

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

Inspector:

Inspector: Danna Gendreau
 Address: 48 Hoyt St.
Darien
 Zip Code: CT 06820-3117

License Number: 24727 Date of Inspection: 12/15/24
 Expiration Date: 12/31/25 Time of Inspection: 9:30am
 Capacity: 6+3 Days/Hours: M-F 7am-5pm
 Telephone: 203-940-2784 Summer: Open/Closed
 Email: dsg1960@optonline.net

Legend: = Compliance/No violation found = Non-compliance/Violation found N/A = Not applicable at this time

I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during inspections as required by Regulations Section 19a-87b-5(h).

Danna Gendreau
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Capacity of License 19a-87b-5
 Capacity: Total # Children Present: 5
 Nontransferability of License
 Infant/Toddler Restriction- # Present: 2
 License Posted
 Parent Access to OEC Phone Number
 Photo ID
 Requests for Information
 Notification of Change

Medical Statements of Applicant and Provider 19a-87b-6
 Awareness of/Understanding of Regulations
 Medical Statement-Exp. Date: 12/15/24
 First Aid Certificate-Exp. Date: 7/21/23
 CPR Certificate-Exp. Date: 7/21/23
 Judgment

Medical Statements of the Household 19a-87b-7
 Medical Statement
 Household Environment

Medical Statements of Staff 19a-87b-8
 Substitute/Assistant (Y/N)
 Emergency Caregiver

Comprehensive Background Check 19a-87b-8a
 Background Check(s)

Physical Environment 19a-87b-9
 Clean/Sanitary Environment
 Freedom of Hazards
 Harmful Substances/Materials Inaccessible
 Pesticide-contaminants Disposed Safely
 Safe Storage of Flammables
 Secure Door Fasteners
 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: Dog Rabies Certificate(s)
- 52. Smoking Prohibited Cats

- 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

CAUTIONS - PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

Inspector (OEC Representative) <u>Danna Gendreau</u>	Date Corrections Due By: <u>N/A</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Danna Gendreau</u>
(Printed Name) <u>Danna Gendreau</u>		

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FAMILY CHILD CARE HOME INSPECTION FORM Page 2

Inspector: Donna Gendreau License Number: 24727 Date of Inspection: 12/15/22

Responsibilities of Provider 19a-87b-10 (continued)

- Personal Articles: Blanket/Towel/Toilet Articles
Proper Rest Provisions/Safe Cribs
Individual Plan for Care (Written if Applicable)
Cultural Differences/Special Needs/Dev. Appr. Activities
Infant Care- Individual Attention/Held for Bottle Feedings
Infants Placed on Back for Sleeping
Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
Crib or other Provision Free from Observable Hazards
Infants not Swaddled
Infants Supervised- observed minimum every 15 minutes
Req. for Sleep Arrangements Posted/Discussed
Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
Parent Information and Access
Developmental Milestones-Posted
Supervision-At all Times- Indoors/Outdoors
Personal Schedule-Alert/Competent Attention
Full Attention-Distractions/Employment/Socialization
Immediate Attention
Substitute/Emergency Caregiver Present
Appropriate Discipline/Behavior Management
Discuss Behavior Management Methods w/Staff/Parents
Child Protection: Abuse/Neglect
Notify OEC within 24 hrs.: Death/Serious Injury
Mandated Reporting of Abuse/Neglect to DCF

Child Care 19a-87b-11

- Sick Child Care

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

- 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 N/A

Discussions/Comments:

Observed no violations at today's visit.

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Signature of OEC Representative: [Signature] Date Corrections Due: N/A Signature of Provider/Applicant/Substitute/Emergency Caregiver: Donna Gendreau (Printed Name)