

**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

|                                          |                                 |                                     |
|------------------------------------------|---------------------------------|-------------------------------------|
| Provider: <u>Anita Pescosolido</u>       | License Number: <u>31165</u>    | Date of Inspection: <u>9/13/21</u>  |
| Address: <u>96 Brent Dr</u>              | Expiration Date: <u>9/30/22</u> | Time of Inspection: <u>1PM</u>      |
| Town: <u>VERNON</u>                      | Capacity: <u>6+3</u>            | Day/Hours: <u>MTF 6:45am-5:30pm</u> |
| State/Zip Code: <u>CT 060</u>            | Telephone: <u>860 559 4579</u>  | Summer: <u>Open/Closed</u>          |
| Email: <u>anitapescosolido@gmail.com</u> |                                 |                                     |

Instructions: ☒ = Compliance/No violation found ☐ = 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).

Anita M. Pescosolido  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- ☒ 4. Capacity: Total # Children Present: 34
- ☒ 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 7/10/22
- ☒ 14. First Aid Certificate-Exp. Date 1/6/23
- ☒ 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: Public 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 2009
- ☒ 51. Pets: (Y/N) -Type: cats 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)<br><u>Ma Krellerman</u> | Date Corrections Due By:<br><u>9/21/21</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><u>Anita M. Pescosolido</u> |
| (Printed Name)<br><u>Krellerman</u>                       |                                            | (Printed Name)<br><u>Anita M. Pescosolido</u>                                                   |



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

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| Provider: <u>Anita Pescosolido</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | License Number: <u>31165</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Inspection: <u>9/3/21</u>                                                                                                 |
| <b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)<br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF |  | <b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><b><u>Administration of Medications 19a-87b-17</u></b><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff<br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled<br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results |                                                                                                                                   |
| <b><u>Sick Child Care 19a-87b-11</u></b><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b><u>Additional Violations</u></b><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |
| <b><u>Discussions/Comments:</u></b> 1-Instant cold pack needed for first-aid supplies<br>- 15 CFR certificate not available. Send copy<br>46- water temperature measured 124.44<br>51/55- 1 child health record/immunizations not up to date<br>66- written schedule not available<br>77- Reg for sleep arrangements not posted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |
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| (Signature of OEC Representative)<br><u>[Signature]</u><br>(Printed Name) <u>Krellerman</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date Corrections Due By:<br><u>9/27/21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><u>[Signature]</u><br>(Printed Name) <u>Anita Pescosolido</u> |