

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: <u>Karen Burke</u>	License Number: <u>57070</u>	Date of Inspection: <u>9/30/21</u>
Address: <u>29 Winding Hills Rd</u>	Expiration Date: <u>6/30/2022</u>	Time of Inspection: <u>10:44</u>
Town: <u>East Granby</u>	Capacity: <u>6+3</u>	Days/Hours:
State/Zip Code: <u>CT 06026</u>	Telephone: <u>860 324 9928</u>	Summer: <u>Open/Closed</u>
	Email: <u>kburk1395@yahoo.com</u>	

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).

Karen Burke
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ☒ 4. Capacity: Total # Children Present: 5+1 ☒
- ☒ 5. Nontransferability of License
- ☒ 6. Infant/Toddler Restriction- # Present: 2
- ☒ 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 5/31/2022
- ☒ 14. First Aid Certificate-Exp. Date 7/11/2023
- ☒ 15. CPR Certificate- Exp. Date 7/11/2023
- ☒ 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 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: 0/N -Type: Kat, Slys 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) <u>Carmen E. Valenzuela</u>	Date Corrections Due By: <u>10/14/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Karen Burke</u>
(Printed Name) <u>Carmen E. Valenzuela</u>		(Printed Name) <u>Karen Burke</u>

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Karen Burke</u>	License Number: <u>57070</u>	Date of Inspection: <u>9/30/21</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 (Y/N) (10pm to 5am)</u> ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
<u>Additional Violations</u> ☒ 114. Consent Order/Negotiated Corrective Action Plan		

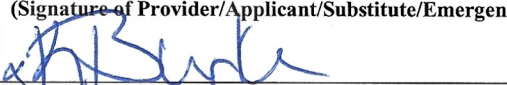
Discussions/Comments:

Discussed changes to regulations including written schedule emergency plan, quarterly log.

Discussed potential hazard for choking, increased supervision outside while children are in or around area with little/pea stone.

Discussed using only approved staff assisting in the child care home. Application provided for future use.

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(Signature of OEC Representative) 	Date Corrections Due By: <u>10/14/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Carmen E Valenzuela</u>		(Printed Name) <u>Karen Burke</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karen Burke License # 57070 Date: 9/30/21

Observations/Corrections needed:

#35 No Carbon Monoxide installed on first and second floor.

#50 several items no available during visit for the first kit. Observed no sterile, individually wrapped 3x4 inches gauze squares, no two inch gauze roller bandage, no hypoallergenic adhesive tape, no instant cold packs, no nonporous gloves, no CPR mouth barrier.

#51. No current rabies vaccine available for one cat and one dog.

#53 No enrollment form available for a child attending the program, present today.

#54 No current health records for 3 children.

#56 No emergency permission available for 1 child.

#57 No authorized release available for 1 child.

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: Carmen Elin Valenzuela
(OEC Representative)Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Karen Burke
(Person in Charge)OEC BY: 10/14/21Print Name: Karen Burke