

# 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>Michelle Lasky</i>	License Number: <i>36314</i>	Date of Inspection: <i>2/28/22</i>
<b>Address:</b> <i>15 Brookfield Rd.</i>	Expiration Date: <i>8/31/22</i>	Time of Inspection: <i>10:30</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>7:30-5:00 M-F</i>
<b>Town:</b> <i>Waterbury</i>	Telephone: <i>203-596-7267</i>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT</i>	Email: <i>miacagg@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).  
*Michelle Lasky*  
 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: 2

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 7/19/24

14. First Aid Certificate-Exp. Date 8/7/22

15. CPR Certificate- Exp. Date 2/7/22

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: Pool 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: cat 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>Jannie Thornton</i>	Date Corrections Due By: <u>      </u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Michelle Lasky</i>
(Printed Name) <i>Jannie Thornton</i>		(Printed Name) <i>Michelle Lasky</i>





