

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### INCUBATOR SITE - FAMILY CHILD CARE HOME INSPECTION FORM

☐ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

<b>Provider:</b>	<b>License Number:</b>	<b>Date of Inspection:</b>
	<b>Expiration Date:</b>	<b>Time of Inspection:</b>
<b>Address:</b>	<b>Capacity:</b>	<b>Days/Hours:</b>
<b>Town:</b>	<b>Telephone:</b>	<b>Summer: Open/Closed</b>
<b>State/Zip Code:</b>	<b>Email:</b>	

Instructions: ✓ = Compliance/No violation found      O = Non-compliance/Violation found      N/A = Not applicable at this time

*Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

\_\_\_\_\_  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- ☐ 4. Capacity: Total # Children Present: \_\_\_\_\_
- ☐ 5. Nontransferability of License
- ☐ 6. Infant/Toddler Restriction- # Present: \_\_\_\_\_
- ☐ 7. License Posted
- ☐ 8. Parent Access to OEC Phone Number
- ☐ 9. Photo ID
- ☐ 10. Requests for Information
- ☐ 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- ☐ 12. Awareness of/Understanding of Regulations
- ☐ 13. Medical Statement-Exp. Date \_\_\_\_\_
- ☐ 14. First Aid Certificate-Exp. Date \_\_\_\_\_
- ☐ 15. CPR Certificate- Exp. Date \_\_\_\_\_
- ☐ 16. Judgment

#### Members of the Household 19a-87b-7

17. Medical Statement N/A
18. Household Environment N/A

#### Qualifications of Staff 19a-87b-8

- ☐ 19. Substitute/Assistant (Y/N) \_\_\_\_\_  
Appvl #: \_\_\_\_\_
- ☐ 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- ☐ 21. Background Check(s)

#### Physical Environment 19a-87b-9

- ☐ 22. Clean/Sanitary Environment
- ☐ 23. Freedom of Hazards
- ☐ 24. Harmful Substances/Materials Inaccessible
- ☐ 25. Bio-contaminants Disposed Safely
- ☐ 26. Safe Storage of Flammables
- ☐ 27. Safe Door Fasteners
- ☐ 28. Electrical Safety

- ☐ 29. Safe Exits
- ☐ 30. Basement Supervision (Y/N) N/A
- ☐ 31. Stairways: Protected/Handrails
- ☐ 32. Emergency Plan
- ☐ 33. Emergency Evacuation Drills-Quarterly/Log
- ☐ 34. Smoke Detectors N/A
- ☐ 35. Carbon Monoxide Detector (one on-site)
- ☐ 36. Fire Extinguisher- at least 5 lb. ABC/Installed N/A
- ☐ 37. Aux. Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N) N/A
- ☐ 38. Safe Storage of Weapons and Ammunition N/A
- ☐ 39. Safe Space - Sufficient  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- ☐ 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- ☐ 41. Hot Tubs- Locked/Inaccessible
- ☐ 42. Ventilation/Light - Temperature- 65°F
- ☐ 43. Window Safety
- ☐ 44. Washing/Toileting/Sewage/Garbage Facilities
- ☐ 45. Adequate and Safe Water: Public/Approved
- ☐ 46. Water Temperature 60°-120°F
- ☐ 47. Pasteurization of Milk Supply
- ☐ 48. Working Telephone/Emergency Numbers Posted
- ☐ 49. Safe Transportation-Registered/Insured/Restraints
- ☐ 50. First Aid Supplies
- ☐ 51. Pets: (Y/N) -Type: \_\_\_\_\_ Rabies Certificate(s)
- ☐ 52. Smoking

#### Responsibilities of Provider 19a-87b-10

- ☐ 53. Enrollment Form
- ☐ 54. Child Health Record
- ☐ 55. Immunizations
- ☐ 56. Emergency Permission
- ☐ 57. Authorized Release
- ☐ 58. Field Trips/Transportation Permission- To/From School
- ☐ 59. Swimming Permission
- ☐ 60. Incident Log
- ☐ 61. Confidentiality
- ☐ 62. Meeting the Child's Needs
- ☐ 63. Sufficient Play Equipment
- ☐ 64. Good Nutrition: Meals/Snacks/Water Available
- ☐ 65. Handwashing
- ☐ 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name)		(Printed Name)

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<b>Provider:</b>		<b>License Number:</b>	<b>Date of Inspection:</b>
<b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b>		<b><u>Administration of Medications 19a-87b-17 (continued)</u></b>	
<input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input type="checkbox"/> 72. Infants Placed on Back for Sleeping <input type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input type="checkbox"/> 75. Infants not Swaddled <input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input type="checkbox"/> 79. Parent Information and Access <input type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input type="checkbox"/> 88. Child Protection: Abuse/Neglect <input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF		<input type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input type="checkbox"/> 99. Documented Medication Trained Staff <input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input type="checkbox"/> 101. MAR Maintained <input type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input type="checkbox"/> 103. Unused/Expired Prescription Meds <input type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input type="checkbox"/> 105. Self-Administration of Meds <input type="checkbox"/> 106. Petition for Special Medication Authorization <input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input type="checkbox"/> 113. Parent Notification of Test Results <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<b><u>Sick Child Care 19a-87b-11</u></b>		<b><u>Additional Conditions</u></b>	
<input type="checkbox"/> 91. Sick Child Care		<input type="checkbox"/> 115. Fire Marshal Approval (annual) _____ <input type="checkbox"/> 116. Local Health Inspection (every 2 years) _____ <input type="checkbox"/> 117. Radon Test – Date _____ <input type="checkbox"/> 118. Lead Water test (every 2 years) _____ <input type="checkbox"/> 119. Bact./Chem Test – Date: _____ N/A <input type="checkbox"/> 120. Adequate Toilets/Sinks (1:16) - shared: supervision plan <input type="checkbox"/> 121. Sinks- Diapering/Handwashing/Food Preparation <input type="checkbox"/> 122. Bathroom Ventilation (screened window/mechanical) <input type="checkbox"/> 123. No Weapons/No Facsimile of a Firearm on site <input type="checkbox"/> 124. Smoking or Vaping Prohibited on Premises/Grounds <input type="checkbox"/> 125. Lighting-Shatter Proof/Protected <input type="checkbox"/> 126. Glass Protected to 36" <input type="checkbox"/> 127. Openings for Ventilation Screened <input type="checkbox"/> 128. No Space Heaters Allowed <input type="checkbox"/> 129. Outdoor Space Fenced <input type="checkbox"/> 130. Fencing 4 Feet <input type="checkbox"/> 131. Outdoor Space - Shock Absorbing Material (8") <input type="checkbox"/> 132. Indoor Climbing Play Equipment-Shock Absorbing Materials Under and Around	
<b><u>Night Care 19a-87b-12 (Y/N) (10pm-5am)</u></b>			
<input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear			
<b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b>			
<input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records			
<b><u>Administration of Medications 19a-87b-17</u></b>			
<input type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input type="checkbox"/> 96. Notification and Documentation of Medication Error(s)			
<b><u>Discussions/Comments:</u></b>			
• Only the regulations marked as compliant or non-compliant were monitored or discussed.			
• <u>APPLICANTS: You MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
(Signature of OEC Representative)		Date Corrections Due By:	
(Printed Name)		(Signature of Provider/Applicant/Substitute/Emergency Caregiver)	
		(Printed Name)	

SAMPLE