

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: <u>Carey Fitzgerald</u>	License Number: <u>20120</u>	Date of Inspection: <u>1/27/23</u>
Address: <u>10 Robinsmark Rd</u>	Expiration Date: <u>3/31/26</u>	Time of Inspection: <u>10:30</u>
Town: <u>Prospect CT</u>	Capacity: <u>6+3</u>	Days/Hours: <u>m-f 7-4:30</u>
State/Zip Code: <u>06712</u>	Telephone: <u>203-758-5891</u>	Summer: ☒ Open/Closed
Email: <u>cfitz202msn.com</u>		
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).

Carey Fitzgerald
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ☒ 4. Capacity: Total # Children Present: 2
- ☒ 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

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

- ☒ 12. Awareness of/Understanding of Regulations
- ☒ 13. Medical Statement-Exp. Date 6/28/25
- ☒ 14. First Aid Certificate-Exp. Date 10/16/24
- ☒ 15. CPR Certificate- Exp. Date 10/27/22
- ☒ 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: scots 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) <u>Marlene Trigila</u>	Date Corrections Due By: <u>2/10/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Carey Fitzgerald</u>
(Printed Name) <u>Marlene Trigila</u>		(Printed Name) <u>Carey Fitzgerald</u>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Carey Fitzgerald	License Number: 20120	Date of Inspection: 1/27/23
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	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	
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	Additional Violations ☒ 114. Consent Order/Negotiated Corrective Action Plan	

Discussions/Comments:

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(Signature of OEC Representative) MaryBene Trigula	Date Corrections Due By: 2/10/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) Carey Fitzgerald
(Printed Name) MaryBene Trigula		(Printed Name) Carey Fitzgerald

SUPPLEMENTAL REPORT OF INSPECTION

PAGE 1

Name of Program/Provider: Carey Fitzgerald

License # 20120 Date: 1/27/23

Observations/Corrections needed:

#15 - Observed CPR to be expired

#55 - Observed no child in care with documentation of the flu shot.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/10/23

Signature: Marylene Inguila
(OEC Representative)

Print Name: Marylene Inguila

Signature: Carey Fitzgerald
(Person in Charge)

Print Name: Carey Fitzgerald