

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Doreen Casey	License Number: 35645	Date of Inspection: 7/21/23
Address: 10 foothill Rd	Expiration Date: 7/31/25	Time of Inspection: 10:15
Town: Rocky Hill	Capacity: 6+3	Days/Hours: m-f 7-5
State/Zip Code: CT 06067	Telephone: 860-257-7879	Summer: <input checked="" type="checkbox"/> Open/Closed
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: Doreen Casey

- 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 6/27/24
 - 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

- Signature of Provider/Applicant/Substitute/Emergency Caregiver*
- 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) <u>MaryBene Ingila</u>	Date Corrections Due By: <u>—</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Doreen Casey</u>
(Printed Name) <u>MaryBene Ingila</u>		(Printed Name) <u>Doreen Casey</u>

