

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: Laura Benjamin		License Number: pending	Date of Inspection: 8/5/22
Address: 187 Park St		Expiration Date: 6/3	Time of Inspection: 2pm
Town: Putnam		Capacity: 6/3	Days/Hours: M-F 7am-5:30pm
State/Zip Code: CT 06260		Telephone: 714 3342592	Summer: Open/Closed
Email: alydenaurawncw43@gmail.com			

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]
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5		Responsibilities of Provider 19a-87b-10	
☒ 4. Capacity: Total # Children Present: 0 ☒ 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: Approved (Y/N) ☒ 38. Safe Storage of Weapons and Ammunition ☒ 39. Safe Space - Sufficient Indoor ☒ Outdoor ☒	☒ 40. Body of Water (Y/N) Type: 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: cat 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 ☒ 14. First Aid Certificate-Exp. Date 2/23/24 ☒ 15. CPR Certificate- Exp. Date 2/23/24 ☒ 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			

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>[Signature]</i>	Date Corrections Due By: Pending License	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i>
(Printed Name) Kyle Herman		(Printed Name) Laura Benjamin

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Laura Benjamin</u>		License Number: <u>Pending</u>	Date of Inspection: <u>8/5/22</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		Office Access, Inspections and Investigations 19a-87b-13 ☒ 93. Access- Immediate/Entire or Part of Facility/Records	
Sick Child Care 19a-87b-11 ☒ 91. Sick Child Care		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	
Night Care 19a-87b-12 (V/N) (10pm to 5am) ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear		Additional Violations ☒ 114. Consent Order/Negotiated Corrective Action Plan	
Discussions/Comments: Everything on inspection form discussed Thermometer used for first aid supplies. Playset moved to other side of yard, Lock shed 13- Licensurers physical not available. send copy to Agency 31- Basement stairs not protected. discussed options 34- No smoke detector observed in basement 35- No carbon monoxide in basement. Discussed mounting per guidelines in bathroom 44- Garbage can not covered 51- Cats rabies not available. send copy to Agency			
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(Signature of OEC Representative) <u>[Signature]</u>	Date Corrections Due <u>Pending</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>[Signature]</u>	
(Printed Name) Kelle Herman	By Licensurer	(Printed Name) Laura Benjamin	