

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> Karen York	<b>License Number:</b> OEC# 154751	<b>Date of Inspection:</b> 7/29/2021
<b>Address:</b> 62 Flanders Road	<b>Expiration Date:</b> 10/31/2024	<b>Time of Inspection:</b> 1130
<b>Town:</b> East Hampton	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> M-F 6am-4:30PM
<b>State/Zip Code:</b> CT 06424	<b>Telephone:</b> 860-207-7167	<b>Summer:</b> <input checked="" type="checkbox"/> Open/Closed
<b>Email:</b> Scott.York8773@comcast.net		

**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).

*Karen York*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 4 Capacity: Total # Children Present: 3
- 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 2/18/2024
- 14 First Aid Certificate-Exp. Date 2/11/2023
- 15 CPR Certificate- Exp. Date 5/11/2020
- 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:        Approved (Y/N)
- 38 Safe Storage of Weapons and Ammunition
- 39 Safe Space - Sufficient  
 Indoor  Outdoor
- 40 Body of Water (Y/N) Type: pond 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: 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) <i>Donna B. Zawerfer</i>	Date Corrections Due By: _____	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Karen York</i>
(Printed Name) Donna B. Zawerfer		(Printed Name) KAREN L. YORK

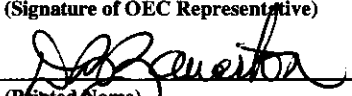

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

<b>Provider:</b> <u>Karen York</u>	<b>License Number:</b> <u>54751</u>	<b>Date of Inspection:</b> <u>7/29/2021</u>
<b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b> <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  <b><u>Sick Child Care 19a-87b-11</u></b> <input checked="" type="checkbox"/> 91. Sick Child Care  <b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b><u>Administration of Medications 19a-87b-17</u></b> <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  <b><u>Additional Violations</u></b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

**Discussions/Comments:**

*Discussed smoke detector in bedroom. - sound.  
 Home in compliance at time of inspection*

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(Signature of OEC Representative)  (Printed Name) <u>Donna B. Zawerton</u>	Date Corrections Due By: —	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>KAREN L. YORK</u>
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