

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Maria St Jean	License Number: 56129	Date of Inspection: 6/28/23
Address: 39 Henry St.	Expiration Date: 4/30/24	Time of Inspection: 11:00
Town: New Haven	Capacity: 6+3	Days/Hours: 24/7
State/Zip Code: CT 06511	Telephone: 203-645-3952	Summer: <input checked="" type="radio"/> Open/Closed
Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found		N/A = Not applicable at this time
Email: mst5258@yahoo.com		

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).

Mary
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

- Terms of License 19a-87b-5**
- 4. Capacity: Total # Children Present: 7+3
 - 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 11/12/21
 - 14. First Aid Certificate-Exp. Date 6/4/23
 - 15. CPR Certificate- Exp. Date 6/4/23
 - 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: _____ 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.

(Signature of OEC Representative) <i>Maria St Jean</i>	Date Corrections Due By: <u>7/12/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Mary</i>
(Printed Name) <i>Linda Moylan</i>		(Printed Name) <i>Mary</i>

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Maria St. Jean</u>	License Number: <u>56129</u>	Date of Inspection: <u>6/28/23</u>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></p> <p>39 ✓ 67. Personal Articles: Blanket/Towel/Toilet Articles</p> <p>✓ 68. Proper Rest Provisions/Safe Cribs</p> <p>✓ 69. Individual Plan for Care (Written if Applicable)</p> <p>✓ 70. Cultural Differences/Special Needs/Dev. Appr. Activities</p> <p>✓ 71. Infant Care- Individual Attention/Held for Bottle Feedings</p> <p>✓ 72. Infants Placed on Back for Sleeping</p> <p>✓ 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</p> <p>✓ 74. Crib or other Provision Free from Observable Hazards</p> <p>✓ 75. Infants not Swaddled</p> <p>✓ 76. Infants Supervised- observed minimum every 15 minutes</p> <p>✓ 77. Req. for Sleep Arrangements Posted/Discussed</p> <p>✓ 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</p> <p>✓ 79. Parent Information and Access</p> <p>✓ 80. Developmental Milestones-Posted</p> <p>✓ 81. Supervision-At all Times- Indoors/Outdoors</p> <p>✓ 82. Personal Schedule-Alert/Competent Attention</p> <p>✓ 83. Full Attention-Distractions/Employment/Socialization</p> <p>✓ 84. Immediate Attention</p> <p>✓ 85. Substitute/Emergency Caregiver Present</p> <p>✓ 86. Appropriate Discipline/Behavior Management</p> <p>✓ 87. Discuss Behavior Management Methods w/Staff/Parents</p> <p>✓ 88. Child Protection: Abuse/Neglect</p> <p>✓ 89. Notify OEC within 24 hrs.: Death/Serious Injury</p> <p>✓ 90. Mandated Reporting of Abuse/Neglect to DCF</p> <p><u>Sick Child Care 19a-87b-11</u></p> <p>✓ 91. Sick Child Care</p> <p><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></p> <p>✓ 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <p>✓ 93. Access- Immediate/Entire or Part of Facility/Records</p> <p><u>Administration of Medications 19a-87b-17</u></p> <p>✓ 94. Policies and Procedures for Admin of Meds</p> <p>✓ 95. Parent Permission for Nonprescription Topical Meds</p> <p>✓ 96. Notification and Documentation of Medication Error(s)</p> <p>✓ 97. Nonprescription Topical Meds – Stored/Labeled</p> <p>✓ 98. Unused/Expired Nonprescription Meds</p> <p>✓ 99. Documented Medication Trained Staff</p> <p>✓ 100. Written Authorized Prescriber/Parent Permission</p> <p>✓ 101. MAR Maintained</p> <p>✓ 102. Prescription Meds – Stored/Labeled</p> <p>✓ 103. Unused/Expired Prescription Meds</p> <p>✓ 104. Emergency Meds – Equip Labeled/Current</p> <p>✓ 105. Self-Administration of Meds</p> <p>✓ 106. Petition for Special Medication Authorization</p> <p>✓ 108. Policies for Finger Stick Blood Glucose Testing</p> <p>✓ 109. Finger Stick Blood Glucose Testing – Staff Trained</p> <p>✓ 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p>✓ 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed</p> <p>✓ 112. Finger Stick Blood Glucose Testing Records</p> <p>✓ 113. Parent Notification of Test Results</p> <p><u>Additional Violations</u></p> <p>✓ 114. Consent Order/Negotiated Corrective Action Plan</p>	

Discussions/Comments:

#4 - Capacity exceeded with 10 children present with provider and assistant.

31 - stairway observed without gate to paraccess.

54 - observed multiple children's records without current health records.

58 - observed not all children's files to have current/updated immunization records.


57 - observed not all children's files to have authorized release other than parents.

65 - Children's hands were not washed prior to lunch.

71 - Infant observed not being held during bottle feeding.

73 - Portacribs with multiple mattress/bases & none attached per design.

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(Signature of OEC Representative) <u>Maria St Jean</u> (Printed Name) <u>Linda Moylan</u>	Date Corrections Due By: <u>7/12/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Maria St Jean</u>
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