type="checkbox"/> 31. | (f)(1) | CPR certified program staff |
| <input type="checkbox"/> 32. | (f)(2) | First aid certified program staff |
| <input type="checkbox"/> 33. | | <u>PROFESSIONAL DEVELOPMENT</u> |
| | <input type="checkbox"/> (a)(2) | Documentation of prof. dev/trainings |
| | <input type="checkbox"/> (h)(1) | Health & Safety training |
| | <input type="checkbox"/> (h)(2) | 1% annual hours |
| <input type="checkbox"/> 34. | | <u>SWIMMING ACTIVITIES - Y/N</u> |
| | <input type="checkbox"/> (4)(C)(ii-v) | Swimming-Ratios |
| | <input type="checkbox"/> (4)(C)(i) | Non-swimmers identified |
| | <input type="checkbox"/> (e)(6) | CPR certified staff-age 20 or older |
| | <input type="checkbox"/> (e)(6) | Lifeguard-certified-supervising |
| <input type="checkbox"/> 35. | | <u>CONSULTANTS</u> |
| | <input type="checkbox"/> (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) |
| | <input type="checkbox"/> (i) – (i)(2)(A-H) | Consultant agreements-signed annually-agreements complete w/required services |
| | <input type="checkbox"/> (F) | Consultant logs-documented activities, observations and required services |
| | <input type="checkbox"/> (i)(2) (H)(i)-(I)(i) | Consultant visits- Education/Health |

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION		
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.			
<input type="checkbox"/> 36. <input type="checkbox"/> 37. <input type="checkbox"/> 38. <input type="checkbox"/> 39. <input type="checkbox"/> 40. <input type="checkbox"/> 41. <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44. <input type="checkbox"/> 45.	(a)(1)(A-C) <input type="checkbox"/> (a)(1)(D)(i) <input type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input type="checkbox"/> 71. <input type="checkbox"/> 72. <input type="checkbox"/> 73. <input type="checkbox"/> 74. <input type="checkbox"/> 75. <input type="checkbox"/> 76. <input type="checkbox"/> 77. <input type="checkbox"/> 78. <input type="checkbox"/> 79. <input type="checkbox"/> 81. <input type="checkbox"/> 82. <input type="checkbox"/> 83. <input type="checkbox"/> 84. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 94. <input type="checkbox"/> 95. <input type="checkbox"/> 96. <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input type="checkbox"/> 99. <input type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input type="checkbox"/> 103. <input type="checkbox"/> 104. <input type="checkbox"/> 105. <input type="checkbox"/> 106. <input type="checkbox"/> 107.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <u>SMOKING</u> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety – outlets inaccessible - covered or protected <u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible <u>AIR TEMPERATURE</u> Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <u>WALLS/CEILINGS/FLOORS/RUGS</u> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <u>TELEPHONE/TELEPHONE NUMBERS</u> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <u>LIGHTING</u> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials
HEALTH and SAFETY 19a-79-6a					
<input type="checkbox"/> 46. <input type="checkbox"/> 47. <input type="checkbox"/> 48. <input type="checkbox"/> 49. <input type="checkbox"/> 50. <input type="checkbox"/> 51. <input type="checkbox"/> 52. <input type="checkbox"/> 53. <input type="checkbox"/> 54. <input type="checkbox"/> 55. <input type="checkbox"/> 56. <input type="checkbox"/> 57. <input type="checkbox"/> 58. <input type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (c) <input type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection _____ (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <u>FIRST AID SUPPLIES</u> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) <input type="checkbox"/> (c)(5)(A) <input type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C) <input type="checkbox"/> (c)(6)(A) <input type="checkbox"/> (c)(6)(B-D) <input type="checkbox"/>	Fire marshal codes/certificate _____ Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> – Public/Well (Schools-N/A) Lead Water Test – Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessibile <u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint – Y/N Inside/Outside	PHYSICAL PLANT 19a-79-7a

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME			LICENSE NUMBER		DATE OF INSPECTION	
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.			
<input type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input type="checkbox"/> (e)(2)	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area	
<input type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair	
<input type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use	
<input type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>		<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets	
	<input type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily	
	<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (e)(7)	Handwashing-staff/children	
	<input type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed	
	<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed	
	<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available	
	<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed	
	<input type="checkbox"/> (h)(8)	Drinking water available/accessible		<input type="checkbox"/> (f)(3)	Linens/clothing stored individually	
	<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared	
<input type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCED</u>	<input type="checkbox"/> 130.		<u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping	
	<input type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet	
	<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions	
	<input type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
<input type="checkbox"/> 114.		<u>WATER HAZARDS</u>		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.	
	<input type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	<input type="checkbox"/> (i)	Wading pools prohibited		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes	
	<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible	
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input type="checkbox"/> (g)(8)	Safe sleep policies - parents informed	
<input type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	<u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily	
<input type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		<input type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly	
	<input type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors		<input type="checkbox"/> (h)(2)	No toys/objects less than 1 ¼ " diameter	
	<input type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input type="checkbox"/> 135.	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
			<input type="checkbox"/> 136.	<input type="checkbox"/> (j)	Health consultant visits/documentation	
UNDER THREE ENDORSEMENT 19a-79-10 Y/N				<input type="checkbox"/> (k)(1)	<u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 137.	(l)(1)	Written feeding schedule from parent-updated	
<input type="checkbox"/> 118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings	
<input type="checkbox"/> 119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors		<input type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing	
<input type="checkbox"/> 120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input type="checkbox"/> 138.	(l)(2)	Baby food served from dish or whole jar	
<input type="checkbox"/> 121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input type="checkbox"/> 139.	(l)(3)	Bottles labeled with child's name	
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Washable cots			Outdoor spaced fenced-4 ft (lic. after 1/1/25)	
<input type="checkbox"/> 123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray			Outdoor equipment-developmentally appropriate for ages of the children	
<input type="checkbox"/> 124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment			Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety	
<input type="checkbox"/> 125.	(d)(2)(D)	Refrigerator and food prep facilities	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N			
<input type="checkbox"/> 126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement	
<input type="checkbox"/> 127.	(d)(3)(A-C)	<u>DIAPERING</u>	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents	
<input type="checkbox"/> 128.	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail		<input type="checkbox"/> (c)(1)	Activities not a duplication of child's day	
				<input type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children	
				<input type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
			<input type="checkbox"/> 143.	(d)	Ratio- 1:15	
			<input type="checkbox"/> 144.	(e)	Group size- max. 30	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM											
PROGRAM NAME			LICENSE NUMBER		DATE OF INSPECTION						
SCHOOL AGE ENDORSEMENT 19a-79-11				Y/N		MONITORING OF DIABETES 19a-79-13				Y/N	
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures						
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 172.	(b)(1)(A)	<u>STAFF TRAINING</u>						
				(b)(1)(B)	Staff training – first aid						
				(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions						
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N				(b)(2)	Training updated at least every 3 years						
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement		(b)(3)	Written documentation of training						
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		(c)(2)	Trained staff on site when child is present						
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff						
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 174.	(d)(1)	Equipment provided by parents						
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible						
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded						
<input type="checkbox"/> 153.		<u>SLEEP PROVISIONS</u>	<input type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order						
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> 178.	(e)(2)	Written authorization from parent						
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily						
	<input type="checkbox"/> (b)(6)(B)	Required bedding									
	<input type="checkbox"/> (b)(6)(C)	Required toiletries									
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly									
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants									
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft									
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified									
<input type="checkbox"/> 156.	(b)(10)	Local health approval									
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N					ADDITIONAL VIOLATION						
<input type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action						
<input type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	Plan conditions (N/A)								
<input type="checkbox"/> 159.		<u>NONPRESC. TOPICAL MEDICATION</u>	<u>DISCUSSIONS/COMMENTS</u>								
	<input type="checkbox"/> (a)(2)	Admin/Parent permission/report errors									
	<input type="checkbox"/> (a)(3)(A-B)	Labeling and Storage									
	<input type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned									
<input type="checkbox"/> 160.		<u>MEDICATION TRAINING</u>									
	<input type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant									
	<input type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication									
	<input type="checkbox"/> (b)(1)(E)	Rectal medication									
	<input type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector									
	<input type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates									
	<input type="checkbox"/> (b)(2)(C)	Training outline on file									
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission									
<input type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification									
<input type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)									
<input type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage									
<input type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible									
<input type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned									
<input type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment									
<input type="checkbox"/> 168.	(b)(6)	Self-administration documentation									
<input type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization									
<input type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)									
Signature of OEC staff							Signature of person in charge				
Printed Name							Printed Name				
OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov			Inspection shall be posted or available for review upon request.								
			Written Corrective Action Plan Due by:				CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/				