

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Martha Bodington	License Number: 55399	Date of Inspection: 11/02/21
Address: 69 Stiles St	Expiration Date: 6/30/22	Time of Inspection: 8:55am
Town: Stratford	Capacity: 6 + 3	Days/Hours: M-F 7:45am-4:00pm
State/Zip Code: CT-06614	Telephone: 203-913-8303	Summer: <input checked="" type="checkbox"/> Open/ <input type="checkbox"/> Closed
Email: marthabod@icloud.com		
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).

Martha W B
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4 Capacity: Total # Children Present: 5
- 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 6/28/24
- 14 First Aid Certificate-Exp. Date 8/23/21
- 15 CPR Certificate- Exp. Date 8/23/21
- 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: pool 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: 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>Steve A. Russo</i>	Date Corrections Due By: 11/16/21	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Martha Bodington</i>
(Printed Name) Steve A. Russo		(Printed Name) Martha Bodington

SUPPLEMENTAL REPORT OF INSPECTION

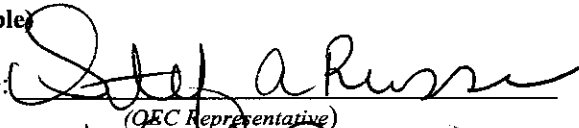
Name of Program/Provider: Martha Bodington License # 55399 Date: 11/02/21

Observations/Corrections needed:


- 14. The providers First Aid Certificate is not current expired 8/23/21.
Class scheduled on 11/14/21
- 15. The providers CPR certificate is not current expired 8/23/21.
Class scheduled on 11/14/21

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: 
(OEC Representative)
 Print Name: Stef A Russo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)
 Print Name: Martha W. Bodington

OEC BY: 11/16/21