

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

Program Name:	License Number:	Date of Inspection:	Time of Arrival:
Address:	Expiration Date:	Licensed Capacity:	
Town:	Telephone:	# of children present:	# of staff present:
Operator:	Director:		
Email:	Head Teacher:		
Hours of Operation:	Summer Care:		
Ages Served:	Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		

Licensure Procedures 19a-79-2a

- ☐ 1. Local Health Inspection Date: _____

Administration 19a-79-3a

- ☐ 2. New Staff-Employee Orientation
☐ 3. Annual Staff Policy Training
☐ 4. Documentation of Behavior M. Tech Discussed w/Parents
☐ 5. Notification of Change
☐ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policies
☐ 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

- ☐ 8. License
☐ 9. Current Fire Marshal Certificate Date: _____
☐ 10. OEC Complaint Procedure
☐ 11. Food Service Certificate Date: _____
☐ 12. Menus
☐ 13. Emergency Plans
☐ 14. No Smoking Signs
☐ 15. Radon Test (Y/N) Date: _____ Result: _____
☐ 15a. Developmental Milestones

Staffing 19a-79-4a

- ☐ 16. Staff Health Records/TB Tests
☐ 17. Professional Development
☐ 18. Disciplinary Actions
☐ 18b. Background Checks
☐ 19. Designated Head Teacher/60%
☐ 20. Two Staff Present
☐ 23. Designated Director/Training
☐ 24. CPR Certified Staff
☐ 25. First Aid Trained Staff

Consultants

- ☐ 26. Agreements/Contracts (Complete/Signed Annually)

Contracts Logs

Education		
Health		
Social Service		
Dental		
Dietitian		

- ☐ 27. Logs/Visits Documented

Swimming: (Y/N)

- ☐ 28. Non-swimmers Identified
☐ 29. Staff/Child Ratios
☐ 30. CPR Certified Staff (20 years of age)
☐ 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

- ☐ 32. Enrollment Information
☐ 33. Emergency Medical Permission
☐ 34. Authorized Released Permission
☐ 35. Field Trip Permission
☐ 36. Transportation Permission
☐ 37. Child Health Records/Immunizations/TB
☐ 38. Individual Care Plan (Signed by Parent/Staff)
☐ 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

- ☐ 40. Nutritious Snacks/Meals (Required Food Groups)
☐ 41. Proper Refrigeration
☐ 42. Kitchen Separated
☐ 43. Hand Washing Before Eating/Food Handling
☐ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

- ☐ 45. License Premise: Clean/Good Repair/Hazard Free
☐ 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
☐ 49. Lead Water Test (Y/N) Date: _____
Bacterial/Chemical Test (Y/N) Date: _____
☐ 50. Walkways Maintained
☐ 51. Designated Staff Toilet/Sink
☐ 53. Windows Protected to Prevent Falls
☐ 55. Overhead Doors Locking Devices/ Spring Protectors
☐ 56. Exits/Hallways and Stairs Unobstructed
☐ 58. Smoking Prohibited
☐ 59. Matches/Lighters Inaccessible
☐ 61. Toileting Needs Met
☐ 62. Required Toilets/Sinks/Supplies
☐ 64. Hand Washing After Toileting: Staff/Children
☐ 65. Ventilation in Toilet Room
☐ 66. Air Temperature Comfortable
☐ 68. Portable Space Heaters
☐ 69. Building/Equipment: Sanitary/Hazard Free
☐ 71. Hot Water/Steam Pipes Protected
☐ 72. Working Phone on Each Level

Signature of OEC Representative:

Written Corrective Action Plan
Due to OEC by:

Signature of Person in Charge:

Print Name:

Print Name:

SCHOOL AGE ONLY INSPECTION FORM

Program Name:	License Number:	Date of Inspection:
<p><u>Physical Plant continued:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 73. Emergency Numbers Posted <input type="checkbox"/> 75. Light Fixtures Shielded/Shatter Proof <input type="checkbox"/> 76. Potentially Hazardous Substances Locked <input type="checkbox"/> 77. Garbage/Rubbish Disposed Daily <input type="checkbox"/> 78. Stairs Protected/Good Repair/Handrails <input type="checkbox"/> 79. Pets: Maintained/Care Plan (Y/N) <input type="checkbox"/> 80. Operable CO Detector on Each Level (Y/N) <input type="checkbox"/> 81. Program Space/Adequate Sq. Ft. Per Child <input type="checkbox"/> 84. Developmentally Appropriate Equipment/Materials <input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N) <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premise <p><u>Outdoor Space</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free of Hazards <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Playground Protected <input type="checkbox"/> 94. Drinking Water Available/Accessible <p><u>Educational Requirements 19a-79-8a</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input type="checkbox"/> 96. Activity Choices: Developmentally Appropriate/ Flexible/Meets Individual Needs Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up <p><u>Administration of Medications 19a-79-9a</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline on file <p><u>Nonprescription Topical Medications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 99. Administration/Parent Permission/MAR <input type="checkbox"/> 100. Labeling/Storage <p><u>Oral/Topical/Inhalant/Injectable Medications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 101. Med Trained Staff/Certificates <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed <p><u>Self-Administration</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <ul style="list-style-type: none"> <input type="checkbox"/> 107. Approved Petition For Special Med Authorization <p><u>Emergency Distribution of Potassium Iodide</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 108. KI Pill Parent Permission/Storage 	<p><u>School Age Children Endorsement 19a-79-11</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity choices appropriate <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <p><u>Monitoring of Diabetes 19a-79-13</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials Discarded Appropriately <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Actions Taken <input type="checkbox"/> 163. Daily Written Parent Notifications 	
Signature of OEC Representative	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge

Print Name: _____

Print Name: _____