

# FAMILY CHILD CARE HOME CHECKLIST FOR PROVIDER, STAFF, AND HOUSEHOLD MEMBER RECORDS

*This document is being supplied as a sample that can be utilized in this format or tailored to meet your program specific needs. The records included on this sample checklist are required by regulation, however do not include all records you may be required to maintain. Please keep in mind it is the responsibility of the provider to ensure compliance with all regulatory requirements. Additional checklists for child records and health and safety guidelines are also available at [www.ct.gov/oec](http://www.ct.gov/oec)*

**All records must be kept on file at the licensed family child care home and be available for review by OEC staff upon request during visits.**

| Provider, Staff, and Household Members | Adult Health Record<br><i>Provider: Every 3 yrs<br/>HH members: at time of application or when new to HH</i> | Child Health Record<br><i>0-5 yrs: Annually<br/>School-Age: as required per local authorities</i> | Child Immunization Record<br><i>As required per DPH Immunization Schedule</i> | Flu Shot<br><i>Annually: 6 - 49 months of age<br/>Administered btw. 8/1 and 12/31</i> | CPR Training Exp. Date | First Aid Training Exp. Date | Medication Administration Training Approval<br><b>Oral, Topical, Inhalent</b><br><i>Every 3 years (as applicable)</i> | Medication Administration Training Approval<br><b>Injectable</b><br><i>Annually (as applicable)</i> | Proof of Background checks<br><i>(within 5 years for provider and adult hh members 16 years of age or older)</i> |
|--|--|---|---|---|------------------------|------------------------------|---|---|--|
| Provider:                              |  |   |   |   |                        |                              |   |   |  |
| Substitute:                            |  |   |   |   |                        |                              |   |   |  |
| Assistant:                             |  |   |   |   |                        |                              |   |   |  |
| Adult Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Adult Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Adult Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Adult Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Child Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Child Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Child Household Member:                |  |   |   |   |                        |                              |   |   |  |
| Child Household Member:                |  |   |   |   |                        |                              |   |   |  |

\* A notification of change form must be submitted to the OEC Licensing Division when adults or children become new household members. The following documentation must be submitted: Adult Medical Clearance for all adults 18 years and over / Background Checks for all household members 16 years and over / Child Health & Immunization Record for children 0 - 15 years