

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Peggy Joseph	License Number: 56295	Date of Inspection: 9/19/22
Address: 441 Sedgewick Ave	Expiration Date: 5/31/25	Time of Inspection: 9:25 am
Town: Stratford	Capacity: 6+3	Days/Hours: M-F 7:00 am to 5:00 pm
State/Zip Code: CT 06615	Telephone: 203 414 0502	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
	Email: peggy.joseph@supportservices.com	

Instructions: ✓ = Compliance/No violation found 0 = 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).

Peggy Joseph
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 0
- 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 9/15/25
- 14. First Aid Certificate-Exp. Date 3/13/23
- 15. CPR Certificate- Exp. Date 3/13/23
- 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

- 19. Safe Exits
- 20. Basement Supervision (Y/N)
- 21. Stairways: Protected/Handrails
- 22. Emergency Plan
- 23. Emergency Evacuation Drills-Quarterly/Log
- 24. Smoke Detectors
- 25. Carbon Monoxide Detector
- 26. Fire Extinguisher- at least 5 lb. ABC/Installed
- 27. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- 28. Safe Storage of Weapons and Ammunition
- 29. Safe Space - Sufficient
 Indoor Outdoor
- 30. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 31. Hot Tubs- Locked/Inaccessible
- 32. Ventilation/Light - Temperature- 65°F
- 33. Window Safety
- 34. Washing/Tolleting/Sewage/Garbage Facilities
- 35. Adequate and Safe Water: Public/Approved
- 36. Water Temperature 60°-120°F
- 37. Pasteurization of Milk Supply
- 38. Working Telephone/Emergency Numbers Posted
- 39. Safe Transportation-Registered/Insured/Restraints
- 40. First Aid Supplies
- 41. Pets: (Y/N) Type: _____ Rabies Certificate(s)
- 42. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 43. Enrollment Form
- 44. Child Health Record
- 45. Immunizations
- 46. Emergency Permission
- 47. Authorized Release
- 48. Field Trips/Transportation Permission- To/From School
- 49. Swimming Permission
- 50. Incident Log
- 51. Confidentiality
- 52. Meeting the Child's Needs
- 53. Sufficient Play Equipment
- 54. Good Nutrition: Meals/Snacks/Water Available
- 55. Handwashing
- 56. 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>Steph A. Ross</i>	Date Corrections Due By: No cap required	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Peggy Joseph</i>
(Printed Name) Steph A. Ross		(Printed Name) Peggy Joseph

