

# 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> <u>Kim Watson</u>	License Number: <u>53355</u>	Date of Inspection: <u>4/25/23</u>
<b>Address:</b> <u>220 Thompson St.</u>	Expiration Date: <u>12/31/25</u>	Time of Inspection: <u>12:20pm</u>
	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 7:00-5:00</u>
<b>Town:</b> <u>Stratford</u>	Telephone: <u>860 797-8609</u>	Summer: <u>Open/Closed</u>
<b>State/Zip Code:</b> <u>CT 06615</u>	Email: <u>Deinaunt5@yahoo.com</u>	

Instructions: ✓ = Compliance/No violation found      O = 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: 2
  - 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
- 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: dog (Y/N) -Type: dog Rabies Certificate(s)
- 52. Smoking Prohibited

- Qualifications of Applicant and Provider 19a-87b-6**
- 12. Awareness of/Understanding of Regulations
  - 13. Medical Statement-Exp. Date 5/04/24
  - 14. First Aid Certificate-Exp. Date 3/30/25
  - 15. CPR Certificate- Exp. Date 3/30/25
  - 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

- 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: <u>NO cap required</u>	<i>[Signature]</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Stef A. Russel (Printed Name)		Kim Watson (Printed Name)



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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:**

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(Signature of OEC Representative) 	Date Corrections Due By: <u>NO Cap required</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Stef A. Russo</u>		(Printed Name) _____

