

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: <u>Lisa Kelly</u>	License Number: <u>DCFH 5073</u>	Date of Inspection: <u>11/20/2021</u>
	Expiration Date: <u>1/30/23</u>	Time of Inspection: <u>11:30</u>
Address: <u>696 Elm Street, 2nd floor</u>	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 6AM-1/45PM</u>
Town: <u>New Haven</u>	Telephone: <u>203-503-0574</u>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: <u>CT 06511</u>	Email: <u>Kellyannalisa@yahoo.com</u>	

Instructions: ✓ = Compliance/No violation found 0 = Non-compliance/Violation found N/A = Not applicable at this time

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 19a-87b-5(h).
Lisa Kelly
Signature of Provider/Applicant/Substitute/Emergency Caregiver

- Terms of License 19a-87b-5**
- 4 Capacity: Total # Children Present: 1
 - 5 Nontransferability of License
 - 6 Infant/Toddler Restriction- # Present: 0
 - 7 License Posted
 - 8 Parent Access to OEC Phone Number
 - 9 Photo ID
 - 10 Requests for Information
 - 11 Notification of Change

- Qualifications of Applicant and Provider 19a-87b-6**
- 12 Awareness of/Understanding of Regulations
 - 13 Medical Statement-Exp. Date 1/28/2023
 - 14 First Aid Certificate-Exp. Date 9/28/2021
 - 15 CPR Certificate- Exp. Date 9/28/2021
 - 16 Judgment

- Members of the Household 19a-87b-7**
- 17 Medical Statement
 - 18 Household Environment

- Qualifications of Staff 19a-87b-8**
- 19 Substitute/Assistant (Y/N) Y
 - 20 Emergency Caregiver

- Comprehensive Background Check 19a-87b-8a**
- 21 Background Check(s)

- Physical Environment 19a-87b-9**
- 22 Clean/Sanitary Environment
 - 23 Freedom of Hazards
 - 24 Harmful Substances/Materials Inaccessible
 - 25 Bio-contaminants Disposed Safely
 - 26 Safe Storage of Flammables
 - 27 Safe Door Fasteners
 - 28 Electrical Safety

- 29 Safe Exits
- 30 Basement Supervision (Y/N)
- 31 Stairways: Protected/Handrails
- 32 Emergency Plan
- 33 Emergency Evacuation Drills-Quarterly/Log
- 34 Smoke Detectors
- 35 Carbon Monoxide Detector
- 36 Fire Extinguisher- at least 5 lb. ABC/Installed
- 37 Auxiliary Heating System (Y/N) Type: Approved (Y/N)
- 38 Safe Storage of Weapons and Ammunition
- 39 Safe Space - Sufficient
Indoor Outdoor
- 40 Body of Water (Y/N) Type: Barrier/Fence (4ft)
- 41 Hot Tubs- Locked/Inaccessible
- 42 Ventilation/Light - Temperature- 65°F
- 43 Window Safety
- 44 Washing/Toileting/Sewage/Garbage Facilities
- 45 Adequate and Safe Water: Public/Approved
- 46 Water Temperature 60°-120°F
- 47 Pasteurization of Milk Supply
- 48 Working Telephone/Emergency Numbers Posted
- 49 Safe Transportation-Registered/Insured/Restraints
- 50 First Aid Supplies
- 51 Pets: (Y/N)-Type: sch Rabies Certificate(s)
- 52 Smoking Prohibited

- Responsibilities of Provider 19a-87b-10**
- 53 Enrollment Form
 - 54 Child Health Record
 - 55 Immunizations
 - 56 Emergency Permission
 - 57 Authorized Release
 - 58 Field Trips/Transportation Permission- To/From School
 - 59 Swimming Permission
 - 60 Incident Log
 - 61 Confidentiality
 - 62 Meeting the Child's Needs
 - 63 Sufficient Play Equipment
 - 64 Good Nutrition: Meals/Snacks/Water Available
 - 65 Handwashing
 - 66 Flexible and Balanced Written Schedule

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) <u>Donna B Zawerton</u>	Date Corrections Due By: —	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Lisa Kelly</u>
(Printed Name) <u>Donna B Zawerton</u>		(Printed Name) <u>Lisa Kelly</u>

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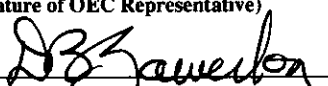
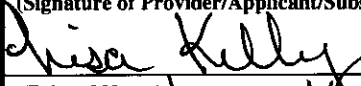
Provider: <u>Lisa Kelly</u>	License Number: <u>50937</u>	Date of Inspection: <u>4/20/21</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 107. Potassium Iodide (KI) Pills - Permission/Storage/Labeled <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (VN) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		

Discussions/Comments:

Discussed:- Night Care (10pm-5am) separate bed required, if needed
 - Provider medical statements updated on correct form
 - Carbon monoxide noted upstairs at time of inspection

 Home in compliance at time of inspection

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(Signature of OEC Representative)  (Printed Name) <u>John B Zawertn</u>	Date Corrections Due By: _____	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Lisa Kelly</u>
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