Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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FAMILY CHILD CARE HOME INSPECTION FORM

☐ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☒ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Provider: Nancy Hackett	**License Number:** 34477	**Date of Inspection:** 9/20/2021
Address: 160 A Harvey Road	**Expiration Date:** 9/30/2022	**Time of Inspection:** 1045
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:	

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

- ☑ 4. Capacity: Total # Children Present: 4
- ☐ 5. Nontransferability of License
- ☐ 6. Infant/Toddler Restriction- # Present: _____
- ☐ 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 Scheduled
- ☑ 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: _____ 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:_____ 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) Donna B Zawerton	10/4/2021	(Printed Name) NANCY A. HACKETT

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nancy Hackett License #34477 Date: 9/20/2021

Observations/Corrections needed:

Discussed: Provider's updated Medical Statement to be completed at physical scheduled 10/18/2021 and First Aid and CPR class scheduled 10/16/2021. Provider will send updated form/certificate once received.

(#53) Enrollment- 2 of 12 enrollment forms not available and 2 enrollment to update schedule.
(#54) 3 of 12 child health forms not current/available
(#55) 4 of 12 immunizations not available
(#56) 3 of 12 files missing emergency permission
(#57) 3 of 12 forms need authorized permission
(#58) 3 of 12 forms field trip/transportation not available

Items not checked not reviewed at inspection. Capacity in compliance at time of this follow-up.

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: Donna B Lawerton

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/4/2021

Signature: Nancy A Hackett (Person in Charge)
Print Name: NANCY A. HACKETT