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: Heidi Chappell	**License Number:** 52499	**Date of Inspection:** 4/27/22
	Expiration Date: 12/31/25	**Time of Inspection:** 9:30AM
Address: 7 Clarview Dr	**Capacity:** 6 (7 3)	**Days/Hours:** M-F 7AM-5PM
Town: Brooklyn	**Telephone:** 8604284135	**Summer:** Open/Closed
State/Zip Code: CT 06234	**Email:** pita0176@yahoo.com	

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).

Heidi Chappell
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 2/6/23
- ☑ 14. First Aid Certificate-Exp. Date 2/18/24
- ☑ 15. CPR Certificate- Exp. Date 2/18/24
- ☑ 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: dog mat x(2) 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)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name) K Kellerman	5/11/22	(Printed Name) Heidi L. Chappell

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heidi Chappell License # 52499 Date: 4/27/22

Observations/Corrections needed:

11- Son Moved into home. Change form Not submitted
17- household Members physicals Not available.
Send copies to Agency
21 - Background checks need to be submitted for son
who Moved into home
57- 1 cats and 1 dogs rabies Not up to date. send
Copies to Agency. Apts are scheduled
53- 2 enrollment forms missing
54- Child health record missing
55- 1 immunizations missing
56- Emergency permission missing for 2 Children
57- Authorized release missing for 2 children
60- 2 incident logs missing.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ (OEC Representative)

Print Name: Katherman

Signature: Heidi Chappell (Person in Charge)

Print Name: Heidi L. Chappell

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/11/22

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Provider: Heidi Chappell	License Number: 52499	Date of Inspection: 4/27/22

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 (Y/N) (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

Discussions/Comments: Use New forms for childrens files (enrollment/emergency forms). Emergency Plan on website. Plugs protected

- See Supplemental

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(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name) Kellerman	5/11/22	(Printed Name) Heidi L. Chappell