

**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> Holly Cambra	<b>License Number:</b> 36912	<b>Date of Inspection:</b> 4/13/22
<b>Address:</b> 110 Codfish Hill Rd	<b>Expiration Date:</b> 1/31/24	<b>Time of Inspection:</b> 9:40
<b>Town:</b> Bethel	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> 730-530
<b>State/Zip Code:</b> CT	<b>Telephone:</b> 203-885-3143	<b>Summer:</b> Open/Closed
	<b>Email:</b> justlikehcc@gmail.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).

*Holly M. Cambra*  
 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 4/24/22
- 13. Medical Statement-Exp. Date 3/29/23
- 14. First Aid Certificate-Exp. Date 3/29/23
- 15. CPR Certificate- Exp. Date 3/29/23
- 16. Judgment

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

- 17. Medical Statement
- 18. Household Environment

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

- 19. Substitute/Assistant  (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: Public Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
 Indoor  Outdoor
- 40. Body of Water (Y/N) Type: hot tub 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: dogs 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.

<b>(Signature of OEC Representative)</b> <i>Jannie Thornton</i>	<b>Date Corrections Due By:</b> 4/27/22	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Holly M. Cambra</i>
<b>(Printed Name)</b> Jannie Thornton		<b>(Printed Name)</b> Holly M. Cambra

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### FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<b>Provider:</b> <i>Holly Cambra</i>	<b>License Number:</b> <i>36912</i>	<b>Date of Inspection:</b> <i>4/13/22</i>
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <input checked="" type="checkbox"/> <del>67.</del> Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> <del>68.</del> Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> <del>69.</del> Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> <del>70.</del> Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> <del>71.</del> Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> <del>72.</del> Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> <del>73.</del> Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> <del>74.</del> Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> <del>75.</del> Infants not Swaddled <input checked="" type="checkbox"/> <del>76.</del> Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> <del>77.</del> Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> <del>78.</del> Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> <del>79.</del> Parent Information and Access <input checked="" type="checkbox"/> <del>80.</del> Developmental Milestones-Posted <input checked="" type="checkbox"/> <del>81.</del> Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> <del>82.</del> Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> <del>83.</del> Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> <del>84.</del> Immediate Attention <input checked="" type="checkbox"/> <del>85.</del> Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> <del>86.</del> Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> <del>87.</del> Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> <del>88.</del> Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> <del>89.</del> Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> <del>90.</del> Mandated Reporting of Abuse/Neglect to DCF	<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> <del>93.</del> Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <input checked="" type="checkbox"/> <del>94.</del> Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> <del>95.</del> Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> <del>96.</del> Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> <del>97.</del> Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> <del>98.</del> Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> <del>99.</del> Documented Medication Trained Staff <input checked="" type="checkbox"/> <del>100.</del> Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> <del>101.</del> MAR Maintained <input checked="" type="checkbox"/> <del>102.</del> Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> <del>103.</del> Unused/Expired Prescription Meds <input checked="" type="checkbox"/> <del>104.</del> Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> <del>105.</del> Self-Administration of Meds <input checked="" type="checkbox"/> <del>106.</del> Petition for Special Medication Authorization <input checked="" type="checkbox"/> <del>108.</del> Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> <del>109.</del> Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> <del>110.</del> Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> <del>111.</del> Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> <del>112.</del> Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> <del>113.</del> Parent Notification of Test Results	
<b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> <del>91.</del> Sick Child Care	<b>Additional Violations</b> <input type="checkbox"/> <del>114.</del> Consent Order/Negotiated Corrective Action Plan <i>N/A</i>	
<b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input checked="" type="checkbox"/> <del>92.</del> Separate Bed/Location of Bed/Appropriate Sleepwear		

### Discussions/Comments:

*#51- Rabies certificate not updated for 3 pets*

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(Signature of OEC Representative) <i>Jannie Thornton</i>	Date Corrections Due By: <i>4/27/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Holly M. Cambra</i>
(Printed Name) Jannie Thornton		(Printed Name) Holly M. Cambra