

# 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><br>Shannette Bynum  | <b>License Number:</b> 56192                     | <b>Date of Inspection:</b> 8/28/23 |
|                                      | <b>Expiration Date:</b> 9/30/24                  | <b>Time of Inspection:</b> 8:00am  |
| <b>Address:</b> 128 Holly St.        | <b>Capacity:</b> 6+3                             | <b>Days/Hours:</b> 7 days / 24 hrs |
| <b>Town:</b> Bridgeport              | <b>Telephone:</b> 203-502-1181                   | <b>Summer:</b> Open/Closed         |
| <b>State/Zip Code:</b> CT 06607-1035 | <b>Email:</b> littlebitoflovechildcare@gmail.com |                                    |

**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).*

*Shannette Bynum*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

4. Capacity: Total # Children Present: 2

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 7/22/25

14. First Aid Certificate-Exp. Date 12/11/23

15. CPR Certificate- Exp. Date 12/11/23

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) (Y)

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) (N)

38. Safe Storage of Weapons and Ammunition

39. Safe Space - Sufficient  
Indoor    Outdoor   

40. Body of Water (Y/N) Type: Above Barrier/Fence (4ft)

41. Hot Tubs- Locked/Inaccessible ground pose

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: 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.**

|  |  |   |
|--|--|---|
| <b>(Signature of OEC Representative)</b><br><i>Rebecca Swell</i> | <b>Date Corrections Due By:</b><br>9/11/23 | <b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b><br><i>Shannette Bynum</i> |
| <b>(Printed Name)</b><br>Rebecca Swell                           |  | <b>(Printed Name)</b><br>Shannette Bynum  |

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

|   |   |   |
|---|---|---|
| <b>Provider:</b> <u>Shannette Bynum</u>   | <b>License Number:</b> <u>56192</u>   | <b>Date of Inspection:</b> <u>8/28/23</u> |
| <b>Responsibilities of Provider 19a-87b-10 (continued)</b><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <u>OK</u><br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF<br><br><b>Sick Child Care 19a-87b-11</b><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear | <b>Office Access, Inspections and Investigations 19a-87b-13</b><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><b>Administration of Medications 19a-87b-17</b><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <u>OK</u><br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <u>OK</u><br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <u>OK</u><br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results<br><br><b>Additional Violations</b><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u> |   |

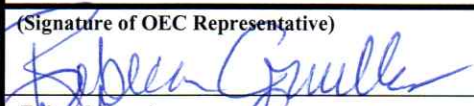

**Discussions/Comments:**

#21 Provider did not show evidence of compliance with BCIS (Background Check) System; Submit Roster.

#53 observed ① child without an enrollment form.

#54 observed ⑤ children without health records. Observed ① child with incomplete health record as history of anaphylaxis left blank and child has a food allergy diagnosed. Submit copies.

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|   |  |  |
|---|--|--|
| (Signature of OEC Representative)<br><br>(Printed Name)<br><u>Rebecca Connelles</u> | Date Corrections Due By:<br><u>9/11/23</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><br>(Printed Name)<br><u>Shannette Bynum</u> |
|---|--|--|

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shannette Bynum License # 56192 Date: 8/28/23

Observations/Corrections needed:

#55 Observed 5 children without immunization records; Submit copies

#56 Observed 1 child without emergency permission; Submit copies

#57 Observed 1 child without authorized release; Submit copies

#58 Observed 1 child without transportation permission; Submit copies

#69 Observed 1 child without an allergy action plan with diagnosed food allergy requiring an epi-pen; Submit copies

#100 Observed 1 child without authorization to administer medications prescriber permission + parent permission on site for an epi-pen; Submit copies

#102 Observed epi-pen on site without proper labeling; Submit copies

#99 Observed epi-pen training to have expired 12/1/22; Submit copies

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: Rebecca Gruelle  
(OEC Representative)

Print Name: Rebecca Gruelle

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shannette Bynum  
(Person in Charge)

OEC BY: 9/11/23

Print Name: Shannette Bynum