

CHILD CARE CENTER/GROUP INSPECTION FORM

INITIAL INSPECTION
 INSPECTION
 FOLLOW UP
 OTHER

Program Name:			License Number:	Date of Inspection:	Time of Arrival:
Address:			Expiration Date:	Licensed Capacity:	
Town:			Telephone:	Under Three Endorsement:	
Operator:			Licensed For:	Instructions:	
Number of Children Present:	Number of U3 Present:	Number of Staff Present:	<input type="checkbox"/> Under Three (6wks-36m) <input type="checkbox"/> Preschool (3y-5y) <input type="checkbox"/> School Age (5y&up) <input type="checkbox"/> Night Care (6wks&up)	✓ = Compliance O = Non-Compliance 3 = Not Observed 4 = Not Applicable	
Hours of Operation:		Summer Care Yes/No			

Administration 19a-79-2a

- 1. Local Health Inspection Date: _____
- Administration 19a-79-3a**
- 2. New Staff/Employee Orientation
- 3. Annual Staff Training
- 4. Documentation of Beh M. Tech Discussed w/Parents Y/N
- 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
- 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
- 24. CPR Certified Staff
- 25. First Aid Trained Staff

Consultants 19a-79-4a

- 26. Agreements/Contracts (Signed Annually)
- 27. Logs/Visits Documented
- Early Ch. Education ___ Health ___ Dental ___
- Social Service ___ Dietitian ___

Swimming 19a-79-4a

- 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
- Physical Plant 19a-79-7a**
- 45. License Premise Clean/Good Repair/Safe
- 46. Peeling Paint Observed: Y/N, Sample Taken: Y/N
- 47. Lead Management Plan Reviewed: Y/N
- 48. Sanitary Drinking Fountains/Disposable Cups
- 49. Lead Water Test Date: _____
- Within Acceptable Limits Y/N
- 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. Approved Safety Outlets/Covers
- 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°
- 68. Portable Space Heaters Y/N
- 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- 70. Rugs Secured
- 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 Appr. Equipment/Materials

Signature of Inspector	Written Corrective Action Plan Due to DPH by:	Signature of Person in Charge
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Program Name:	License Number:	Date of Inspection:
<input type="checkbox"/> 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible <input type="checkbox"/> 86. No Weapons/No Facsimile of a Firearm on Premises Outdoor Space <input type="checkbox"/> 87. Outdoor Space Adequate Sq. Ft. Per Child <input type="checkbox"/> 88. Impact Absorbing Material under Equipment <input type="checkbox"/> 89. Playground Free from Hazards <input type="checkbox"/> 90. Peeling Paint Observed: Y/N, Sample Taken: Y/N <input type="checkbox"/> 91. Lead Management Plan Reviewed: Y/N <input type="checkbox"/> 92. Equipment Anchored/Safely Arranged <input type="checkbox"/> 93. Outdoor Play Area Protected/Fenced <input type="checkbox"/> 94. Drinking Water Available/Accessible <u>Educational Requirements 19a-79-8a</u> <input type="checkbox"/> 95. Written Plan for Daily Program Available to Parents/Staff <input type="checkbox"/> 96. Activity Choices Include: Indoor/Outdoor _____ Fine/Gross Motor _____ Language _____ Sensory _____ Art/Media _____ Dramatic Play _____ Music _____ Self Concept _____ Health Education _____ Active/Quiet _____ Child/Staff Initiated _____ Exploration _____ Varied Choices _____ Indiv/Small Group _____ Snacks/Meals _____ Toileting/Clean Up _____ <u>Administration of Medications 19a-79-9a</u> <input type="checkbox"/> 97. Written Policies/Procedures <input type="checkbox"/> 98. Training Outline/Med Training Nonprescription Topical Medications <input type="checkbox"/> 99. Administration/Parent Permission <input type="checkbox"/> 100. Labeling/Storage <input type="checkbox"/> 101. Trained Person Present/Written Approval Oral/Topical/Inhalant/Injectable Medications <input type="checkbox"/> 102. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 103. Labeling/Storage <input type="checkbox"/> 104. Unused/Expired Meds Returned/Disposed Y/N Self Administration <input type="checkbox"/> 105. Authorized Prescriber/Parent Permission/MAR <input type="checkbox"/> 106. Labeling/Storage <input type="checkbox"/> 107. Appvd Petition For Special Medication Authorization Emergency Distribution of Potassium Iodide <input type="checkbox"/> 108. Parent Permission/Storage <u>Under Three Endorsement 19a-79-10</u> <input type="checkbox"/> 109. Approved Endorsement <input type="checkbox"/> 110. Ratio: 1 Staff to 4 Children <input type="checkbox"/> 111. Group Size no Larger than 8 <input type="checkbox"/> 112. Physical Barriers/Groups of 8 (Indoors/Outdoors) <input type="checkbox"/> 113. Adequate Sinks in Program Space <input type="checkbox"/> 114. Free Standing Cribs <input type="checkbox"/> 115. Washable Cots <input type="checkbox"/> 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray <input type="checkbox"/> 117. Dev. Appropriate Tables/Chairs/Equipment <input type="checkbox"/> 118. Refrigerators and Food Prep Facilities Diapering Area <input type="checkbox"/> 119. Sturdy/Safety Rail/Nonporous/Exclusive Use <input type="checkbox"/> 120. Washed/Disinfected <input type="checkbox"/> 121. Disposable Paper Sheets <input type="checkbox"/> 122. Covered Waste Receptacle <input type="checkbox"/> 123. Diaper Changing Policy Posted/Followed <input type="checkbox"/> 124. Hand Washing Policy Posted/Followed	<input type="checkbox"/> 125. Children's Linens/Clothing/Bedding Stored Individually <input type="checkbox"/> 126. Cribs/Cots Washed/Disinfected <input type="checkbox"/> 127. Under 12 Months Placed on Back for Sleeping <input type="checkbox"/> 128. Alternate Sleep Position/Equipment Medical Documentation Y/N <input type="checkbox"/> 129. Crib/Bed Used for Infant Sleeping <input type="checkbox"/> 130. Crib/Bed Free from Observable Hazards <input type="checkbox"/> 131. Infant Toys Separate/Washed/Disinfected Daily <input type="checkbox"/> 132. No Toys/Objects Less than 1 1/4" Diameter <input type="checkbox"/> 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible <input type="checkbox"/> 134. Health Consultant/Documentation of Visits <input type="checkbox"/> 135. Infants Held for Bottles/Indiv. Attn/Tummy Time <input type="checkbox"/> 136. Written Statement/Feeding Schedule from Parent <input type="checkbox"/> 137. Unused Portions of Liquids Discarded <input type="checkbox"/> 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing <input type="checkbox"/> 139. Food Served from Dish or Whole Jar Served <input type="checkbox"/> 140. Bottles Individually Identified w/Child's Name Outdoor Play Space-Under Three <input type="checkbox"/> 141. Play Space Fenced <input type="checkbox"/> 142. Outdoor Equipment Available/Developmentally Appropriate <u>School Age Children Endorsement 19a-79-11</u> <input type="checkbox"/> 143. Approved Endorsement <input type="checkbox"/> 144. Activity Choices Include: Free Time _____ Creative _____ Homework _____ Snacks _____ Physical _____ Special Events _____ Small Group _____ Quiet _____ Self Concept _____ <input type="checkbox"/> 145. Ratio: 1 Staff to 10 Children <input type="checkbox"/> 146. Group Size: Max. 20 Children <input type="checkbox"/> 147. Education Consultant Appropriate <u>Night Care Endorsement 19a-79-12 (10pm-5am)</u> <input type="checkbox"/> 148. Approved Endorsement <input type="checkbox"/> 149. Written Plan: Program Activities/Supervision <input type="checkbox"/> 150. All Staff Awake/Available <input type="checkbox"/> 151. Individual Cot/Crib/Bedding/Toiletries/Sleeping Apparel <input type="checkbox"/> 152. Sleeping Apparel/Toiletries Individually Labeled/Stored <input type="checkbox"/> 153. Bedding/Sleeping Apparel Laundered Weekly <u>Monitoring of Diabetes 19a-79-13</u> <input type="checkbox"/> 154. Written Policies/Procedures <input type="checkbox"/> 155. On Site Staff Trained in First Aid/Glucose Testing <input type="checkbox"/> 156. Training Current/Documented <input type="checkbox"/> 157. Supervision of Self Administration <input type="checkbox"/> 158. Equipment/Supplies: Labeled/Inaccessible <input type="checkbox"/> 159. Signed Agreement w/Parent Regarding Equipment <input type="checkbox"/> 160. Materials to be Discarded: Locked/Given to Parent <input type="checkbox"/> 161. Authorized Prescriber/Parent Permission <input type="checkbox"/> 162. Documentation of Test Results/Action Taken <input type="checkbox"/> 163. Daily Written Parent Notification	
Signature of Inspector	Written Corrective Action Plan Due to DPH by:	Signature of Person in Charge