

**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> Michelle Gagliardi	<b>License Number:</b> 57008	<b>Date of Inspection:</b> 3/24/25
<b>Address:</b> 371 Monticello Drive	<b>Expiration Date:</b> 1/3/26	<b>Time of Inspection:</b> 9:10 am
<b>Town:</b> Branford	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> M-F 7:00-5:30
<b>State/Zip Code:</b> CT, 06405	<b>Telephone:</b> 2034999401	<b>Summer:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>Instructions:</b> <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found	<b>Email:</b> mgagliardi@gmail.com	<b>N/A = Not applicable at this time</b>

*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).*

*Michelle Gagliardi*  
 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 10/21/25
- 14. First Aid Certificate-Exp. Date 4/2/24
- 15. CPR Certificate- Exp. Date 4/2/24
- 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)  Y
- 20. Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**

- 1. Background Check(s)

**Physical Environment 19a-87b-9**

- 2. Clean/Sanitary Environment
- 3. Freedom of Hazards
- 4. Harmful Substances/Materials Inaccessible
- 5. Bio-contaminants Disposed Safely
- 6. Safe Storage of Flammables
- 7. Safe Door Fasteners
- 8. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)  Y
- 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 -Type Cat, dog 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>Stacy A. Russo</i>	<b>Date Corrections Due By:</b> None required	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Michelle Gagliardi</i>
<b>(Printed Name):</b> Stacy A. Russo		<b>(Printed Name):</b> Michelle Gagliardi

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: Michelle Gagliardi

License Number: 57008

Date of Inspection: 3/24/2

**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

**Additional Violations**

- 114. Consent Order/Negotiated Corrective Action Plan

**Sick Child Care 19a-87b-11**

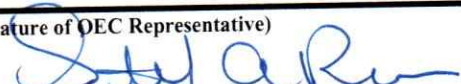

- 91. Sick Child Care

**Light Care 19a-87b-12 (Y/N) (10pm to 5am)**

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Discussions/Comments:**

**LICENSANTS- 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 	Date Corrections Due By: No cap required	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
Printed Name Stef A. Russo	Date Corrections Due By: No cap required	(Printed Name) Michelle Gagliardi

