

**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  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Provider: <b>Johnna Davis</b>	License Number: <b>DCFH 52328</b>	Date of Inspection: <b>10/7/2021</b>
	Expiration Date: <b>5/31/2025</b>	Time of Inspection: <b>12:15</b>
Address: <b>20 Maplevale Road</b>	Capacity: <b>6+3</b>	Days/Hours: <b>M-F 7:30am-4:30pm</b>
Town: <b>East Haven</b>	Telephone: <b>203-466-6726</b>	Summer: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
State/Zip Code: <b>CT 06512</b>	Email: <b>horsinaround68@gmail.com</b>	

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).*

*Johnna Davis*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: **3**
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: **0**
- 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 **2/28/2023**
- 14. First Aid Certificate-Exp. Date **1/18/2023**
- 15. CPR Certificate- Exp. Date **1/18/2023**
- 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: \_\_\_\_\_ 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: **dog** 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. Zawertsen</i>	Date Corrections Due By: _____	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Johnna Davis</i>
(Printed Name) <b>Donna B. Zawertsen</b>		(Printed Name) <b>Johnna Davis</b>

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

<p><b>Provider:</b> <i>Johnna Davis</i></p>	<p><b>License Number:</b> <i>52328</i></p>	<p><b>Date of Inspection:</b> <i>10/7/2001</i></p>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>67.</del> Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> <del>68.</del> Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> <del>69.</del> Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> <del>70.</del> Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> <del>71.</del> Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> <del>72.</del> Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> <del>73.</del> Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> <del>74.</del> Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> <del>75.</del> Infants not Swaddled</li> <li><input checked="" type="checkbox"/> <del>76.</del> Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> <del>77.</del> Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> <del>78.</del> Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> <del>79.</del> Parent Information and Access</li> <li><input checked="" type="checkbox"/> <del>80.</del> Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> <del>81.</del> Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> <del>82.</del> Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> <del>83.</del> Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> <del>84.</del> Immediate Attention</li> <li><input checked="" type="checkbox"/> <del>85.</del> Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> <del>86.</del> Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> <del>87.</del> Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> <del>88.</del> Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> <del>89.</del> Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> <del>90.</del> Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b><u>Sick/Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>91.</del> Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>92.</del> Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>93.</del> Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b><u>Administration of Medications 19a-87b-17</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>94.</del> Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> <del>95.</del> Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> <del>96.</del> Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> <del>97.</del> Nonprescription Topical Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> <del>98.</del> Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> <del>99.</del> Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> <del>100.</del> Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> <del>101.</del> MAR Maintained</li> <li><input checked="" type="checkbox"/> <del>102.</del> Prescription Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> <del>103.</del> Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> <del>104.</del> Emergency Meds – Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> <del>105.</del> Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> <del>106.</del> Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> <del>108.</del> Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> <del>109.</del> Finger Stick Blood Glucose Testing – Staff Trained</li> <li><input checked="" type="checkbox"/> <del>110.</del> Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> <del>111.</del> Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> <del>112.</del> Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> <del>113.</del> Parent Notification of Test Results</li> </ul> <p><b><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>114.</del> Consent Order/Negotiated Corrective Action Plan</li> </ul>	

**Discussions/Comments:**

*Home in compliance at time of inspection*

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<p>(Signature of OEC Representative)</p> <p><i>[Signature]</i></p>	<p>Date Corrections Due By:</p> <p align="center">—</p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><i>[Signature]</i></p>
<p>(Printed Name)</p> <p><i>Danna B Zauerton</i></p>		<p>(Printed Name)</p> <p><i>Johnna Davis</i></p>