

# 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> <i>Teresa Perleche</i>	License Number: <i>53831</i>	Date of Inspection: <i>2/3/2022</i>
<b>Address:</b> <i>147 Brook St Fl 1</i>	Expiration Date: <i>6/30/2025</i>	Time of Inspection: <i>2:00 pm</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 6:30 am - 6:00 pm</i> <span style="float: right;"><i>Sat 7/30 am</i></span>
<b>Town:</b> <i>New Britain</i>	Telephone: <i>860-224-6927</i>	Summer: <u>Open/Closed</u>
<b>State/Zip Code:</b> <i>CT 06051-3431</i>	Email: <i>teresa-perleche@aol.com</i>	

Instructions:  = Compliance/No violation found     = 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).*

*Teresa Perleche*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 2
- 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 4/15/2023
- 14. First Aid Certificate-Exp. Date 8/1/2022
- 15. CPR Certificate-Exp. Date 8/1/2022
- 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: Emptied Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible Fountain/Fish died
- 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.

<i>Rebecca Cruelles</i> (Signature of OEC Representative)	Date Corrections Due By: <i>2/17/22</i>	<i>Teresa Perleche</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Rebecca Cruelles</i> (Printed Name)		<i>Teresa Perleche</i> (Printed Name)

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

<p>Provider: <u>Teresa Perleche</u></p>	<p>License Number: <u>55851</u></p>	<p>Date of Inspection: <u>2/3/22</u></p>
<p><b>Responsibilities of Provider (19a-47b-10) (continued)</b></p> <p><input checked="" type="checkbox"/> 66. Personal Articles: Blanket/Towel/Toile Articles</p> <p><input checked="" type="checkbox"/> 68. Proper Rest Provisions/ Safe Crib</p> <p><input checked="" type="checkbox"/> 69. Individual Plan for Care/ Written if Applicable</p> <p><input checked="" type="checkbox"/> 70. Cultural Differences/ Special Needs/ Dev. Appr. Activities</p> <p><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/ Hold for Bottle/ Feeding</p> <p><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 73. Infants Placed in Well-Covered Crib/ Stroller/ Mattress/ Tight Sheet</p> <p><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 75. Infants not Swaddled</p> <p><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</p> <p><input checked="" type="checkbox"/> 77. Bed. for Sleep Arrangements Posted/ Discussed</p> <p><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/ Sanitary/ Hand Washing/ Waste Disp.</p> <p><input checked="" type="checkbox"/> 79. Parent Information and Access</p> <p><input checked="" type="checkbox"/> 80. Developmental Milestones- Posted</p> <p><input checked="" type="checkbox"/> 81. Supervision- At all Times- Indoors/ Outdoors</p> <p><input checked="" type="checkbox"/> 82. Personal Schedules- Alert/ Consistent Attention</p> <p><input checked="" type="checkbox"/> 83. Full Attention- Distractions/ Employment/ Socialization</p> <p><input checked="" type="checkbox"/> 84. Immediate Attention</p> <p><input checked="" type="checkbox"/> 85. Substitute/ Emergency Caregiver Present</p> <p><input checked="" type="checkbox"/> 86. Appropriate Discipline/ Behavior Management</p> <p><input checked="" type="checkbox"/> 87. Disease Behavior Management Methods w/ Staff/ Parents</p> <p><input checked="" type="checkbox"/> 88. Child Protection: Abuse/ Neglect</p> <p><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/ Serious Injury</p> <p><input checked="" type="checkbox"/> 90. Wounded Reporting of Abuse/ Neglect to DCF</p> <p><b>Step Child Care (19a-47b-11)</b></p> <p><input checked="" type="checkbox"/> 91. Step Child Care</p> <p><b>Night Care (19a-47b-12) (10pm to 5am)</b></p> <p><input checked="" type="checkbox"/> 92. Separate Bed/ Location of Bed/ Appropriate Sleepwear</p>	<p><b>Office Access, Inspections and Investigations 19a-47b-13</b></p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/ Entire or Part of Facility/ Records</p> <p><b>Administration of Medications 19a-47b-17</b></p> <p><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</p> <p><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</p> <p><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</p> <p><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/ Labeled</p> <p><input checked="" type="checkbox"/> 98. Unused/ Expired Nonprescription Meds</p> <p><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</p> <p><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/ Parent Permission</p> <p><input checked="" type="checkbox"/> 101. Vial Maintained</p> <p><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/ Labeled</p> <p><input checked="" type="checkbox"/> 103. Unused/ Expired Prescription Meds</p> <p><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/ Current</p> <p><input checked="" type="checkbox"/> 105. Self-Administration of Meds</p> <p><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</p> <p><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</p> <p><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies- Maintain Labeled/ Locked/ Disposed</p> <p><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</p> <p><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</p> <p><b>Additional Violations</b></p> <p><input checked="" type="checkbox"/> 114. Consent Order/ Negotiated Corrective Action Plan <u>NA</u></p>	
<p><b>Discussions/ Comments:</b></p> <p>#35 Observed no carbon monoxide detector on the main floor.</p> <p>#35 Observed 0 child without documentation of a flu vaccine.</p>		
<p><small>APPLICANTS PLEASE NOTE: You <b>MAY NOT OPERATE</b> until all requirements have been met and a license has been issued by the Agency.</small></p>		
<p>Signature of OEC Representative</p> <p><u>[Signature]</u></p> <p>(Printed Name)</p> <p><u>[Name]</u></p>	<p>Date Corrections Due By:</p> <p><u>2/17/22</u></p>	<p>Signature of Provider/ Applicant/ Substitute/ Emergency Caregiver</p> <p><u>[Signature]</u></p> <p>(Printed Name)</p> <p><u>Teresa Perleche</u></p>