

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>CHARLENE FLOURDE</u>	License Number: <u>36996</u>	Date of Inspection: <u>9.27.22</u>
	Expiration Date: <u>7.31.26</u>	Time of Inspection: <u>9:20 AM</u>
Address: <u>248 NEW RD.</u>	Capacity: <u>603</u>	Days/Hours: <u>M-F 9am-1pm</u>
Town: <u>AVON</u>	Telephone: <u>860 693 6628</u> Cell #: <u>860 906 7832</u>	Summer: <u>Open</u> ☒ <u>Closed</u> ☐
State/Zip Code: <u>06001-3166</u>	Email: <u>jumpstartpreschoolavon@gmail.com</u>	
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).

Charlene U. Flourde
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ☒ 4. Capacity: Total # Children Present: 6
- ☒ 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 9.24.23
- ☒ 14. First Aid Certificate-Exp. Date 10.31.23 9.2024
- ☒ 15. CPR Certificate- Exp. Date 10.31.23 9.2024
- ☒ 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

- ☒ 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

Responsibilities of Provider 19a-87b-10

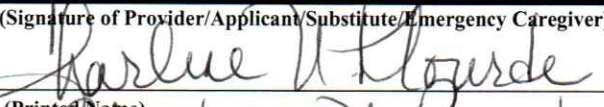
- ☒ 53. Enrollment Form
- ☒ 54. Child Health Record
- ☒ 55. Immunizations
- ☒ 56. Emergency Permission
- ☒ 57. Authorized Release
- ☒ 58. Field Trips/Transportation Permission- To/From School
- ☒ 59. Swimming Permission
- ☒ 60. Incident Log
- ☒ 61. Confidentiality
- ☒ 62. Meeting the Child's Needs
- ☒ 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>[Signature]</i>	Date Corrections Due By: <u>10.11.22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Charlene U. Flourde</i>
(Printed Name) <u>Patricia A. Tybuski</u>		(Printed Name) <u>Charlene U. Flourde</u>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>CHARLENE PLOURDE</u>	License Number: <u>36996</u>	Date of Inspection: <u>9.27.22</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u>		
☒ 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 <u>Office Access, Inspections and Investigations 19a-87b-13</u> ☒ 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> ☒ 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		
<u>Sick Child Care 19a-87b-11</u> ☒ 91. Sick Child Care		
<u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u> ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
<u>Additional Violations</u> ☒ 114. Consent Order/Negotiated Corrective Action Plan		
<u>Discussions/Comments:</u> (46) did not observe water temperature within the limits - measured too high <u>Discussed</u>: - having daily written schedule accessible during inspections - adding transportation to permissions		
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) Patricia A. Tyburski	Date Corrections Due By: <u>10.11.22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Charlene A. Plourde