

# 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>Gamila Elbashir</i>	License Number: <i>56065</i>	Date of Inspection: <i>6/22/23</i>
	Expiration Date: <i>11/30/23</i>	Time of Inspection: <i>11:30</i>
<b>Address:</b> <i>560 1st Ave.</i>	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 24hr.</i>
<b>Town:</b> <i>West Haven</i>	Telephone: <i>203-909-7966</i>	Summer: <input checked="" type="checkbox"/> Open/Closed
<b>State/Zip Code:</b> <i>06516</i>	Email: <i>egamila@shcglobal.net</i>	

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).

*[Signature]*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 3
- 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 10/2024 6/3/21
- 14. First Aid Certificate-Exp. Date 4/18/23
- 15. CPR Certificate- Exp. Date 4/18/23
- 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 gas 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:                      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.

<i>[Signature]</i> (Signature of OEC Representative)	Date Corrections Due By: <i>7/6/23</i>	<i>[Signature]</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Linda Moylan</i> (Printed Name)		<i>Gamila Elbashir</i> (Printed Name)

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

<b>Provider:</b> <i>Lamila Elbashir</i>	<b>License Number:</b> <i>56065</i>	<b>Date of Inspection:</b> <i>6/22/23</i>
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- 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:**

*#6 Three children under 18 months present at arrival with the substitute only present.*

*#35- 3 children's files observed without immunization documentation on file.*

*#73- Observed infant in swing sleeping/being put to sleep.*

*#74- Observed cup in crib with sleeping child.*

*#94- Policy not available.*

*Discussed- Access to background check proof of compliance.*

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(Signature of OEC Representative) <i>Linda Moylan</i> (Printed Name) <i>Linda Moylan</i>	Date Corrections Due By: <i>7/6/23</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name)
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\* Addendum \*  
SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Camika Elbashir License # 56005 Date: 6/22/23

Observations/Corrections needed:

#74 removed from violation because child observed was over 12 months at the time - not an infant. Discuss best practice regarding sippy cups.

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

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

Signature: Linda Maylan  
(OEC Representative)

Print Name: Linda Maylan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: \_\_\_\_\_  
(Person in Charge)

OEC BY: \_\_\_\_\_

Print Name: \_\_\_\_\_