

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: Marian Moore	License Number: 32858	Date of Inspection: 11/17/21
Address: 25 Geissler Dr.	Expiration Date: 9/30/2022	Time of Inspection: 9:14am
	Capacity: 6+3	Days/Hours: M-F 7 ⁰⁰ -5 ³⁰ pm
Town: Shelton	Telephone: 203-924-5634	Summer: <input checked="" type="radio"/> Open/ <input type="radio"/> Closed
State/Zip Code: CT 06484-2208	Email: mctorre1954@gmail.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).

Marian Moore
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 3/30/2024
 - 14. First Aid Certificate-Exp. Date 8/16/2024
 - 15. CPR Certificate- Exp. Date 8/16/2024
 - 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) Y
 - 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) Y
- 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.

<i>(Signature of OEC Representative)</i> 	Date Corrections Due By: 12/1/21	<i>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</i>
<i>(Printed Name)</i> Rebecca Cuvello		<i>(Printed Name)</i> Marian Moore

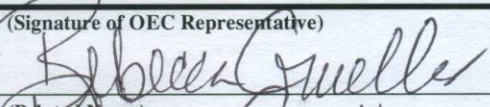
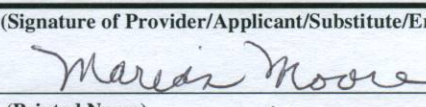
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Marion Moore</u>	License Number: <u>32858</u>	Date of Inspection: <u>11/17/21</u>
Responsibilities of Provider 19a-87b-10 (continued) <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 107. Potassium Iodide (KI) Pills – Permission/Storage/Labeled <u>N/A</u> <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u>	
Discussions/Comments: #35 Observed no carbon monoxide detector on the 2nd floor. #50 Observed first aid kit to be missing a CPR mouth barrier. #54 Observed ① child without a health record. #55 Observed ① child without immunization records. 19a-87b-10(c) - Mask requirements - Provider failed to comply with mask requirements in accordance w/ Governors Executive Order(s) and C.B.S.		
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: <u>12/1/21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Rebecca Cruelles</u>		(Printed Name) <u>Marion Moore</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Marion Moore License # 32858 Date: 11/17/21

Observations/Corrections needed:

19a-87b-10(c) - Continued.

Section 19a-131a(d) when children over 3 yrs of age were not wearing a mask.

Discussed Mask Policy + Provided Sample.

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: Rebecca Guelle
(OEC Representative)
Print Name: Rebecca Guelle

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/1/21

Signature: Marion Moore
(Person in Charge)
Print Name: Marion Moore