

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: Amy Lewis	License Number: 35647	Date of Inspection: 12/09/22
Address: 9 Baker Road	Expiration Date: 10/31/24	Time of Inspection: 11:35 am
Town: Chester	Capacity: 6+3	Days/Hours: M-F 7:00-5:00
State/Zip Code: CT 06410	Telephone: 860-526-3807	Summer: ☒ Open/Closed
Email: ADLewis212comcast.net		

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).

Amy Lewis
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: **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
- ☒ 13. Medical Statement-Exp. Date **8/11/24**
- ☒ 14. First Aid Certificate-Exp. Date **1/28/24**
- ☒ 15. CPR Certificate- Exp. Date **1/28/24**
- ☒ 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

- ☒ 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: **pool** 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, cats** 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) Stef A. Russo	Date Corrections Due By: None required	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) Amy Lewis
(Printed Name) Stef A. Russo		(Printed Name) Amy Lewis

Division of Licensing

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Provider:

Amy Lewis

License

Number: 3564

Date of

Inspection: 409 22

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

☒ 91. **Sick Child Care**

☒ 92. **Separate Bed/Location of Bed/Appropriate Sleepwear**

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

- ☒ 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

☒ 114. Consent Order/Negotiated Corrective Action Plan

Discussions/Comments:

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(Signature of OEC Representative)

(Printed Name)

Stef A Russo

Date Corrections Due By:

No cap required

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

(Printed Name)

Amy Lewis
(Printed Name) Amy Lewis

