

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: Anita Pescosolido		License Number: 3165	Date of Inspection: 5/12/23
Address: 96 Brent Dr		Expiration Date: 9/30/26	Time of Inspection: 12pm
Town: VERNON		Capacity: 6/3	Days/Hours: M-F 6:45am-5:45pm
State/Zip Code: CT		Telephone: 860-559-4519	Summer: Open/Closed
Email: anita.pescosolido@state.ct.us			

Instructions: ☒ = Compliance/No violation found ☐ = 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).

Anita M. Pescosolido
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

☒ 4. Capacity: Total # Children Present: <u>6</u> ☒ 5. Nontransferability of License ☒ 6. Infant/Toddler Restriction- # Present: <u>1</u> ☒ 7. License Posted ☒ 8. Parent Access to OEC Phone Number ☒ 9. Photo ID ☒ 10. Requests for Information ☒ 11. Notification of Change	☒ 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 ☒
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Qualifications of Applicant and Provider 19a-87b-6

☒ 12. Awareness of/Understanding of Regulations ☒ 13. Medical Statement-Exp. Date <u>8/31/25</u> ☒ 14. First Aid Certificate-Exp. Date <u>10/16/23</u> ☒ 15. CPR Certificate- Exp. Date <u>10/16/23</u> ☒ 16. Judgment	☒ 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/Carbage 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: <u>1 cat</u> Rabies Certificate(s) ☒ 52. Smoking Prohibited
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Members of the Household 19a-87b-7

☒ 17. Medical Statement ☒ 18. Household Environment
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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	☒ 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
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Responsibilities of Provider 19a-87b-10

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of DDC Representative) <i>K. Kellerman</i>	Date Corrections Due By: 5/19/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Anita M. Pescosolido</i>
(Printed Name) K. Kellerman		(Printed Name) Anita M. Pescosolido

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Anita Pescosolido</u>		License Number: <u>31145</u>	Date of Inspection: <u>5/5/23</u>
Responsibilities of Provider 19a-87b-10 (continued)		Office Access, Inspections and Investigations 19a-87b-13	
☒ 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		☒ 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		Additional Violations ☒ 114. Consent Order/Negotiated Corrective Action Plan	
Night Care 19a-87b-12 (V/N) (10pm to 5am) ☒ 92. Separate Bed/Location of Bed/Appropriate Sleepwear			

Discussions/Comments:

54- 1 child health record missing and 1 Not up to date
 55- 1 immunizations Not up to date

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(Signature of OEC Representative) <u>Kreikerman</u>	Date Corrections Due By: <u>5/19/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Anita M. Pescosolido</u>
(Printed Name) <u>Kreikerman</u>		(Printed Name) <u>Anita M. Pescosolido</u>