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: Jennifer Hancock.	**License Number:** 53610	**Date of Inspection:** 8/19/2021
Address: 761 Mather St	**Expiration Date:** 11/30/24	**Time of Inspection:** 11:12 a.m.
Town: Suffield	**Capacity:** 6 + 3	**Days/Hours:** M-F 6:45am - 5:30p.m.
State/Zip Code: CT 06078	**Telephone:** 8605082012	**Summer:** Open/Closed
	Email: jennifer.bethhancock@yahoo.com	

Instructions: ✓ = Compliance/No violation found O = 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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ✓ 4. Capacity: Total # Children Present: 6
- ✓ 5. Nontransferability of License
- ✓ 6. Infant/Toddler Restriction- # Present: 1
- ✓ 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 7/12/2024
- ✓ 14. First Aid Certificate-Exp. Date
- ✓ 15. CPR Certificate- Exp. Date
- ✓ 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)
- ✓ 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: ~~gas~~ 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: ~~Yes~~ Dog 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)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name) Carmen Elisa Valenzuela	9/2/2021	(Printed Name) Jennifer Hancock

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Responsibilities of Provider 19a-87b-10 (continued)

- ☑ 67. Personal Articles: Blanket/Towel/Toilet Articles
- ☑ 68. Proper Rest Provisions/Safe Cribs
- ☑ 69. Individual Plan for Care (Written if Applicable)
- ☑ 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- ☑ 71. Infant Care- Individual Attention/Held for Bottle Feedings
- ☑ 72. Infants Placed on Back for Sleeping
- ☑ 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- ☑ 74. Crib or other Provision Free from Observable Hazards
- ☑ 75. Infants not Swaddled
- ☑ 76. Infants Supervised- observed minimum every 15 minutes
- ☑ 77. Req. for Sleep Arrangements Posted/Discussed
- ☑ 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- ☑ 79. Parent Information and Access
- ☑ 80. Developmental Milestones-Posted
- ☑ 81. Supervision-At all Times- Indoors/Outdoors
- ☑ 82. Personal Schedule-Alert/Competent Attention
- ☑ 83. Full Attention-Distractions/Employment/Socialization
- ☑ 84. Immediate Attention
- ☑ 85. Substitute/Emergency Caregiver Present
- ☑ 86. Appropriate Discipline/Behavior Management
- ☑ 87. Discuss Behavior Management Methods w/Staff/Parents
- ☑ 88. Child Protection: Abuse/Neglect
- ☑ 89. Notify OEC within 24 hrs.: Death/Serious Injury
- ☑ 90. Mandated Reporting of Abuse/Neglect to DCF

Sick Child Care 19a-87b-11

- ☑ 91. Sick Child Care

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- ☑ 92. Separate Bed/Location of Bed/Appropriate Sleepwear

Office Access, Inspections and Investigations 19a-87b-13

- ☑ 93. Access- Immediate/Entire or Part of Facility/Records

Administration of Medications 19a-87b-17

- ☑ 94. Policies and Procedures for Admin of Meds
- ☑ 95. Parent Permission for Nonprescription Topical Meds
- ☑ 96. Notification and Documentation of Medication Error(s)
- ☑ 97. Nonprescription Topical Meds – Stored/Labeled
- ☑ 98. Unused/Expired Nonprescription Meds
- ☑ 99. Documented Medication Trained Staff
- ☑ 100. Written Authorized Prescriber/Parent Permission
- ☑ 101. MAR Maintained
- ☑ 102. Prescription Meds – Stored/Labeled
- ☑ 103. Unused/Expired Prescription Meds
- ☑ 104. Emergency Meds – Equip Labeled/Current
- ☑ 105. Self-Administration of Meds
- ☑ 106. Petition for Special Medication Authorization
- ☑ 107. Potassium Iodide (KI) Pills – Permission/Storage/Labeled
- ☑ 108. Policies for Finger Stick Blood Glucose Testing
- ☑ 109. Finger Stick Blood Glucose Testing – Staff Trained
- ☑ 110. Self Admin of Finger Stick Blood Glucose Testing
- ☑ 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- ☑ 112. Finger Stick Blood Glucose Testing Records
- ☑ 113. Parent Notification of Test Results

Additional Violations

- ☑ 114. Consent Order/Negotiated Corrective Action Plan

Discussions/Comments:

Discussed new requirement for CPR.

#51 Observed no current Rabies certificate available during visit for 3 cats

#14 Observed expired first aid certificate.

#53 Observed no enrollment form available during visit for 3 children.

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(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Carmen Elena Valenzuela	9/2/2021	Jennifer Hancock
(Printed Name) Carmen E. Valenzuela.		(Printed Name)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jennifer Hancock License # 53610 Date: 8/19/2021

Observations/Corrections needed:

#56 Observed no emergency permission for 3 children, available during visit

#57 Observed no authorized release for 3 children, available during visit.

#58 Observed no permission for activities, field trips/transportation, ~~transition to from school~~ for 3 children, available during visit.

Discussed stairways protection, documents to keep posted, changes to regulations / inspection form.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [signature] (OEC Representative)

Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Sept 2/2021.

Signature: [signature] (Person in Charge)

Print Name: Jennifer Hancock