

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: Nancy Hackett	License Number: DEH-34477	Date of Inspection: 9/3/2021
Address: 160 JH Harvey Road	Expiration Date: 9/30/2022	Time of Inspection: 12
Town: Stonington	Capacity: 6+3	Days/Hours: M-F 7:30-5:30
State/Zip Code: CT 06378	Telephone: 860-572-8080	Summer: ☒ Open ☐ Closed
Email: no email		

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).

Nancy A. Hackett
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ☒ 1. Capacity: Total # Children Present: **7**
- ☒ 2. Nontransferability of License
- ☒ 3. Infant/Toddler Restriction- # Present: **0**
- ☒ 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

- ☒ 12. Awareness of/Understanding of Regulations
- ☒ 13. Medical Statement-Exp. Date
- ☒ 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) **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 **(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: **None** 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: **2 dogs** 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. Zawert</i>	Date Corrections Due By: 9/16/2021	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Nancy A. Hackett</i>
(Printed Name) Donna B. Zawert		(Printed Name) Nancy A. Hackett

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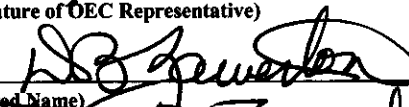
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Provider: <u>Nancy Hackett</u>	License Number: <u>344177</u>	Date of Inspection: <u>9/3/2021</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u>		
☒ 67. Personal Articles: Blanket/Towel/Toilet Articles ☒ 68. Proper Rest Provisions/Safe Cribs ☒ 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 <u>Office Access, Inspections and Investigations 19a-87b-13</u> ☒ 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> ☒ 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 ☒ 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		
<u>Sick Child Care 19a-87b-11</u> ☒ 91. Sick Child Care		
<u>Night Care 19a-87b-12 (N)</u> (10pm to 5am) ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
<u>Additional Violations</u> ☒ 114. Consent Order/Negotiated Corrective Action Plan		

Discussions/Comments:

④ Capacity - Provider operating over capacity as 7 children present.
 ⑤ First Aid Supplies not complete
 ⑥ Observed child napping directly on couch with no personal blanket to sleep on
 Items not checked not completed during inspection
 Follow-up visit to complete inspection and check capacity.

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(Signature of OEC Representative) 	Date Corrections Due By: <u>9/16/2021</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Nancy A. Hackett</u>
(Printed Name) <u>Donna B. Zaworski</u>	(Printed Name) <u>Nancy A. Hackett</u>	