

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: Malvenia Harris | License Number: 53063 | Date of Inspection: 2/3/22 |
| Address: 18 Stokes Ave | Expiration Date: 4/30/25 | Time of Inspection: 9:00 |
| | Capacity: 603 | Days/Hours: 7:00-5:00 M-F |
| Town: Waterbury | Telephone: 203-757-2731 | Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed |
| State/Zip Code: CT | Email: mharris18@att.net | |

Instructions: ✓ = Compliance/No violation found 0 = 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: Malvenia Harris
 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 11/8/24
 - 14 First Aid Certificate-Exp. Date 3/7/22
 - 15 CPR Certificate- Exp. Date 3/7/22
 - 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: none 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: none 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 OEE Representative) <u>Jannie Thornton</u> | Date Corrections Due By: — | (Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Malvenia Harris</u> |
| (Printed Name) Jannie Thornton | | (Printed Name) Malvenia Harris |

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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 (YA) (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 changes to Regulations*
Discussed postings
Discussed new inspection sheet

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