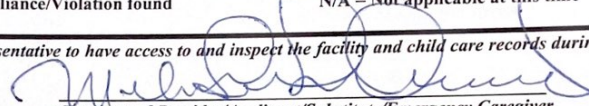
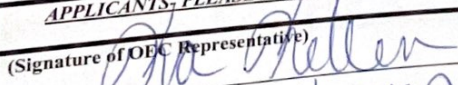
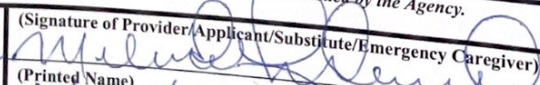


**Connecticut Office of Early Childhood  
Division of Licensing**  
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Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

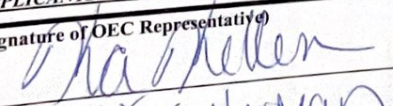
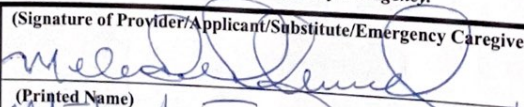
**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> Melinda Dumond		License Number: 25821	Date of Inspection: 6/8/22
Address: 31 Walnut Ave		Expiration Date: 8/31/22	Time of Inspection: 12PM
Town: East Hampton		Capacity: 6/3	Days/Hours: M-F 7-4:30PM
State/Zip Code: CT 06424		Telephone: 860 267 4804	Summer: Open/Closed
		Email: MDumonds60@yahoo.com	
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found      N/A = Not applicable at this time			
<i>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).</i>			
 Signature of Provider/Applicant/Substitute/Emergency Caregiver			
<b>Terms of License 19a-87b-5</b>		<b>Responsibilities of Provider 19a-87b-10</b>	
<input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>3</u> <input checked="" type="checkbox"/> 5. Nontransferability of License <input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>0</u> <input checked="" type="checkbox"/> 7. License Posted <input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number <input checked="" type="checkbox"/> 9. Photo ID <input checked="" type="checkbox"/> 10. Requests for Information <input checked="" type="checkbox"/> 11. Notification of Change		<input checked="" type="checkbox"/> 29. Safe Exits <input checked="" type="checkbox"/> 30. Basement Supervision (Y/N) <input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails <input checked="" type="checkbox"/> 32. Emergency Plan <input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log <input checked="" type="checkbox"/> 34. Smoke Detectors <input checked="" type="checkbox"/> 35. Carbon Monoxide Detector <input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed <input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N) <input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition <input checked="" type="checkbox"/> 39. Safe Space - Sufficient Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft) <input checked="" type="checkbox"/> 41. Hot Tubs- Locked/Inaccessible <input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F <input checked="" type="checkbox"/> 43. Window Safety <input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities <input checked="" type="checkbox"/> 45. Adequate and Safe Water: Public/Approved <input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F <input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply <input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted <input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints <input checked="" type="checkbox"/> 50. First Aid Supplies <input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: _____ Rabies Certificate(s) <input checked="" type="checkbox"/> 52. Smoking Prohibited	
<b>Qualifications of Applicant and Provider 19a-87b-6</b>			
<input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations <input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>11/24/25</u> <input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>12/11/23</u> <input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>12/11/23</u> <input checked="" type="checkbox"/> 16. Judgment			
<b>Members of the Household 19a-87b-7</b>			
<input checked="" type="checkbox"/> 17. Medical Statement <input checked="" type="checkbox"/> 18. Household Environment			
<b>Qualifications of Staff 19a-87b-8</b>			
<input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <input checked="" type="checkbox"/> 20. Emergency Caregiver			
<b>Comprehensive Background Check 19a-87b-8a</b>			
<input checked="" type="checkbox"/> 21. Background Check(s)			
<b>Physical Environment 19a-87b-9</b>			
<input checked="" type="checkbox"/> 22. Clean/Sanitary Environment <input checked="" type="checkbox"/> 23. Freedom of Hazards <input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible <input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely <input checked="" type="checkbox"/> 26. Safe Storage of Flammables <input checked="" type="checkbox"/> 27. Safe Door Fasteners <input checked="" type="checkbox"/> 28. Electrical Safety			
<b>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) 		Date Corrections Due By: 6/22/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Kellerman			(Printed Name) Melinda F Dumond

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

Provider: <u>Melinda Dumond</u>	License Number: <u>25821</u>	Date of Inspection: <u>6/18/22</u>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 84. Immediate Attention</li> <li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b>Sick Child Care 19a-87b-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b>Office Access, Inspections and Investigations 19a-87b-13</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b>Administration of Medications 19a-87b-17</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b>Additional Violations</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li> </ul>	
<p><b>Discussions/Comments:</b> Pool is torn down. Notify agency when new pool is installed for inspection. Need CPR Mouth barrier for first aid supplies.</p> <p>35- No carbon monoxide detectors in basement and attic</p>		
<b>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)  (Printed Name) <u>Heather Kellen</u>	Date Corrections Due By: <u>6/22/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Melinda F. Dumond</u>