

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED  FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Provider: <u>Victoria Lindstrom</u>	License Number: <u>45603</u>	Date of Inspection: <u>9/23/22</u>
Address: <u>35 Oakwood Rd</u>	Expiration Date: <u>6/30/25</u>	Time of Inspection: <u>8:40</u>
Town: <u>Manchester</u>	Capacity: <u>6+3</u>	Days/Hours: <u>7-5 M-F</u>
State/Zip Code: <u>CT</u>	Telephone: <u>860-646-0047</u>	Summer: <u>Open/Closed</u>
	Email: <u>k_v_lindstrom@sbcglobal.net</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).*

Victoria Lindstrom  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4 Capacity: Total # Children Present: 3
- 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 10/17/22
- 14 First Aid Certificate-Exp. Date 9/10/21
- 15 CPR Certificate- Exp. Date 9/10/21
- 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: Public Approved (Y/N)
- 38 Safe Storage of Weapons and Ammunition
- 39 Safe Space - Sufficient  
 Indoor  Outdoor
- 40 Body of Water (Y/N) Type: None 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: None 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) <u>Jannie Thornton</u>	Date Corrections Due By: <u>10/7/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Victoria Lindstrom</u>
(Printed Name) <u>Jannie Thornton</u>		(Printed Name) <u>Victoria Lindstrom</u>



**Connecticut Office of Early Childhood**  
**Division of Licensing**  
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 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

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<b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b> <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  <b><u>Sick Child Care 19a-87b-11</u></b> <input checked="" type="checkbox"/> 91. Sick Child Care  <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	<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  <b><u>Administration of Medications 19a-87b-17</u></b> <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 type="checkbox"/> 113. Parent Notification of Test Results  <b><u>Additional Violations</u></b> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <i>N/A</i>	

**Discussions/Comments:** *Discussed entire inspection sheet*  
*#14 - Provider's 1st Aid certificate is expired*  
*#15 - Provider's CPR certificate is expired.*

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(Signature of OEC Representative) <i>Jannie Thornton</i> (Printed Name) <i>Jannie Thornton</i>	Date Corrections Due By: <i>10/7/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Victoria P Lindstrom</i> (Printed Name) <i>Victoria P. Lindstrom</i>
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