

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED FULL PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> Polly Marie Gibson	<b>License Number:</b> DCH 53618	<b>Date of Inspection:</b> 11/5/2022
<b>Address:</b> 66 Plymouth Street	<b>Expiration Date:</b> 11/30/2024	<b>Time of Inspection:</b> 10:30
<b>Town:</b> New Haven	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> M-F 7:30-5:30
<b>State/Zip Code:</b> CT 06519	<b>Telephone:</b> 203-587-3344	<b>Summer:</b> Open/Closed <input checked="" type="checkbox"/>
<b>Email:</b> butterflychildcare3344@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).*

*Polly Marie Gibson*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 4. Capacity: Total # Children Present: 2
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

- 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: Public 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: Public Rabies Certificate(s)
- 52. Smoking Prohibited

**Qualifications of Applicant and Provider 19a-87b-6**

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 11/31/2023
- 14. First Aid Certificate-Exp. Date 10/11/2023
- 15. CPR Certificate- Exp. Date 10/17/2023
- 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

**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) <i>Donna B Zawerton</i>	Date Corrections Due By: _____	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Polly Marie Gibson</i>
(Printed Name) Donna B Zawerton		(Printed Name) POLLY MARIE GIBSON



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

Provider: <u>Polly Marie Gibson</u>	License Number: <u>53618</u>	Date of Inspection: <u>7/5/2008</u>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></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><u>Sick Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></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><u>Office Access, Inspections and Investigations 19a-87b-13</u></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><u>Administration of Medications 19a-87b-17</u></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><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li> </ul>	

**Discussions/Comments:**

*Discussed: Gate secured at time of inspection to barr access to hazards in spare room. Provider agrees to make sure area to be safe for children. Provider just reopened - fire drills to be documented.*

**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)  (Printed Name) Dawn B. Zawadzki	Date Corrections Due By: —	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) POLLY MARIE GIBSON
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