

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: <u>Nicole Memoli - Murphy</u> Address: <u>19 Macintosh RD</u> Town: <u>Norwalk</u> State/Zip Code: <u>CT 06851-5108</u>	License Number: <u>57062</u> Expiration Date: <u>6/30/26</u> Capacity: <u>6+3</u> Telephone: <u>203-857-0288</u> Email: <u>snugglebugsw@optimum.net</u>	Date of Inspection: <u>8/17/22</u> Time of Inspection: <u>1:30pm</u> Days/Hours: <u>M-F 7:30-5:30pm</u> Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <u>Same hour</u>
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). <div style="text-align: right;"> <u>Memo</u> Signature of Provider/Applicant/Substitute/Emergency Caregiver </div>		
Terms of License 19a-87b-5 <input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>5</u> <input checked="" type="checkbox"/> 5. Nontransferability of License <input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>1</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 Qualifications of Applicant and Provider 19a-87b-6 <input type="checkbox"/> 12. Awareness of/Understanding of Regulations <input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>10/13/23</u> <input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>5/2024</u> <input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>5/2024</u> <input checked="" type="checkbox"/> 16. Judgment Members of the Household 19a-87b-7 <input checked="" type="checkbox"/> 17. Medical Statement <input checked="" type="checkbox"/> 18. Household Environment Qualifications of Staff 19a-87b-8 <input checked="" type="checkbox"/> 19. Substitute/Assistant <input checked="" type="checkbox"/> (Y/N) <input checked="" type="checkbox"/> 20. Emergency Caregiver Comprehensive Background Check 19a-87b-8a <input checked="" type="checkbox"/> 21. Background Check(s) Physical Environment 19a-87b-9 <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	<input checked="" type="checkbox"/> 29. Safe Exits <input checked="" type="checkbox"/> 30. Basement Supervision <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (Y/N) Type: <u>Electric</u> Approved <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (Y/N) Type: <u>Pool</u> Barrier/Fence <input checked="" type="checkbox"/> (Y/N) <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: <u>Public</u> 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: <input checked="" type="checkbox"/> (Y/N) -Type: <u>2 Dogs</u> Rabies Certificate(s) <input checked="" type="checkbox"/> 52. Smoking Prohibited Responsibilities of Provider 19a-87b-10 <input checked="" type="checkbox"/> 53. Enrollment Form <input checked="" type="checkbox"/> 54. Child Health Record <input checked="" type="checkbox"/> 55. Immunizations <input checked="" type="checkbox"/> 56. Emergency Permission <input checked="" type="checkbox"/> 57. Authorized Release <input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School <input checked="" type="checkbox"/> 59. Swimming Permission <input checked="" type="checkbox"/> 60. Incident Log <input checked="" type="checkbox"/> 61. Confidentiality <input checked="" type="checkbox"/> 62. Meeting the Child's Needs <input checked="" type="checkbox"/> 63. Sufficient Play Equipment <input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available <input checked="" type="checkbox"/> 65. Handwashing <input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule	
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative) <u>Valecia Wilton</u> (Printed Name) <u>Valecia Wilton</u>	Date Corrections Due By: <u>N/A</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Nicole</u> (Printed Name) <u>Nicole Memoli-Murphy</u>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Nicole Memoli-Murphy</u>	License Number: <u>57062</u>	Date of Inspection: <u>8/17/22</u>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p><u>Sick Child Care 19a-87b-11</u></p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p><u>Night Care 19a-87b-12 (Y/N)</u> (10pm to 5am)</p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p><u>Administration of Medications 19a-87b-17</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p><u>Additional Violations</u></p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>	
<p><u>Discussions/Comments:</u></p> 		
<p><u>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</u></p>		
<p>(Signature of OEC Representative)</p> <p><u>V. Williams</u></p>	<p>Date Corrections Due By:</p> <p><u>n/a</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>Nicole Memoli-Murphy</u></p>
<p>(Printed Name)</p> <p><u>Valeaw Williams</u></p>	<p>(Printed Name)</p> <p><u>Nicole Memoli-Murphy</u></p>	