

**FAMILY DAY CARE HOME INSPECTION FORM**

INITIAL    INSPECTION    REINSPECTION    COMPLAINT    NEW ADDRESS    OTHER

<b>Provider:</b>  <b>Address:</b>  <b>Town/State/Zip Code:</b>	License Number:  Expiration Date:  Capacity:  Telephone:	Date of Inspection:  Time of Inspection:  Instructions:  <p style="text-align: center;"> <input checked="" type="checkbox"/> = Compliance/Discussed  <input type="checkbox"/> = Non-Compliance  <input type="checkbox"/> = Pending         </p>
<i>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 visits as required by Regulations Section 19a87b-5(i).</i>		
_____ <i>Provider/Substitute's Signature</i>		

**Terms of Registration 19a-87b-5**

- 1. Capacity: Total # Children Present: \_\_\_\_\_
- 2. Infant/Toddler Restriction- # Present: \_\_\_\_\_
- 3. Variance-Type: \_\_\_\_\_
- 4. License Posted
- 5. Access to DPH Phone Number
- 6. Notification of Change

**Qualification of Provider 19a-87b-6**

- 7. Awareness of/Understanding of Regulations
- 8. Medical Statement-Exp. Date \_\_\_\_\_ TB Test
- 9. First Aid Certificate-Exp. Date \_\_\_\_\_
- 10. Personal Qualities/Good Judgment

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

- 11. Medical Statement/TB Test
- 12. Background Check
- 13. Household Environment

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

- 14. Substitute/Assistant  
Name: \_\_\_\_\_ Exp. Date \_\_\_\_\_
- 15. Emergency Caregiver  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

- 16. Clean/Sanitary Environment
- 17. Freedom of Hazards
- 18. Absence of Poisons
- 19. Safe Storage of Flammables
- 20. Safe Door Fasteners
- 21. Electrical Safety
- 22. Safe Exits
- 23. Basement Supervision
- 24. Stairways: Protected/Handrails
- 25. Evacuation Plan
- 26. Fire Drills -Quarterly
- 27. Smoke Detectors
- 28. Fire Extinguisher-5 lb ABC/Installed
- 29. Auxiliary Heating System: Type \_\_\_\_\_ Approved (Y/N)
- 30. Weapons: (Y/N) Type: \_\_\_\_\_ Locked Storage (Y/N)
- 31. Safe Space-Sufficient  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- 32. Body of Water-Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 33. Ventilation/Light/Temperature
- 34. Washing/Toileting/Sewage/Garbage Facilities
- 35. Water Supply: Public/Approved
- 36. Water Temperature: \_\_\_\_\_
- 37. Working Telephone/Emergency Numbers Posted
- 38. Safe Transportation-Registered/Insured/Restraints
- 39. First Aid Supplies
- 40. Pets: (Y/N) -Type: \_\_\_\_\_  
Rabies Certificate: (Exp.) \_\_\_\_\_
- 41. Smoking Restrictions/Parents Notified

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

- 42. Enrollment Form
- 43. Child Health Record
- 44. Immunizations
- 45. Emergency Permission Form
- 45a. Authorized Release
- 45b. Transportation Permission
- 45c. Swimming Permission
- 46. Incident Log
- 47. Confidentiality of Records
- 48. Meeting the Child's Needs
- 49. Sufficient Play Equipment
- 50. Good Nutrition: Meals/Snacks/Water Available
- 50a. Flexible and Balanced Schedule
- 50b. Proper Rest/Crib Safety
- 50c. Personal Articles: Blanket/Towel/Toilet Articles
- 51. Individual Plan for Care
- 51a. Cultural Differences/Special Needs/Dev. Appr. Activities
- 52. Infant Care: Individual Attention/Held for Bottle Feedings
- 53. Diaper Changing: Frequent/Sanitary/Hand Washing
- 54. Parent Information and Access
- 54a. Opportunities to Observe
- 54b. Immediate Access
- 54c. Discuss the Child's Needs/Policies/Records/Capacity
- 54d. Daily Information
- 54e. Informs of Accidents/Illnesses/Injuries
- 54f. Informs of Staff Names/Household Members
- 54g. Informs of Non-Immunized Child/Contagious Illness
- 54h. Access to Latest Inspection Forms
- 55. Supervision-At all Times, Indoors/Outdoors
- 55a. Personal Schedule-Alert/Competent Attention
- 55b. Full Attention-Distractions/Employment/Socialization
- 55c. Immediate Attention
- 55d. Substitute Care
- 56. Discipline/Beh. Management-Type: \_\_\_\_\_
- 56a. Notify Staff/Parents
- 57. Child Protection: Abuse/Neglect
- 57a. Notify DPH w/in 24 hrs: Death/Injury w/Hospitalization
- 57b. Report Abuse/Neglect to DCF/Police

**Sick Child Care 19a-87b-11**

- 58. Fever/Diarrhea/Vomiting/Rash
- 58a. Universal Precautions/Sanitary Practices

**Night Care 19a-87b-12**

- 59. Separate Bed/Location of Bed/Appropriate Sleepware

**Administration of Medications 19a-87b-17**

- 60. Provider Trained: (Y/N) Written Approval: (Y/N)  
Exp. Date(s) : Oral / Topical / Inhalant \_\_\_\_\_  
Injectable \_\_\_\_\_
- 61. Policies/Permissions/Storage/Outline/Curriculum

APPLICANTS PLEASE NOTE: You MAY NOT OPERATE the family day care home until all requirements have been met and a license has been issued by the Department.

_____ (Signature of Inspector)	Date Corrections Due By:	_____ (Signature of Provider/Substitute)
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