

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: <i>Margorzata Bernacki</i>	License Number: <i>54977</i>	Date of Inspection: <i>10/25/23</i>
Address: <i>65 Edward Pl</i>	Expiration Date: <i>12/31/24</i>	Time of Inspection: <i>12:30</i>
Town: <i>Stamford</i>	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 8a-5p</i>
State/Zip Code: <i>CT 06905</i>	Telephone: <i>203-322-6156</i>	Summer: <i>Open/Closed</i>
	Email: <i>gosia.bernacki@yahoo.com</i>	

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).

Terms of License 19a-87b-5

4. Capacity: Total # Children Present: 6
5. Nontransferability of License
6. Infant/Toddler Restriction- # Present: 1
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 2/29/23
13. Medical Statement-Exp. Date 5/25/23
14. First Aid Certificate-Exp. Date 5/25/23
15. CPR Certificate-Exp. Date 5/25/23
16. Judgment

Members of the Household 19a-87b-7

17. Medical Statement
18. Household Environment

Qualifications of Staff 19a-87b-8

19. Substitute/Assistant (X/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

Safe Exits

29. Basement Supervision (Y/N)
30. 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: _____ 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)

Gloria Albizu

Date Corrections

11/6/23

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

Hollonde Bernacki
(Printed Name)
MARGORZATA BERNACKI

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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

Sick Child Care 19a-87b-11

- 91. Sick Child Care

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

Office Access, Inspections and Investigations 19a-87b-13

- 93. Access- Immediate/Entire or Part of Facility/Records

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

Additional Violations

- 114. Consent Order/Negotiated Corrective Action Plan

Discussions/Comments:

#54 Child Health Records - observed one child enrolled with an expired record.

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(Signature of OEC Representative)

(Printed Name)

Chloé Albizu

Date Corrections Due

By:

11/8/22

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

Hait Gontea Bernacki

(Printed Name)

MALGOE-ATA BERNACKI