

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED FULL PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> <i>Lois McClain</i>	License Number: <i>46578</i>	Date of Inspection: <i>9/7/22</i>
<b>Address:</b> <i>83 Montgomery St.</i>	Expiration Date: <i>9/30/25</i>	Time of Inspection: <i>1:35pm</i>
	Capacity: <i>603</i>	Days/Hours: <i>7am-7pm</i>
<b>Town:</b> <i>Waterbury</i>	Telephone: <i>203-591-9064</i>	Summer: <u>Open</u> Closed
<b>State/Zip Code:</b> <i>CT</i>	Email: <i>mechellmcclain@gmail.com</i>	

**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).

*Lois McClain*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 4
- 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 \_\_\_\_\_
- 14. First Aid Certificate-Exp. Date 8/8/23
- 15. CPR Certificate- Exp. Date 8/8/23
- 16. Judgment 8/8/23

#### 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: \_\_\_\_\_ 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.

<b>(Signature of OEC Representative)</b> <i>Jannie Thornton</i>	<b>Date Corrections Due By:</b> <i>9/21/22</i>	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Lois McClain</i>
<b>(Printed Name)</b> <i>Jannie Thornton</i>		<b>(Printed Name)</b> <i>Lois McClain</i>



Initial  Unannounced Full/Partial  Follow-up  Location Change  Investigation  Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Lois McClain Date: 9/7/22 Time: 1:35 pm  
Location Address: 83 Montgomery St. Waterbury Telephone #: 203-591-9064  
e-mail address: mchellmcclain@gmail.com License #: 46578 Expiration Date: 9/30/25  
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 2

**Consent to Inspect  
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.  
Provider/Applicant/Substitute's Signature Lois McClain

Purpose of visit: \_\_\_\_\_

Observations/Corrections needed:

Walked around the complete outdoor area. House has siding all the way around.  
#11 Notification of Change - 8 people moved in in May  
#13 Provider medical expired  
#17 - Medical statements for all new household members  
#20 - Background check not done on new adult household members  
#35 Carbon Monoxide detectors - None on 1st or 2nd floor  
#40 - Body of water - still accessible next door (Pool next door)

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: 9/21/22

Signature: Jannie Thornton  
(OEC Representative)  
Print Name: Jannie Thornton

Signature: Lois McClain  
(Person in Charge)  
Print Name: Lois McClain

