**CHILD CARE CENTER/GROUP INSPECTION FORM**

**Program Name:**

License Number:  
Date of Inspection:  
Time of Arrival:  
Expiration Date:  
Licensed Capacity:  
Under 3 Capacity:  
Telephone:  
# of children present:  
# of staff present:  

**Address:**

**Town:**

**Operator:**

**Email:**

**Hours of Operation:**

**Summer Care:**

**Ages Served:**

Instruction Codes:  
\( √ = \) Compliance,  
\( Ω = \) Non-Compliance  
\( 3 = \) Not Observed,  
\( 4 = \) Not Applicable at this time

**Endorsements:**  
- Under Three (6wks - 36m)  
- Preschool (3y - 5y)  
- School Age (5y & up)  
- Night Care (6wks & up)

**Licensure Procedures 19a-79-2a**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Local Health Inspection</td>
<td>Date:__________</td>
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**Administration 19a-79-3a**

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<tbody>
<tr>
<td>2. New Staff-Employee Orientation</td>
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<td>3. Annual Staff Policy Training</td>
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<tr>
<td>4. Documentation of Behavior M. Tech Discussed w/Parents</td>
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<td>5. Notification of Change</td>
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<tr>
<td>7. Daily Attendance Records: Children/Staff</td>
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**Items Posted: Conspicuous/Accessibie**

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<tbody>
<tr>
<td>8. License</td>
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<tr>
<td>9. Current Fire Marshal Certificate</td>
<td>Date:__________</td>
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<tr>
<td>10. DPH Complaint Procedure</td>
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<tr>
<td>11. Food Service Certificate</td>
<td>Date:__________</td>
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<tr>
<td>12. Menus</td>
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<tr>
<td>13. Emergency Plans</td>
<td></td>
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<tr>
<td>14. No Smoking Signs</td>
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<tr>
<td>15. Radon Test</td>
<td>Date:__________ Results:__________</td>
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**Staffing 19a-79-4a**

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<tbody>
<tr>
<td>16. Staff Health Records/TB Tests</td>
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<td>17. Professional Development</td>
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<td>18. Disciplinary Actions</td>
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<td>19. Designated Head Teacher/60%</td>
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<tr>
<td>20. Two Staff Present</td>
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<td>21. Ratio: 1 Staff to 10 Children</td>
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<tr>
<td>22. Group Size: Maximum 20 Children</td>
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<td>23. Designated Director/Training</td>
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<td>24. CPR Certified Staff</td>
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<td>25. First Aid Trained Staff</td>
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**Consultants**

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<tbody>
<tr>
<td>26. Agreements/Contracts</td>
<td>(Complete/Signed Annually)</td>
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<tr>
<td>Contracts</td>
<td>Logs</td>
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<tr>
<td>Education</td>
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<td>Health</td>
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<td>Social Service</td>
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<td>Dental</td>
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<td>Dietitian</td>
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<td>27. Logs/Visits Documented</td>
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**Swimming**

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<tbody>
<tr>
<td>28. Non-Swimmers Identified</td>
<td></td>
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<tr>
<td>29. Staff/Child Ratios</td>
<td></td>
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<tr>
<td>30. CPR Certified Staff (20 years of age)</td>
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<tr>
<td>31. Lifeguard Certified/Supervision</td>
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**Written Corrective Action Plan**

Due to OEC by:

**Signature of Person in Charge:**

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**Sample Document**

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CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: 

License Number: 

Date of Inspection: 

Physical Plant continued:
- 68. Portable Space Heaters Y/N
- 69. Walls/Ceilings/Floors/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
- 80. Operable CO Detector on Each Level
- 81. Program Space/Adequate Sq. Ft. Per Child
- 82. Equipment Clean/Good Repair/Safe/Non-toxic
- 83. Cots Stored/Maintained/Adequate Number
- 84. Developmentally Appropriate Equipment/Materials
- 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible
- 86. No Weapons/No Facsimile of a Firearm on Premise

Outdoor Space
- 87. Outdoor Space Adequate Sq. Ft. Per Child
- 88. Impact Absorbing Material under Equipment
- 89. Playground Free from Hazards
- 90. Peeling Paint: Sample Taken: Y/N
- 91. Lead Management Plan
- 92. Equipment Anchored/Safely Arranged
- 93. Outdoor Play Area Protected/Fenced
- 94. Drinking Water Available/Accessible

Educational Requirements 19a-79-8a
- 95. Written Plan for Daily Program Available to Parents/Staff
- 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

Administration of Medications 19a-79-9a
- 97. Written Policies/Procedures
- 98. Training Outline on file Nonprescription Topical Medications
- 99. Administration/Parent Permission/MAR
- 100. Labeling/Storage Oral/Topical/Inhalant/Injectable Medications

- 101. Med Trained Staff/Certificates

Oral/Topical/Inhalant Training

- Injectable Medication Training

- 102. Authorized Prescriber/Parent Permission/MAR
- 103. Labeling/Storage
- 104. Unused/Expired Meds Returned/Disposed Y/N Self-Administration

- 105. Authorized Prescriber/Parent Permission/MAR
- 106. Labeling/Storage


- 108. KI Pills: Parent Permission/Storage Expiration Date:

Under Three Endorsement 19a-79-10
- 109. Approved Endorsement
- 110. Ratio: 1 Staff to 4 Children
- 111. Group Size no Larger than 8
- 112. Physical Barriers/Groups of 8 (Indoors/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. Dev. Appropriate Tables/Chairs/Equipment
- 118. Refrigerators and Food Prep Facilities
- 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- 120. Washed/Disinfected
- 121. Disposable Paper Sheets
- 122. Covered Waste Receptacle
- 123. Diaper Changing Policy Posted/Followed
- 124. Hand Washing Policy Posted/Followed
- 125. Individual Storage of Personal Items
- 126. Cribs/Cots Washed/Disinfected
- 127. Under 12 Months Placed on Back for Sleeping
- 128. Alternate Sleep Position/Equip-Medical Document
- 129. Crib/Bed Used for Infant Sleeping
- 130. Crib/Bed Free from Observable Hazards
- 131. Infant Toys Separate/Washed/Disinfected Daily
- 132. No Toys/Objects Less than 1 ¼” Diameter
- 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- 134. Health Consultant/Documentation of Visits
- 135. Infants Held for Bottles/Individual Attn/Tummy Time
- 136. Written Statement/Feeding Schedule from Parent
- 137. Unused Portions of Liquids Discarded
- 139. Food Served from Dish or Whole Jar Served
- 140. Bottles Individually Identified w/Child’s Name

Outdoor Play Space Under Three
- 141. Play Space Fenced
- 142. Outdoor Equipment: Dev. Appropriate

School Age Children Endorsement 19a-79-11
- 143. Approved Endorsement
- 144. Activity choices appropriate
- 145. Ratio: 1 Staff to 10 Children
- 146. Group Size: Max. 20 Children
- 147. Education Consultant Appropriate

Night Care Endorsement 19a-79-12 (10pm-5am)
- 148. Approved Endorsement
- 149. Written Program Plan/Supervision
- 150. Staff Awake/Available
- 151. Cot/Crib/Bedding/Towels/Sleep Apparel
- 152. Individual Storage of Personal Items
- 153. Bedding/Sleeping Apparel Laundered Weekly

Monitoring of Diabetes 19a-79-13
- 154. Written Policies/Procedures
- 155. On Site Staff Trained in First Aid/Glucose Testing
- 156. Training Current/Documented
- 157. Supervision of Self Administration
- 158. Equipment/Supplies: Labeled/Inaccessible
- 159. Signed Agreement w/Parent Regarding Equipment
- 160. Materials Discarded Appropriately
- 161. Authorized Prescriber/Parent Permission
- 162. Documentation of Test Results/Actions Taken
- 163. Daily Written Parent Notifications

Signature of Inspector

Written Corrective Action Plan
Due to OEC by:

Signature of Person in Charge