



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INSPECTION**

|   |  |  |                                    |  |                           |  |                           |  |                                |  |
|---|--|--|------------------------------------|--|---------------------------|--|---------------------------|--|--------------------------------|--|
| <b>Program Name</b>                               |  |  |                                    |  | <b>License Number</b>     |  |                           |  | <b>Date of Inspection</b>      |  |
|   |  |  |                                    |  | <b>Expiration Date</b>    |  |                           |  | <b>Time of Inspection</b>      |  |
| <b>Address</b>                                    |  |  |                                    |  | <b>Telephone</b>          |  |                           |  | <b>Licensed Capacity</b>       |  |
|   |  |  |                                    |  | <b>Hours of Operation</b> |  |                           |  | <b>Infant/Toddler Capacity</b> |  |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>                            |  | <b>No?</b>                         |  |                           |  |                           |  | <b>Summer Care</b>             |  |
| <b>New Address</b>                                |  |  |                                    |  | <b>Minimum Age Served</b> |  | <b>Maximum Age Served</b> |  | <b>Water Supply</b>            |  |
|   |  |  |                                    |  | <b>Program's Email</b>    |  |                           |  |                                |  |
| <b>Operator</b>                                   |  |  |                                    |  | <b>Name of Inspector</b>  |  |                           |  |                                |  |
| <b>Director</b>                                   |  |  |                                    |  | <b>Inspector's Email</b>  |  |                           |  |                                |  |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants - Toddlers Present</b> |  | <b># of Total Children Present</b> |  | <b># of Staff Present</b> |  | <b>Type of Inspection</b> |  |                                |  |

**LICENSURE PROCEDURES 19a-79-2a**

|   |  |
|---|--|
| <b>1. Local Health Inspection</b>         |  |
| <b>Date:</b>                              |  |
| <b>1a. False or Misleading Statements</b> |  |

**ADMINISTRATION 19a-79-3a**

|   |  |
|---|--|
| <b>1b. Administration</b>                                       |  |
| <b>1bb. Capacity</b>  |  |
| <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>3. Annual Staff Policy Training</b>                          |  |
| <b>3b. Managing child behavior</b>                              |  |
| <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>4b. Failure to report</b>                                    |  |

|                                  |   |   |  |
|----------------------------------|---|---|--|
|                                  | 5. Notification of Change                       |   |  |
|                                  | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |  |
|                                  | 7. Daily Attendance Records- staff and children |   |  |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |   |  |
|                                  | 8. License                                      |   |  |
|                                  | 9. Fire Marshal certificate                     |   |  |
|                                  | Date  |   |  |
|                                  | 10. OEC Complaint procedure                     |   |  |
|                                  | 11. Food Service Certificate                    | N/A?  |  |
|                                  | Date  |   |  |
|                                  | 12. Menus                                       |   |  |
|                                  | 13. Emergency plans                             |   |  |
|                                  | 14. No Smoking Signs                            |   |  |
|                                  | 15. Radon Test                                  | N/A?  |  |
|                                  | Date  |   |  |
|                                  | Results   |   |  |
|                                  | 15a. Developmental Milestones                   |   |  |
|                                  | 15b. Access                                     |   |  |
|                                  | 15bb. Endorsements                              |   |  |
| <b>STAFFING 19a-79-4a</b>        |   |   |  |
|                                  | 15c. Staffing                                   |   |  |
|                                  | 16. Staff Health records – TB tests             |   |  |
|                                  | 17. Professional development                    |   |  |
|                                  | 18. Disciplinary actions                        |   |  |
|                                  | 18b. Background checks                          |   |  |

SAMPLE

|   |           |        |                |        |                |
|---|-----------|--------|----------------|--------|----------------|
| 19. Designated Head Teacher                     |           |        |                |        |                |
| 20. Two Staff present                           |           |        |                |        |                |
| 20a. Staff Qualities                            |           |        |                |        |                |
| 21. Ratio: 1 staff to 10 children               |           |        |                |        |                |
| 21b. Supervision                                |           |        |                |        |                |
| 22. Group Size – maximum 20 children            |           |        |                |        |                |
| 23. Designated director - Training              |           |        |                |        |                |
| 24. CPR Certified Staff (Group Home N/A)        |           |        |                |        |                |
| 25. First Aid Trained Staff                     |           |        |                |        |                |
| 26. Consultants- Agreements and Contracts       |           |        |                |        |                |
| 27. Logs – Visits documented                    |           |        |                |        |                |
| Not in Compliance?                              | Education | Health | Social Service | Dental | Dietician N/A? |
| Contracts                                       |           |        |                |        |                |
| Logs  |           |        |                |        |                |
| Do they take children swimming? <b>SWIMMING</b> |           |        |                |        |                |
| 28. Non-swimmers identified                     |           |        |                |        |                |
| 29. Staff/Child Ratios                          |           |        |                |        |                |
| 30. CPR certified staff (20 years of age)       |           |        |                |        |                |
| 31. Lifeguard certified - supervision           |           |        |                |        |                |
| <b>RECORD KEEPING 19a-79-5a</b>                 |           |        |                |        |                |
| 32. Enrollment information                      |           |        |                |        |                |
| 33. Emergency medical permission                |           |        |                |        |                |
| 34. Authorized release permission               |           |        |                |        |                |
| 35. Field trip permission                       |           |        |                |        |                |
| 36. Transportation permission                   |           |        |                |        |                |

|                                    |  |                                |  |
|------------------------------------|--|--------------------------------|--|
|                                    | 37. Child health records and immunizations                           |                                |  |
|                                    | 38. Individual care plan (signed by parents and staff)               |                                |  |
|                                    | 39. Injury, Illness, Accident reports                                |                                |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |                                |  |
|                                    | 40. Nutritious snacks and meals (required food groups)               |                                |  |
|                                    | 41. Proper refrigeration (max 45°)                                   |                                |  |
|                                    | 42. Kitchen separated  | N/A?                           |  |
|                                    | 43. Hand washing – before eating or food handling                    |                                |  |
|                                    | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       |                                |  |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |  |                                |  |
|                                    | 45. License premises – clean, good repair, hazard free               |                                |  |
|                                    | 47b. Plans for new construction, expansion, renovation or conversion |                                |  |
|                                    | 48. Sanitary drinking fountains – disposable cups                    |                                |  |
|                                    | 49. Lead Water Test (N/A?)   | Bacterial/Chemical Test (N/A?) |  |
|                                    | 50. Walkways maintained  |                                |  |
|                                    | 51. Designated staff toilet/sink                                     |                                |  |
|                                    | 52. All openings for ventilation screened                            |                                |  |
|                                    | 53. Windows protected to prevent falls                               |                                |  |
|                                    | 54. Glass protected up to 36”  |                                |  |
|                                    | 55. Overhead doors – locking devices, spring protectors              |                                |  |
|                                    | 56. Exits, Hallways and Stairs unobstructed                          |                                |  |

|  |   |  |
|--|---|--|
|  | 57. Individual storage of clothing and bedding            |  |
|  | 58. Smoking prohibited                                    |  |
|  | 59. Matches and lighters inaccessible                     |  |
|  | 60. Electrical safety – outlets/cords                     |  |
|  | 61. Toileting needs met                                   |  |
|  | 62. Required toilets, sinks, supplies                     |  |
|  | 63. Potty chairs – nonporous, emptied, disinfected        |  |
|  | 64. Hand washing after toileting – staff and children     |  |
|  | 65. Ventilation in toilet rooms                           |  |
|  | 66. Air temperature 65 degrees, thermometer affixed       |  |
|  | 67. Water temperature 60° – 115°                          |  |
|  | 68. Portable space heaters                                |  |
|  | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
|  | 70. Rugs secure   |  |
|  | 71. Hot water, steam pipes protected                      |  |
|  | 72. Working phone on each level                           |  |
|  | 73. Emergency numbers posted                              |  |
|  | 74. Adequate lighting - 50/30 candle feet                 |  |
|  | 75. Light fixtures shielded, shatter proof                |  |
|  | 76. Potentially hazardous substances locked               |  |
|  | 77. Garbage, rubbish disposed daily                       |  |

|  |   |   |
|--|---|---|
|  | 78. Stairs protected, good repair, handrails                  |   |
|  | 79. Pets – maintained, care plan                              | Y/N   |
|  | 80. Operable CO detector on each level                        | N/A?  |
|  | 81. Program space-adequate square footage per child           |   |
|  | 82. Equipment clean, good repair, safe, non-toxic             |   |
|  | 83. Cots stored, maintained, adequate number                  |   |
|  | 84. Developmentally appropriate equipment                     |   |
|  | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N   |
|  | 86. No weapons, no facsimile of a firearm on premises         |   |
| <b>OUTDOOR SPACE</b>                           |   |   |
|  | 87. Outdoor space - adequate square footage per child         |   |
|  | 88. Impact absorbing material under equipment                 |   |
|  | 89. Playground free from hazards                              |   |
|  | 92. Equipment anchored, safely arranged                       |   |
|  | 93. Outdoor play area protected, fenced                       |   |
|  | 94. Drinking water available, accessible                      |   |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |   |
|  | 95. Written plan for daily program available to parents/staff |   |
|  | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |   |
|  | 97. Written policies, procedures                              |   |
|  | 98. Training outline on file                                  |   |

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |       |            |  |  |  |
|-------------------------------------|--|-------|------------|--|--|--|
|                                     | 99. Administration, parent permission, MAR   |       |            |  |  |  |
|                                     | 100. Labeling, storage   |       |            |  |  |  |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |       |            |  |  |  |
|                                     | 101. Med trained staff, certificates   |       |            |  |  |  |
|                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | O/T/I | Injectable |  |  |  |
| O/T/I                               | Injectable   |       |            |  |  |  |
|                                     |  |       |            |  |  |  |
|                                     | 102. Authorized prescriber, parent permission, MAR   |       |            |  |  |  |
|                                     | 103. Labeling, storage   |       |            |  |  |  |
|                                     | 104. Unused, expired meds returned/disposed  |       |            |  |  |  |
| SELF-ADMINISTRATION                 |  |       |            |  |  |  |
|                                     | 105. Authorized prescriber, parent permission, MAR   |       |            |  |  |  |
|                                     | 106. Labeling, storage   |       |            |  |  |  |
|                                     | 107. Approved petition for special medication authorization  |       |            |  |  |  |
| Is there an approved endorsement?   | <b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>  |       |            |  |  |  |
|                                     | 109. Approved endorsement  |       |            |  |  |  |
|                                     | 110. Ratio: 1 staff to 4 children  |       |            |  |  |  |
|                                     | 111. Group size: no larger than 8  |       |            |  |  |  |
|                                     | 112. Physical barriers, groups of 8 (indoors and outdoors)   |       |            |  |  |  |
|                                     | 113. Adequate sinks in program space   |       |            |  |  |  |
|                                     | 114. Free standing, well-constructed, safe cribs   |       |            |  |  |  |
|                                     | 115. Washable cots   |       |            |  |  |  |
|                                     | 116. Chairs for feeding, stable, safety straps, locking tray   |       |            |  |  |  |
|                                     | 117. Developmentally appropriate tables, chairs, equipment   |       |            |  |  |  |
|                                     | 118. Refrigerators and food prep facilities  |       |            |  |  |  |

SAMPLE

|  |     |    |  |
|--|-----|----|--|
| 119. Diaper area-<br>sturdy, safety rail,<br>nonporous, exclusive<br>use |     |    |  |
| 120. Diaper area-<br>washed, disinfected                                 |     |    |  |
| 121. Diaper area-<br>disposable paper<br>sheets                          |     |    |  |
| 122. Covered waste<br>receptacle   |     |    |  |
| 123. Diaper<br>changing policy<br>posted, followed                       |     |    |  |
| 124. Hand washing<br>policy posted,<br>followed                          |     |    |  |
| 125. Individual<br>storage of personal<br>items                          |     |    |  |
| 126. Cribs/cots<br>washed and<br>disinfected                             |     |    |  |
| 127. Under 12<br>months- placed on<br>back for sleeping                  |     |    |  |
| 128. Alternate sleep<br>position-<br>equipment, medical<br>documentation | Yes | No |  |
| 129. Crib, bed used<br>for infant sleeping                               |     |    |  |
| 130. Crib, bed free<br>from observable<br>hazards                        |     |    |  |
| 131. Infant toys<br>separate, washed,<br>disinfected daily               |     |    |  |
| 132. No toys, objects<br>less than 1/1/4"<br>diameter                    |     |    |  |
| 133. Plastic bags,<br>balloons, Styrofoam<br>objects inaccessible        |     |    |  |
| 134. Health<br>consultant, doc. of<br>visits                             |     |    |  |
| 135. Infants held for<br>bottles, indiv.<br>attention, tummy<br>time     |     |    |  |
| 136. Written<br>statement, feeding<br>schedule from<br>parent            |     |    |  |
| 137. Unused<br>portions of liquids<br>discarded                          |     |    |  |
| 138. Clean Bottles,<br>disp. bottles,<br>approved bottle<br>washing      |     |    |  |
| 139. Food served<br>from dish or whole<br>jar served                     |     |    |  |
| 140. Bottles<br>individually<br>identified with<br>child's name          |     |    |  |



**OUTDOOR PLAY SPACE - UNDER THREE**

|  |  |  |
|--|--|--|
|  | 141. Play space fenced                                   |  |
|  | 142. Outdoor equipment developmentally appropriate       |  |
|  | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
|  | 143. Approved endorsement                                |  |
|  | 144. Activity choices appropriate                        |  |
|  | 145. Ratio – 1 staff to 10 children                      |  |
|  | 146. Group size – maximum 20 children                    |  |
|  | 147. Education Consultant appropriate                    |  |
|  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|  | 148. Approved endorsement                                |  |
|  | 149. Written program plan, supervision                   |  |
|  | 150. Staff awake and available                           |  |
|  | 151. Cot, crib, bedding, toiletries, sleep apparel       |  |
|  | 152. Individual storage of personal items                |  |
|  | 153. Bedding, sleeping apparel laundered weekly          |  |
|  | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
|  | 154. Written policies and procedures                     |  |
|  | 155. On site staff trained in first aid, glucose testing |  |
|  | 156. Training current and documented                     |  |
|  | 157. Supervision of self-administration                  |  |
|  | 158. Equipment, supplies labeled and inaccessible        |  |

|  |  |  |
|--|--|--|
|  | 159. Signed agreement with parents regarding equipment |  |
|  | 160. Materials discarded appropriately                 |  |
|  | 161. Authorized prescriber, parent permission          |  |
|  | 162. Documentation of test results, actions taken      |  |
|  | 163. Daily written parent notification                 |  |

**ADDITIONAL VIOLATIONS**

|  |   |      |  |
|--|---|------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A? |  |
|--|---|------|--|

YES or NO?

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS:**

SAMPLE

**COMMENTS:**

**NOTE:**

Items left blank on this form were not monitored during this visit.

Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.

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

|                                   |                                   |   |                                 |
|-----------------------------------|-----------------------------------|---|---------------------------------|
|                                   |                                   | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> |                                 |
| (Signature of OEC Representative) | (Signature of OEC Representative) |   | (Signature of Person in Charge) |
| (Printed Name)                    | (Printed Name)                    |   | (Printed Name)                  |