

# 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  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> Patricia Rokycky	<b>License Number:</b> 4466	<b>Date of Inspection:</b> 11/23/21
<b>Address:</b> 134 N School St.	<b>Expiration Date:</b> 8/31/22	<b>Time of Inspection:</b> 8:45
<b>Town:</b> Manchester, CT	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> 7-5:00 M-F
<b>State/Zip Code:</b> CT	<b>Telephone:</b> 860-643-9381	<b>Summer:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
	<b>Email:</b> pmrplace@sbcglobal.net	

**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).  
 \_\_\_\_\_  
 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: 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 4/2/24

14. First Aid Certificate-Exp. Date 5/2/23

15. CPR Certificate- Exp. Date 5/2/23

16. Judgment

**Members of the Household 19a-87b-7**

17. Medical Statement

18. Household Environment

**Qualifications of Staff 19a-87b-8**

19. Substitute/Assistant  (A)

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: gas 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 (ft)

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.

<b>(Signature of OEC Representative)</b> Jannie Thornton	<b>Date Corrections Due By:</b> —	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> Patricia Rokycky
<b>(Printed Name)</b> Jannie Thornton		<b>(Printed Name)</b> Patricia Rokycky



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

<b>Provider:</b> <i>Patricia Rokycyky</i>	<b>License Number:</b> <i>41166</i>	<b>Date of Inspection:</b> <i>11/23/21</i>
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**Responsibilities of Provider 19a-87b-10 (continued)**

- 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

**Sick Child Care 19a-87b-11**

91. Sick Child Care

**Night Care 19a-87b-12 (Y/N) (10pm to 5am)**

92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 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

**Additional Violations**

114. Consent Order/Negotiated Corrective Action Plan *N/A*

**Discussions/Comments:** *Discussed emails*  
*Discussed changes to the Regulations.*

**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>Jannie Thornton</i>	Date Corrections Due By: —	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Patricia Rokycyky</i>
(Printed Name) <i>Jannie Thornton</i>		(Printed Name) <i>Patricia Rokycyky</i>

