

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: <i>Bellone Damercent</i>	License Number: <i>Pending</i> Expiration Date: <i>Pending</i>	Date of Inspection: <i>4/7/22</i> Time of Inspection: <i>7:30</i>
Address: <i>25 Oak Hill St</i>	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 7A-6p</i>
Town: <i>Stamford</i>	Telephone: <i>203-940-0955</i>	Summer: <input checked="" type="checkbox"/> Open/Closed
State/Zip Code: <i>CT</i>	Email: <i>BelloneDamercent@rocketmail.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).

Bellone Damercent
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: *0*
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: *0*
- 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 *9/11/24*
- 14. First Aid Certificate-Exp. Date *7/20/23*
- 15. CPR Certificate- Exp. Date *9/20/23*
- 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) *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.

(Signature of OEC Representative) <i>Carlos Albizu</i>	Date Corrections Due By: <i>4/11/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Bellone Damercent</i>
(Printed Name) <i>Carlos Albizu</i>	(Printed Name) <i>Bellone Damercent</i>	(Printed Name) <i>Bellone Damercent</i>

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Provider: <u>Bellande Durrerant</u>	License Number: <u>Pausing</u>	Date of Inspection: <u>4/9/22</u>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Washer/Tray/Trick Articles <input checked="" type="checkbox"/> 68. Proper Rest Positions/Safe Crib <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dys. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care: Individual Attention/hold for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Waddling Crib/Nursing Mattress/High Chair <input checked="" type="checkbox"/> 74. Crib or other Provider 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: Diaper Sanitiser/Hand Washing Wash 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: Instructs/Outlines <input checked="" type="checkbox"/> 82. Personal Schedule: Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Interactions/Engagement/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substantive Emergencies 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 <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (A)(3) (When in Sun)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access: Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription/Epinephrine Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Errors <input checked="" type="checkbox"/> 97. Nonprescription/Epinephrine 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. Max Minimums <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergencies Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Permission for Special Medication Authorization <input checked="" type="checkbox"/> 107. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 108. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 109. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 110. Testing Equip & Supplies Minimum Labeled/checked/Disposed <input checked="" type="checkbox"/> 111. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 112. Parent Notification of Test Results <p>Additional Violations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

32 - Emergency Plan - observed that the emergency plan was missing

33 - emergency evacuation - observed the emergency evacuation drill is missing.

NOTICE: THIS PLAN AND NOTES ARE NOT VALID UNLESS ALL REQUIREMENTS HAVE BEEN MET AND A LICENSE HAS BEEN ISSUED BY THE AGENCY.

(Signature of OEC Representative) 	Date Corrected (If Any) By: <u>4/21/22</u>	(Signature of Provider/Applicant/Subscriber/Emergency Caregiver) 
(Printed Name) <u>Carlos Albizu</u>	(Printed Name) <u>Bellande Durrerant</u>	(Printed Name) <u>Bellande Durrerant</u>