

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone: (860)262-6163 www.ctecr.org Fax: (860)226-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Kathleen Papp	License Number: 50207	Date of Inspection: 8/25/21
Address: 3 Poplar St	Expiration Date: 10/31/21	Time of Inspection: 9:30 AM
Town: Norwalk	Capacity: 6+3	Days/Hours: M-F 7³⁰-5³⁰P
State/Zip Code: CT 06855	Telephone: 203-853-2638	Summer: <input checked="" type="checkbox"/> Open/Closed
E-mail: kathy.papp@gmail.com		

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

Consent to Insure: 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
Kathy Papp

Terms of License 19a-87b-5

- 1. Capacity: Total # Children Present: 5
- 2. Nontransferability of License
- 3. Infant/Toddler Restriction- # Present: 1
- 4. License Posted
- 5. Parent Access to OEC Phone Number
- 6. Photo ID
- 7. Requests for Information
- 8. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 9. Awareness of/Understanding of Regulations
- 10. Medical Statement-Exp. Date 3/25/24
- 11. First Aid Certificate-Exp. Date 2/15/20 - RN
- 12. CPR Certificate- Exp. Date 2/15/20
- 13. Judgment

Members of the Household 19a-87b-7

- 14. Medical Statement
- 15. Household Environment

Qualifications of Staff 19a-87b-8

- 16. Substitute/Assistant (Y/N)
- 17. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 18. Background Check(s)

Physical Environment 19a-87b-9

- 19. Clean/Sanitary Environment
- 20. Freedom of Hazards
- 21. Harmful Substances/Materials Inaccessible
- 22. Bio-contaminants Disposed Safely
- 23. Safe Storage of Flammables
- 24. Safe Door Fasteners
- 25. Electrical Safety

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

Responsibilities of Provider 19a-87b-10

- 50. Enrollment Form
- 51. Child Health Record
- 52. Immunizations
- 53. Emergency Permission
- 54. Authorized Release
- 55. Field Trips/Transportation Permission- To/From School
- 56. Swimming Permission
- 57. Incident Log
- 58. Confidentiality
- 59. Meeting the Child's Needs
- 60. Sufficient Play Equipment
- 61. Good Nutrition: Meals/Snacks/Water Available
- 62. Handwashing
- 63. Flexible and Balanced Written Schedule

APPLICANTS' RELEASE 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>Carlos Albizu</i>	Date Corrections Due By: 9/9/21	Signature of Provider/Applicant/Substitute/Emergency Caregiver: <i>Kathy Papp</i>
(Printed Name) Carlos Albizu		(Printed Name) Kathy Papp

Connecticut Office of Early Childhood
Division of Licensing
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (860)282-6063 www.ctemc.org Fax (860)526-4552

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Kathleen Papp</u>	License Number: <u>50207</u>	Date of Inspection: <u>8/25/21</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/Fluid for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Coast. Crib/Saug. 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. Disease Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify CEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed Appropriate Sleepwear	<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. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 108. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 109. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 110. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 111. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 112. Parent Notification of Test Results <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

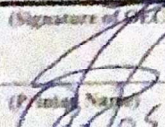
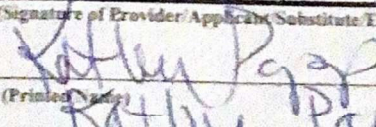
Discussions/Comments:

#15 CPR - Observed CPR certification expired

#17 Medical Statement - observed household member had expired medical statement

#51 Pets - Observed pets have an expired rabies shot

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of CEC Representative)  (Printed Name) <u>Carlos Albizu</u>	Date Corrections Due By: <u>9/9/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Kathleen Papp</u>
--	---	--