

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED ☒ FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Provider: <u>Paulette Hef</u>	License Number: <u>53444</u>	Date of Inspection: <u>5/12/23</u>
Address: <u>22 Butter Jones Road</u>	Expiration Date: <u>2/28/26</u>	Time of Inspection: <u>1:30 pm</u>
Town: <u>Chester</u>	Capacity: <u>6</u>	Days/Hours: <u>m-F 7:00-5:30</u>
State/Zip Code: <u>06412</u>	Telephone: <u>860 262-4938</u>	Summer: <u>Open/Closed</u>
Email: <u>Threeakps@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 of Provider/Applicant/Substitute/Emergency Caregiver: Paulette Hef

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: 6/19/23
- ☒ 14. First Aid Certificate-Exp. Date: 6/19/23
- ☒ 15. CPR Certificate- Exp. Date: 2/28/23
- ☒ 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 Yes Outdoor Yes Barrier/Fence (4ft)
- ☒ 40. Body of Water (Y/N) Type: None
- ☒ 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: dogs, cats 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>Steph A. Russo</u>	Date Corrections Due By: <u>5/26/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Paulette Hef</u>
(Printed Name) <u>Steph A. Russo</u>		(Printed Name) <u>Paulette A Hef</u>

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Provider: Paulette Heft

License Number: 53444

Date of Inspection: 5/12/23

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:

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)

(Printed Name)

Date Corrections Due By:

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

(Printed Name)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Paulette Hefst License # 53444 Date: 5/12/23

Observations/Corrections needed:

- 14. The providers First Aid is not current
- 15. The providers CPR is not current
- 34 The Smoke Detector on the main level and upstairs level is not working
- 51. 1 ^{grey} cat rabies certificate is not current

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: [Signature]
(OEC Representative)
 Print Name: Step A. Russo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/20/23

Signature: [Signature]
(Person in Charge)
 Print Name: Paulette A Hefst

