

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: Charmaine S. Mitchell	License Number: 569423	Date of Inspection: 10/27/22
Address: 371 Remington St	Expiration Date: 9/30/25	Time of Inspection: 10:15
Town: Bridgeport	Capacity: 6 + 3	Days/Hours: M-F 6:30-5:30
State/Zip Code: CT 06610	Telephone: 441-522-0322	Summer: <u>Open</u> /Closed
Email: caringdaycare371@gmail.com		

Instructions: = Compliance/No violation found = Non-compliance/Violation found = 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 of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 7
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: _____
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

- 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: fish Rabies Certificate(s)
- 52. Smoking Prohibited

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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 5/11/24
- 14. First Aid Certificate-Exp. Date 10/16/24
- 15. CPR Certificate- Exp. Date 10/16/24
- 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

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)
Maxybene Ingila *Betty Mayer*
(Printed Name)
Maxybene Ingila
Betty Mayer

Date Corrections Due By:
11/10/22

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Charmaine Mitchell
(Printed Name)
Charmaine Mitchell

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Charmaue Smithell	License Number: 569103	Date of Inspection: 10/27/22
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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:

one child with only parent listed for authorized pick up.

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) MaryBene Trigila	Date Corrections Due By: 11/10/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) Charmaue Smithell
(Printed Name) MaryBene Trigila		(Printed Name) Charmaue Mitchell

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Charmaine Mitchell License # 56963 Date: 10/27/22

Observations/Corrections needed:

#54 - observed two children with expired physicals.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Marylene Triguila (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/10/22

Signature: [Signature] (Person in Charge)