Department of Public Health
410 Capitol Ave., MS#12 DAC, P.O. Box 340308, Hartford, Connecticut 06134-0308
Phone - 1-800-282-6063/Fax - 860-509-7541

## FAMILY DAY CARE HOME INSPECTION FORM

Provider:	☐ INITIAL ☐ INSPECTION ☐ REINSPECTION	☐ COMPLAINT ☐ N	NEW ADDRESS  OTHER
Address:    Capacity   Instructions   Capacity   Instructions   Capacity   Constitute   Capacity   Constitute   Capacity   Capacity	Provider:	License Number:	Date of Inspection:
Town/State/Zip Code:  Telephone:  Telephone: Teleph		Expiration Date:	Time of Inspection:
Telephone:  Consent to Inspect: 1 agree to allow the Commissioner or authorized representative to have access to and inspect the facility and child care records dring home visits as required by Regulations Section 19087b-5(t).  Terms of Registration 19a-87b-5  1	Address:	Capacity:	Instructions:
Townset 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).   Provider/Substitute's Signature   Terms of Registration 19a87b-5	- 1441 • 55.		
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 know visits as required by Regulations Section 19087b-54().  Terms of Registration 19a-87b-5    Canada, Teath & Californ Peacet.	Town/State/Zin Code:	Telephone:	
Terms of Registration 19a-87b-5    Gapacity Total & Children Present	10Will States Elip Code.		1 Tolking
Terms of Registration 19a-87b-5    Gapacity Total & Children Present	Consent to Inspect: I agree to allow the Commissioner or ar	1 1 authorized representa	tive to have access to and inspect the facility and child care records
Terms of Registration 19a-87b-5			1
Terms of Registration 19a-87b-5			Provider/Substitute's Signature
1   Capacity Total & Children Present   42   Fanolinent Form     3   Variance-Type   44   Immunizations     4   License Forted   45   Authorized Releases     5   Access to DPH Phone Number   45   Authorized Releases     6   Nortfedder Restriction of Change   45   Authorized Releases     7   Awareness of Understanding of Regulations   45   Authorized Releases     8   Medical Statement-Lxp. Date   TB Test   47   Confidentiality of Records     8   Medical Statement-Lxp. Date   TB Test   47   Confidentiality of Records     9   Restriction of Change   47   Confidentiality of Records     10   Personal Qualities Growing degrees   47   Confidentiality of Records     11   Medical Statement-TB Test   47   Confidentiality of Records     12   Medical Statement-TB Test   47   Confidentiality of Records     13   Household 19a-87b-7   50   Good Nutrion: Meal/Stanksch-Water Available     14   Substitute Assistant   50   Confidentiality of Records     15   Fourgape, Caragiver   50   Confidentiality of Records     16   Noneshold Environment   50   Confidentiality of Records   50     16   Substitute Assistant   50   Confidentiality of Records   50     18   Medical Statement-TB Test   50   Confidentiality of Records   50     19   Substitute Assistant   50   Confidentiality of Records   50   Confidentiality of Records   50     10   Record Policies   50   Confidentiality of Records   50   Confidentiality of R	Terms of Registration 19a-87b-5		
3. Variance-Type	1. Capacity: Total # Children Present:		Enrollment Form
45.   License Posited   45.   Emergency Permission Form   45.   Authorized Release   45.   Authorize		<b>=</b>	
ds.   Notification of Change     ds.   Standards of Regulations     ds.	4. License Posted		Emergency Permission Form
Qualification of Provider 19a-87b-6			
Avareness of Indenstanding of Regulations   46.		<u>=</u>	•
S.   Medical Statement-Exp. Date			· ·
Decembers of the Household 19a-87b-7	8. Medical Statement-Exp. Date TB Test	☐ 47.	Confidentiality of Records
Medical Statement/TB Test   Sol.   Good Nutritions MealsStances/Water Available   Environment   Sol.   Environment   Sol.   Environment   Sol.   Environment   Sol.   Environment   Sol.   Sol.   Environment   Sol.   Environment   Sol.   Sol.   Environment   Sol.   Sol.   Sol.   Environment   Sol.   So			
11.   Medical Statement/TB Test			
1   Substitute Assistant Name:			
Substitute Assistant			
14.   Substitute/Assistant   Name:   Exp. late		$\sim$	
Name:	14 Substitute/Assistant		Cultural Differences/Special Needs/Dev. Appr. Activities
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. Sasement Supervision   24. Stairways: Protected/Handrails   25. Supervision   26. Fire Drills -Quarterly   27. Smoke Detectors   28. Fire Extinguisher-5 lb ABC/Installed   29. Auxiliary Heating System: Type   Approved (Y/N)   31. Safe Space-Sufficient   Indoor Outdoor   Safe Storage (Y/N)   32. Body of Water-Type:   Barrier/Fence (4ft)   33. Ventilation/Light/Temperature   34. Stairways: Public/Approved   Barrier/Fence (4ft)   33. Safe Transportation-Registered/Insured/Restraints   59. Supervision   Safe Transportation-Registered/Insured/Restraints   59. Supervision   Safe Transportation-Registered/Insured/Restraints   59. Supervision   Safe Transportation-Registered/Insured/Restraints   Safe Transportation-Registered/Insured/Restraints   Safe Transportation-Registered/Insured/Restraints   Safe Transportation-Registered/Insured/Restraints   Safe Transportation-Registered/Insured/Restraints   Sane Transportation-Registered/Insured/Restraints   Safe Transport	Name: Exp Pate	<u>     </u>	Infant Care: Individual Attention/Held for Bottle Feedings
Address: Physical Environment 19a-87b-9    6			
Physical Environment 19a-87b-9		54a.	
16. Clean/Sanitary Environment		_	
17. Freedom of Hazards		<b>=</b>	
18. Absence of Poisons			
20. Safe Door Fasteners	18. Absence of Poisons	☐ 54f.	Informs of Staff Names/Household Members
21. Electrical Safety       55. Supervision-At all Times, Indoors/Outdoors         22. Safe Exits       55a.         23. Basement Supervision       55b.         24. Stairways: Protected/Handrails       55b.         25. Evacuation Plan       55c.         26. Fire Drills - Quarterly       56.         27. Smoke Detectors       56a.         28. Fire Extinguisher-5 lb ABC/Installed       57a.         29. Auxiliary Heating System: Type Approved (Y/N)       57a.         30. Weapons: (Y/N) Type: Locked Storage (Y/N)       57b.         31. Safe Space-Sufficient Indoor Outdoor Outdoor Shaingry Fence (4ft)       8. Fever/Diarrhea/Vomiting/Rash         32. Body of Water-Type: Barrier/Fence (4ft)       58. Fever/Diarrhea/Vomiting/Rash         33. Ventilation/Light/Temperature       Night Care 19a-87b-12         34. Washing/Toileting/Sewage/Garbage Facilities       59. Separate Bed/Location of Bed/Appropriate Sleepware         35. Water Temperature: 60. Water Temperature: 60. Provider Trained: (Y/N) Written Approval: (Y/N)       59. Separate Bed/Location of Bed/Appropriate Sleepware         36. Water Temperature: 60. Prist Aid Supplies       61. Policies/Permissions/Storage/Outline/Curriculum         37. Working Telephone/Emergency Numbers Posted 79. Prist Aid Supplies       61. Policies/Permissions/Storage/Outline/Curriculum         38. Safe Transportation-Registered/Insured/Restraints 82. Prist Aid Supplies<	=		
□ 23. Basement Supervision       □ 55b.       Full Attention-Distractions/Employment/Socialization         □ 24. Stairways: Protected/Handrails       □ 55c.       Immediate Attention         □ 25. Evacuation Plan       □ 55d.       Substitute Care         □ 26. Fire Drills -Quarterly       □ 56.       Discipline/Beh. Management-Type:	21. Electrical Safety		Supervision-At all Times, Indoors/Outdoors
□ 25. Evacuation Plan       □ 55d. Substitute Care         □ 26. Fire Drills - Quarterly       □ 56. Discipline/Beh. Management-Type: □         □ 27. Smoke Detectors       □ 56a. Notify Staft/Parents         □ 28. Fire Extinguisher-5 lb ABC/Installed       □ 57. Child Protection: Abuse/Neglect         □ 29. Auxiliary Heating System: Type	22. Safe Exits		
□ 25. Evacuation Plan       □ 55d. Substitute Care         □ 26. Fire Drills - Quarterly       □ 56. Discipline/Beh. Management-Type: □         □ 27. Smoke Detectors       □ 56a. Notify Staft/Parents         □ 28. Fire Extinguisher-5 lb ABC/Installed       □ 57. Child Protection: Abuse/Neglect         □ 29. Auxiliary Heating System: Type	23. Basement supervision 24. Stairways: Protected/Handrails		
27. Smoke Detectors	25. Evacuation Plan		
28. Fire Extinguisher-5 lb ABC/Installed   57. Child Protection: Abuse/Neglect   29. Auxiliary Heating System: Type Approved (Y/N)   57a. Notify DPH w/in 24 hrs: Death/Injury w/Hospitalization   57a. Notify DPH w/in 24 hrs: Death/Injury w/Hospitalization   57b. Report Abuse/Neglect to DCF/Police   57c. Child Care 19a-87b-11   57c. Child Care 19a-87b-12   57c. Child Care 19a-87b-11   57c. Child Care 19a-87b-11   57c. Child Care 19a-87b-12   57c. Child			
31.   Safe Space-Sufficient   1ndoor Outdoor Outdoor Outdoor Outdoor Server Darrier/Fence (4ft)   58.   Fever/Diarrhea/Vomiting/Rash Universal Precautions/Sanitary Practices   58.   Universal Precautions/Sanitary Practices   59.   Separate Bed/Location of Bed/Appropriate Sleepware   40.   Pa-87b-12   60.   Provider Trained: (Y/N) Written Approval: (Y/N)   Exp. Date(s) : Oral / Topical / Inhalant   Exp. Date(s) : Oral / Topical / Inhalant   Injectable   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   62.   Policies/Permissions/Storage/Outline/Curriculum   63.   Policies/Permissions/Storage/Outline/Curriculum   64.   Policies/Permissions/Storage/Outline/Curriculum   64.   Policies/Permissions/Storage/Outline/Curriculum   65.   Policies/Permissions/Storage/Outline/Curriculum   65.   Policies/Permissions/Storage/Outl	☐ 28. Fire Extinguisher-5 lb ABC/Installed	<u>□</u> 57.	Child Protection: Abuse/Neglect
31.   Safe Space-Sufficient   1ndoor Outdoor Outdoor Outdoor Outdoor Server Darrier/Fence (4ft)   58.   Fever/Diarrhea/Vomiting/Rash Universal Precautions/Sanitary Practices   58.   Universal Precautions/Sanitary Practices   59.   Separate Bed/Location of Bed/Appropriate Sleepware   40.   Pa-87b-12   60.   Provider Trained: (Y/N) Written Approval: (Y/N)   Exp. Date(s) : Oral / Topical / Inhalant   Exp. Date(s) : Oral / Topical / Inhalant   Injectable   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   61.   Policies/Permissions/Storage/Outline/Curriculum   62.   Policies/Permissions/Storage/Outline/Curriculum   63.   Policies/Permissions/Storage/Outline/Curriculum   64.   Policies/Permissions/Storage/Outline/Curriculum   64.   Policies/Permissions/Storage/Outline/Curriculum   65.   Policies/Permissions/Storage/Outline/Curriculum   65.   Policies/Permissions/Storage/Outl	29. Auxiliary Heating System: Type Approved (YN) Type: Locked Storage (YN)	Y/N) ☐ 57a. D ☐ 57b	
IndoorOutdoor			•
32. Body of Water-Type:Barrier/Fence (4ft)   58a. Universal Precautions/Sanitary Practices     33. Ventilation/Light/Temperature   Night Care 19a-87b-12     34. Washing/Toileting/Sewage/Garbage Facilities   59. Separate Bed/Location of Bed/Appropriate Sleepware     35. Water Supply: Public/Approved   Administration of Medications 19a-87b-17     36. Water Temperature:   60. Provider Trained: (Y/N) Written Approval: (Y/N)     37. Working Telephone/Emergency Numbers Posted   Exp. Date(s): Oral / Topical / Inhalant     38. Safe Transportation-Registered/Insured/Restraints   Injectable _	Indoor Outdoor		Fever/Diarrhea/Vomiting/Rash
34. Washing/Toileting/Sewage/Garbage Facilities	32. Body of Water-Type:Barrier/Fence (4ft)	<del></del>	· · · · · · · · · · · · · · · · · · ·
35. Water Supply: Public/Approved   Administration of Medications 19a-87b-17     36. Water Temperature:			
36. Water Temperature:			
37.       Working Telephone/Emergency Numbers Posted       Exp. Date(s): Oral / Topical / Inhalant			
<ul> <li>39. First Aid Supplies</li></ul>	☐ 37. Working Telephone/Emergency Numbers Posted		Exp. Date(s): Oral / Topical / Inhalant
□ 40. Pets: (Y/N) -Type:		□ 61	Injectable
Rabies Certificate: (Exp.)	40. Pets: (Y/N) -Type:	☐ 01.	1 oneros/1 erimosions/Storage/Outine/Currentum
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.	Rabies Certificate: (Exp.)		
	☐ 41. Smoking Restrictions/Parents Notified		
Date Corrections Due By:	APPLICANTS PLEASE NOTE: You MAY NOT OPERATE the family		
		Date Corrections Due	е Ву:

(Signature of Provider/Substitute)

(Signature of Inspector)