

# 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

|                                     |                                 |                                                                                  |
|-------------------------------------|---------------------------------|----------------------------------------------------------------------------------|
| Provider:<br><b>Diane M. Condon</b> | License Number: <b>50571</b>    | Date of Inspection: <b>2/07/22</b>                                               |
| Address:<br><b>97 Chittenden Rd</b> | Expiration Date: <b>3/31/26</b> | Time of Inspection: <b>9:00 am</b>                                               |
| Town: <b>Killingworth, CT</b>       | Capacity: <b>6 + 3</b>          | Days/Hours: <b>M-F 7:00-5:00</b>                                                 |
| State/Zip Code: <b>06419</b>        | Telephone: <b>203-24-8413</b>   | Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed |
| Email: <b>dcondonb22@yahoo.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).

*Diane M. Condon*  
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: **3**
- ☒ 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 **1/21/25**
- ☒ 14. First Aid Certificate-Exp. Date **3/19/23**
- ☒ 15. CPR Certificate- Exp. Date **3/19/23**
- ☒ 16. Judgment

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

- ☒ 17. Medical Statement
- ☒ 18. Household Environment

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

- ☒ 19. Substitute/Assistant ☒ (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: **Cats** 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)

(Printed Name)

Date Corrections

Due By:

**No cap required**

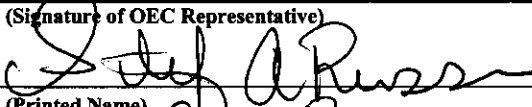
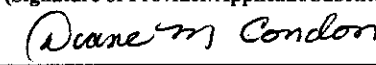
(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

(Printed Name)

**Diane M. Condon**

**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 - Page 2**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provider:</b> <u>Diane Condon</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>License Number:</b> <u>50571</u>               | <b>Date of Inspection:</b> <u>2/07/22</u>                                                                                                                                                               |
| <b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                         |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li><li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li><li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li><li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li><li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li><li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li><li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li><li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li><li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li><li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li><li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li><li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li><li><input checked="" type="checkbox"/> 79. Parent Information and Access</li><li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li><li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li><li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li><li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li><li><input checked="" type="checkbox"/> 84. Immediate Attention</li><li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li><li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li><li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li><li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li><li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li><li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li></ul></div><div style="width: 48%;"><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b><br/><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br/><br/><b><u>Administration of Medications 19a-87b-17</u></b><br/><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li><li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li><li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li><li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</li><li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li><li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li><li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li><li><input checked="" type="checkbox"/> 101. MAR Maintained</li><li><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</li><li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li><li><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</li><li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li><li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li><li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li><li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</li><li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li><li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li><li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li><li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li></ul><br/><b><u>Additional Violations</u></b><br/><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</div></div> |                                                   |                                                                                                                                                                                                         |
| <b><u>Sick Child Care 19a-87b-11</u></b><br><input checked="" type="checkbox"/> 91. Sick Child Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                         |
| <b><u>Night Care 19a-87b-12 (N) (10pm to 5am)</u></b><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                         |
| <b><u>Discussions/Comments:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                         |
| <b><u>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                                                                                                                         |
| <b>(Signature of OEC Representative)</b><br><br><b>(Printed Name)</b> Stef A. Russo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date Corrections Due By:</b><br>NO ap required | <b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b><br><br><b>(Printed Name)</b> Diane M Condon |