

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 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> <i>Claudia Lawrence</i>	License Number: <i>56670</i>	Date of Inspection: <i>8/31/22</i>
<b>Address:</b> <i>16 Sunset Lane</i>	Expiration Date: <i>8/31/23</i>	Time of Inspection: <i>9:30</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>m-f 6-11</i>
<b>Town:</b> <i>Bloomfield</i>	Telephones: <i>860-951-5468</i>	Summer: <input checked="" type="checkbox"/> Open/ <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT 06002</i>	Email: <i>stkhhs96@gmail.com</i>	
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found <input type="checkbox"/> 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

- 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

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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 8/31/24
- 14. First Aid Certificate-Exp. Date 7/28/23
- 15. CPR Certificate- Exp. Date 7/28/23
- 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) (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

- 29. Safe Exits
- 30. Basement Supervision (Y/N) (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: (N) Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- 40. Body of Water (Y/N) Type: Hot Tub 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: 2009 Rabies Certificate(s)
- 52. Smoking Prohibited

#### 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.

<b>(Signature of OEC Representative)</b> <i>Marykrene Trigile</i>	<b>Date Corrections Due By:</b> —	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>[Signature]</i>
<b>(Printed Name)</b> <i>Marykrene Trigile</i>		<b>(Printed Name)</b> <i>Claudia Lawrence</i>

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

<p><b>Provider:</b>  <span style="font-size: 1.2em; color: blue;">Claudia Lawrence</span></p>	<p><b>License Number:</b> <span style="font-size: 1.2em; color: blue;">56670</span></p>	<p><b>Date of Inspection:</b> <span style="font-size: 1.2em; color: blue;">8/31/22</span></p>
<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>  <input checked="" type="checkbox"/> 91. Sick Child Care</p> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b>  <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b>  <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <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>  <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>	
<p><b><u>Discussions/Comments:</u></b></p>		
<p><b><u>APPLICANTS- PLEASE NOTE:</u> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</b></p>		
<p>(Signature of OEC Representative)  <span style="font-size: 1.2em; color: blue;">Marylene Inglela</span></p>	<p>Date Corrections Due By:  <span style="font-size: 1.2em; color: blue;">—</span></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  <span style="font-size: 1.2em; color: blue;">Claudia Lawrence</span></p>
<p>(Printed Name)  <span style="font-size: 1.2em; color: blue;">Marylene Inglela</span></p>		<p>(Printed Name)  <span style="font-size: 1.2em; color: blue;">Claudia Lawrence</span></p>