

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider:	Catherine Ezzo-Nathan	
Address:	4 Sleepy Hollow Dr Norwalk CT	
Town:	Norwalk	
State/Zip Code:	008-515-7459	
Telephone:	33861	33861
License Number:	6/15/22	6/15/22
Date of Inspection:	12:30p	12:30p
Time of Inspection:	6+3	6+3
Capacity:	M-F 7:30-5pm	M-F 7:30-5pm
Days/Hours:	Open/Closed	Open/Closed
Summer:	Cathinct@optonline.net	
Email:	N/A = Not applicable at this time	

Instructions: = Compliance/No violation found = Non-compliance/Violation found

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: *Catherine Ezzo-Nathan*

<p>Terms of License 19a-87b-5</p> <p>4. Capacity: Total # Children Present: <u>6</u></p> <p>5. Nontransferability of License</p> <p>6. Infant/Toddler Restriction- # Present: <u>1</u></p> <p>7. License Posted</p> <p>8. Parent Access to OEC Phone Number</p> <p>9. Photo ID</p> <p>10. Requests for Information</p> <p>11. Notification of Change</p> <p>Qualifications of Applicant and Provider 19a-87b-6</p> <p>12. Awareness of/Understanding of Regulations <u>8/6/24</u></p> <p>13. Medical Statement-Exp. Date <u>8/6/24</u></p> <p>14. First Aid Certificate-Exp. Date <u>8/6/24</u></p> <p>15. CPR Certificate- Exp. Date <u>8/6/24</u></p> <p>16. Judgment</p> <p>Members of the Household 19a-87b-7</p> <p>17. Medical Statement</p> <p>18. Household Environment</p> <p>Qualifications of Staff 19a-87b-8</p> <p>19. Substitute/Assistant (Y/N)</p> <p>20. Emergency Caregiver</p> <p>Comprehensive Background Check 19a-87b-8a</p> <p>21. Background Check(s)</p> <p>Physical Environment 19a-87b-9</p> <p>22. Clean/Sanitary Environment</p> <p>23. Freedom of Hazards</p> <p>24. Harmful Substances/Materials Inaccessible</p> <p>25. Bio-contaminants Disposed Safely</p> <p>26. Safe Storage of Flammables</p> <p>27. Safe Door Fasteners</p> <p>28. Electrical Safety</p>	<p>Responsibilities of Provider 19a-87b-10</p> <p>53. Enrollment Form</p> <p>54. Child Health Record</p> <p>55. Immunizations</p> <p>56. Emergency Permission</p> <p>57. Authorized Release</p> <p>58. Field Trips/Transportation Permission- To/From School</p> <p>59. Swimming Permission</p> <p>60. Incident Log</p> <p>61. Confidentiality</p> <p>62. Meeting the Child's Needs</p> <p>63. Sufficient Play Equipment</p> <p>64. Good Nutrition: Meals/Snacks/Water Available</p> <p>65. Handwashing</p> <p>66. Flexible and Balanced Written Schedule</p>
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Signature of OEC Representative: <i>Carlos Albizu</i>	Date Corrections Due By:	Signature of Provider/Applicant/Substitute/Emergency Caregiver: <i>Catherine Ezzo-Nathan</i>
(Printed Name) Carlos Albizu		(Printed Name) Catherine Ezzo-Nathan

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

Provider: <i>Catherine Ezzo-Nathan</i>	License Number: <i>33861</i>
Date of Inspection: <i>6/15/22</i>	

<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <p><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</p> <p><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</p> <p><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</p> <p><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</p> <p><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</p> <p><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</p> <p><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 75. Infants not Swaddled</p> <p><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</p> <p><input checked="" type="checkbox"/> 77. Reg. for Sleep Arrangements Posted/Discussed</p> <p><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</p> <p><input checked="" type="checkbox"/> 79. Parent Information and Access</p> <p><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</p> <p><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</p> <p><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</p> <p><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</p> <p><input checked="" type="checkbox"/> 84. Immediate Attention</p> <p><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</p> <p><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</p> <p><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</p> <p><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</p> <p><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</p> <p><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</p> <p>Sick Child Care 19a-87b-11</p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p>Night Care 19a-87b-12 (V/N) (10pm to 5am)</p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p>Administration of Medications 19a-87b-17</p> <p><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</p> <p><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</p> <p><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</p> <p><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</p> <p><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</p> <p><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</p> <p><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 101. MAR Maintained</p> <p><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</p> <p><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</p> <p><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</p> <p><input checked="" type="checkbox"/> 105. Self-Administration of Meds</p> <p><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</p> <p><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</p> <p><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed</p> <p><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</p> <p><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</p> <p>Additional Violations</p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>
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Discussions/Comments: *Observed no violations at this time*

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(Printed Name) <i>Carlos Albizu</i>		(Printed Name) <i>Catherine Ezzo-Nathan</i>