Connecticut Office of Early Childhood

Division of Licensing
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Cynthia Cascone	License Number: 54243	Date of Inspection: 4/6/23

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

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

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

Discussions/Comments:

Discussed missing sections of the Inspection sheet.
CAP returned today at the partial inspection
Partial to add inspection 4/21/22

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) Jannie Thornton	Date Corrections Due By: —	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) Cynthia Cascone
(Printed Name) Jannie Thornton		(Printed Name) Cynthia Cascone