

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>Cynthia Ciarcia</u>	License Number: <u>53545</u>	Date of Inspection: <u>6/26/23</u>
Address: <u>205 Topaz place</u>	Expiration Date: <u>11/30/24</u>	Time of Inspection: <u>9:30am</u>
Town: <u>Stamford</u>	Capacity: <u>6+3</u>	Days/Hours: <u>m-f 7:30-5:30</u>
State/Zip Code: <u>ct. 06614</u>	Telephone: <u>203-923-1769</u>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
Email: <u>Cynsdaycare@gmail.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).

C. Ciarcia
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

- Qualifications of Applicant and Provider 19a-87b-6**
- 12. Awareness of/Understanding of Regulations
 - 13. Medical Statement-Exp. Date 3/18/24
 - 14. First Aid Certificate-Exp. Date 10/23/23
 - 15. CPR Certificate- Exp. Date 10/23/23
 - 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: pool Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 - Indoor
 - Outdoor
- 40. Body of Water (Y/N) Type: pool 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 Dog, CAT 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)
Stef Al Russ
(Printed Name)

Date Corrections Due By:
No cap required

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
C. Ciarcia
(Printed Name)



