

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Kristen Fennell	License Number: 53602	Date of Inspection: 9/13/22
Address: 4064 Main St.	Expiration Date: 9/30/26	Time of Inspection: 12:10pm
	Capacity: 6+3	Days/Hours: M-F 6:30-7:30
Town: Stratford	Telephone: 203-378-5574	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: 06614	Email: Deansjoe@672201.com	
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = 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).

[Signature]
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 5
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 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 8/15/25
- 14. First Aid Certificate-Exp. Date 2/28/23
- 15. CPR Certificate- Exp. Date 2/28/23
- 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)
- 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 dogs 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: No cap required	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>[Signature]</i>
(Printed Name) STEP A. RUSSO		(Printed Name) KRISTEN FENNEL

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Kristen Fennell</u>	License Number: <u>53602</u>	Date of Inspection: <u>9/13/22</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <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 <u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (YN)</u> (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <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 checked="" type="checkbox"/> 113. Parent Notification of Test Results <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Discussions/Comments:</u> <div style="height: 150px; border: 1px solid black;"></div>		

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) <u>Stef A. Russ</u>	Date Corrections Due By: <u>Wocap</u> <u>required</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>KRISTEN FENNEL</u>
--	--	---