



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider					License Number		Date of Inspection	
					Expiration Date		Time of Inspection	
Address					Telephone		Regular Capacity	
					Days and Hours		School Age Capacity	
Is this a Change of Address?	Yes?		No?			Summer Care		
New Address					Type of Inspection			
					# of Infants - Toddlers Present		# of Total Children Present	
Provider's Email					Inspector's Email			

Key:
Compliant = X
Non-Compliant = O

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/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

4. Capacity			
5. Non-transferability of license	Pending?		
6. Infant/Toddler Restriction			
7. License Posted			
8. Parent Access to OEC Phone Number			
9. Photo ID			
10. Requests for Information			
11. Notification of Change			

QUALIFICATION OF PROVIDER 19a-87b-6

12. Awareness of, Understanding of Regulations			
13. Medical statement			
Expiration date:			
14. First Aid Certificate			
Expiration date:			

	15. CPR Certificate	
	Expiration date:	
	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

	17. Medical Statement	
	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

	21. Background Check(s)	
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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	
	Used for Care ?	Y/N	
	31. Stairways - Protected, Handrails		
	32. Emergency Plan		

SAMPLE

	33. Emergency Evacuation Drills - Quarterly/Log	
	34. Smoke Detectors	
	35. Carbon Monoxide Detector	
	36. Fire Extinguisher- 5 lb. ABC/Installed	
	37. Auxiliary Heating System	Appvd?
	Type?	
	38. Safe Storage of Weapons and Ammunition	
	39. Safe Space-Sufficient	
	Indoors	Outdoors
	40. Body of Water-Type:	Y/N
	Barrier?	
	41. Hot Tubs-Locked - Inaccessible	Y/N
	42. Ventilation, Light and Temperature- 65°	
	43. Window Safety	
	44. Washing Toileting, Sewage Garbage Facilities	
	45. Adequate and Safe Water - Type of System:	
	46. Water Temperature- 60°-120°	
	47. Pasteurization of Milk Supply	
	48. Working Phone, Emergency Numbers Posted	
	49. Safe Transportation Registered, Insured, Restraints	
	50. First Aid supplies	
	51. Pet protection	Type:
	Pets?	
	Rabies Certs?	
	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
	53. Enrollment Form	

SAMPLE

	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and 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	
	67. Personal Articles- Blanket, Towel, Toilet Articles	
	68. Proper Rest Provisions – Safe Cribs	
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
	72. Infants Placed on Back for Sleeping	
	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

	74. Crib or Other Provision Free from Observable Hazards	
	75. Infants not Swaddled	
	76. Infants Supervised – minimum every 15 minutes	
	77. Req. for Sleep Arrangements Posted/Discussed	
	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
	79. Parent Information and Access	
	80. Developmental Milestones – Posted	
	81. Supervision- at all Times, Indoors, Outdoors	
	82. Personal Schedule- Alert, Competent Attention	
	83. Full Attention - Distractions, Employment, Socialization	
	84. Immediate Attention	
	85. Substitute – Emergency Caregiver Present	
	86. Appr. Discipline, Behavior Management	
	87. Discuss Beh. Management Methods w/Staff and Parents	
	88. Child Protection- Abuse/Neglect	
	89. Notify OEC within 24 hrs. - Death or Serious Injury	
	90. Mandated Reporting Abuse or Neglect to DCF	

SAMPLE

SICK CHILD CARE 19a-87b-11

	91. Sick Child Care	
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**IS NIGHT CARE PROVIDED? NIGHT CARE 19a-87b-12
(10pm to 5am)**

	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

93. Access-
Immediate, Entire
or Part of Facility
and Records

Are Medications Administered?

ADMINISTRATION OF MEDICATIONS 19a-87b-17

94. Policies and
Procedures for
Admin of Meds

95. Parent
Permission for
Nonprescription
Topical Meds

96. Notification -
Documentation of
Med Error(s)

97.
Nonprescription
Topical Meds-
Stored/Labeled

98. Unused -
Expired
Nonprescription
Meds

99. Documented
Medication
Trained Staff

100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

102. Prescription
Meds -
Stored/Labeled

103.
Unused/Expired
Prescription Meds

104. Emergency
Meds- Equip.
Labeled/Current

105. Self-Admin.
Of Meds

106. Petition for
Special Medication
Authorization

SAMPLE

Child with diabetes enrolled?

MONITORING OF DIABETES 19a-87b-18

108. Policies for
Finger Stick Blood
Glucose Testing

109. Finger Stick
Blood Glucose
Testing - Staff
Trained

110. Self Admin of
Finger Stick Blood
Glucose Testing

111. Testing
Equip. & Supplies-
Maintain, Labeled,
Locked, Disposed

112. Finger Stick
Blood Glucose
Testing Records

	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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<u>YES or NO?</u>	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

COMMENTS:

SAMPLE

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
(Printed Name)	(Printed Name)		(Printed Name)