

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: Cynthia Soto		License Number: 31451	Date of Inspection: 5/17/22
Address: 4 Charter Rd		Expiration Date: 6/30/25	Time of Inspection: 10AM
Town: Ellington		Capacity: 6/3	Days/Hours: M-F 7:30AM-5PM
State/Zip Code: CT 06029		Telephone: 860-995-0678	Summer: Open/Closed
Email: macyn@charter.net			

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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver: *Cynthia Soto*

Terms of License 19a-87b-5		Responsibilities of Provider 19a-87b-10	
☒ 4. Capacity: Total # Children Present: 3	☒ 29. Safe Exits	☒ 53. Enrollment Form	☒ 61. Confidentiality
☒ 5. Nontransferability of License	☒ 30. Basement Supervision (Y/N)	☒ 54. Child Health Record	☒ 62. Meeting the Child's Needs
☒ 6. Infant/Toddler Restriction- # Present: 0	☒ 31. Stairways: Protected/Handrails	☒ 55. Immunizations	☒ 63. Sufficient Play Equipment
☒ 7. License Posted	☒ 32. Emergency Plan	☒ 56. Emergency Permission	☒ 64. Good Nutrition: Meals/Snacks/Water Available
☒ 8. Parent Access to OEC Phone Number	☒ 33. Emergency Evacuation Drills-Quarterly/Log	☒ 57. Authorized Release	☒ 65. Handwashing
☒ 9. Photo ID	☒ 34. Smoke Detectors	☒ 58. Field Trips/Transportation Permission: To/From School	☒ 66. Flexible and Balanced Written Schedule
☒ 10. Requests for Information	☒ 35. Carbon Monoxide Detector	☒ 59. Swimming Permission	
☒ 11. Notification of Change	☒ 36. Fire Extinguisher- at least 5 lb. ABC/Installed	☒ 60. Incident Log	
Qualifications of Applicant and Provider 19a-87b-6		Physical Environment 19a-87b-9	
☒ 12. Awareness of/Understanding of Regulations	☒ 37. Auxiliary Heating System (Y/N), Type: Approved (Y/N)	☒ 21. Background Check(s)	☒ 22. Clean/Sanitary Environment
☒ 13. Medical Statement-Exp. Date: 1/12/23	☒ 38. Safe Storage of Weapons and Ammunition	☒ 23. Freedom of Hazards	☒ 24. Harmful Substances/Materials Inaccessible
☒ 14. First Aid Certificate-Exp. Date: 3/20/23	☒ 39. Safe Space - Sufficient	☒ 25. Bio-contaminants Disposed Safely	☒ 26. Safe Storage of Flammables
☒ 15. CPR Certificate- Exp. Date: 3/20/23	☒ 40. Body of Water (Y/N) Type: Barrier/Fence (4ft)	☒ 27. Safe Door Fasteners	☒ 28. Electrical Safety
☒ 16. Judgment	☒ 41. Hot Tubs- Locked/Inaccessible		
Members of the Household 19a-87b-7		Qualifications of Staff 19a-87b-8	
☒ 17. Medical Statement	☒ 42. Ventilation/Light - Temperature- 65°F	☒ 19. Substitute/Assistant (Y/N)	☒ 20. Emergency Caregiver
☒ 18. Household Environment	☒ 43. Window Safety		
Comprehensive Background Check 19a-87b-8a		APPPLICANTS PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.	
☒ 21. Background Check(s)		(Signature of OEC Representative) <i>K. Kellerman</i>	
		Date Corrections Due By: 5/31/22	
		(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Cynthia Soto</i>	
		(Printed Name) <i>Cynthia Soto</i>	

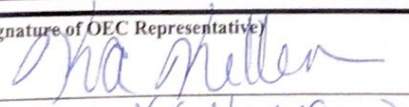
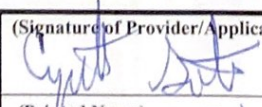
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Cynthia Soto</u>	License Number: <u>54451</u>	Date of Inspection: <u>5/17/22</u>
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: 54-1 child health record not up to date 55- 1 1 immunizations not up to date (see)		
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative)  (Printed Name) <u>Kellerman</u>	Date Corrections Due By: <u>5/31/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Cynthia Soto</u>