Connecticut Office of Early Childhood
410 Capitol Ave, MS #12 CBR, PO Box 340308
Hartford, CT 06134-0308
800-282-6063/(fax) 860-509-7541

CHILD CARE CENTER/GROUP INSPECTION FORM

❑ INITIAL ❑ UNANNOUNCED FULL/PARTIAL ❑ FOLLOW UP ❑ LOCATION CHANGE ❑ OTHER

Program Name:	License Number:	Date of Inspection:	Time of Arrival:
Address:	Expiration Date:	Licensed Capacity:	Under 3 Capacity:
Town:	Telephone:	# of children present:	# of staff present:
Operator:	Director:		
Email:	Head Teacher:		
Hours of Operation:	Summer Care:		
Ages Served:	Instruction Codes: √ =Compliance, O = 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

❑ 1. Local Health Inspection Date: _____

Administration 19a-79-3a

❑ 2. New Staff-Employee Orientation
❑ 3. Annual Staff Policy Training
❑ 4. Documentation of Behavior M. Tech Discussed w/Parents
❑ 5. Notification of Change
❑ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
❑ 7. Daily Attendance Records: Children/Staff

Items Posted: Conspicuous/Accessible

❑ 8. License
❑ 9. Current Fire Marshal Certificate Date:_____
❑ 10. DPH Complaint Procedure
❑ 11. Food Service Certificate Date:_____
❑ 12. Menus
❑ 13. Emergency Plans
❑ 14. No Smoking Signs
❑ 15. Radon Test Date:_____ Results:_____

Staffing 19a-79-4a

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

Consultants

❑ 26. Agreements/Contracts (Complete/Signed Annually)

	Contracts	Logs
Education		
Health		
Social Service		
Dental		
Dietitian		

❑ 27. Logs/Visits Documented

Swimming:

❑ 28. Non-Swimmers Identified
❑ 29. Staff/Child Ratios
❑ 30. CPR Certified Staff (20 years of age)
❑ 31. Lifeguard Certified/Supervision

Record Keeping 19a-79-5a

❑ 32. Enrollment Information
❑ 33. Emergency Medical Permission
❑ 34. Authorized Released Permission
❑ 35. Field Trip Permission
❑ 36. Transportation Permission
❑ 37. Child Health Records/Immunizations/TB
❑ 38. Individual Care Plan (Signed by Parent/Staff)
❑ 39. Injury/Illness/Accident Reports

Health and Safety 19a-79-6a

❑ 40. Nutritious Snacks/Meals (Required Food Groups)
❑ 41. Proper Refrigeration 45°
❑ 42. Kitchen Separated
❑ 43. Hand Washing Before Eating/Food Handling
❑ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

Physical Plant 19a-79-7a

❑ 45. License Premise: Clean/Good Repair/Hazard Free
❑ 46. Peeling Paint: Sample Taken - Y/N
Building Pre-79: Y/N Lead Test: Y/N
Results:_____
❑ 47. Lead Management Plan_____
❑ 48. Sanitary Drinking Fountains/Disposable Cups
Water Supply: Public/Well
❑ 49. Lead Water Test Date:_____
Bacterial/Chemical Test Date:_____
On Bottled Water Y/N
❑ 50. Walkways Maintained
❑ 51. Designated Staff Toilet/Sink
❑ 52. All Openings for Ventilation Screened
❑ 53. Windows Protected to Prevent Falls
❑ 54. Glass Protected to 36”
❑ 55. Overhead Doors: Locking Devices/Spring Protectors
❑ 56. Exits/Hallways and Stairs Unobstructed
❑ 57. Individual Storage of Clothing/Bedding
❑ 58. Smoking Prohibited
❑ 59. Matches/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/Children
❑ 65. Ventilation in Toilet Room
❑ 66. Air Temp 65°, Thermometer Affixed
❑ 67. Water Temperature 60°-115°_____

Signature of Inspector:	Written Corrective Action Plan Due to OEC by:	Signature of Person in Charge:

SAMPLE

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
- ❑ 107. Approved Petition For Special Med Authorization

Emergency Distribution of Potassium Iodide

- ❑ 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
- ❑ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ❑ 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/Toiletries/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

SAMPLE