

Connecticut Office of Early Childhood
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 * Fax (860)326-0552
FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider:	License Number:	Date of Inspection:
	Expiration Date:	Time of Inspection:
Address:	Capacity:	Instructions: ✓ = Compliance O = Non-compliance 3 = Not observed 4 = Not applicable at this time
Town/State Zip Code:	Telephone:	
Email:	Days/Hours:	Summer: Open/Closed

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 19a87b-5(i).

 Provider/Applicant/Substitute's Signature

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 OEC 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
- 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 OEC 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 Sleepwear

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
- 61a. KI Pills-exp. Date: _____

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