

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: Deborah Withington	License Number: 52617	Date of Inspection: 8/18/23
Address: 59 Driscoll Road	Expiration Date: 2/28/26	Time of Inspection: 9:30am
Town: Granford	Capacity: 6+3	Days/Hours: m-f 6:15-4:00
State/Zip Code: CT. 06405	Telephone: 203481-5489	Summer: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found	<input type="checkbox"/> = Non-compliance/Violation found	<input type="checkbox"/> = 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).

- Terms of License 19a-87b-5**
- 4. Capacity: Total # Children Present: 0
 - 5. Nontransferability of License
 - 6. Infant/Toddler Restriction- # Present: 0
 - 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 5/19/25
 - 14. First Aid Certificate-Exp. Date 5/31/23
 - 15. CPR Certificate- Exp. Date 5/31/23
 - 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)

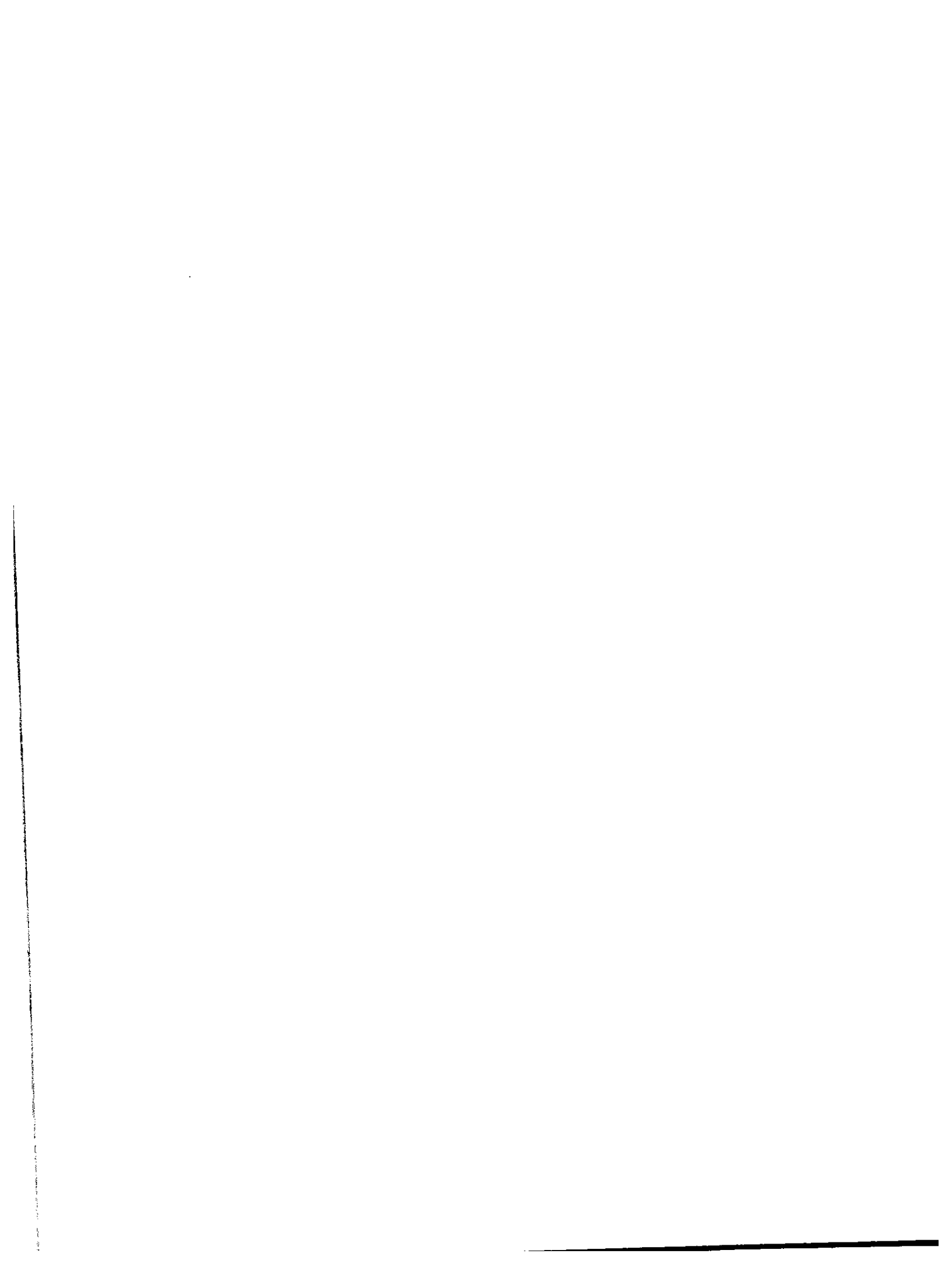
- Physical Environment 19a-87b-9**
- 22. Clean/Sanitary Environment
 - 23. Freedom of Hazards
 - 24. Harmful Substances/Materials Inaccessible
 - 25. Bio-contaminants Disposed Safely
 - 26. Safe Storage of Flammables
 - 27. Safe Door Fasteners
 - 28. Electrical Safety

- Deborah Withington*
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) <i>A. Russo</i>	Date Corrections Due By: 9/01/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Deborah Withington</i>
(Printed Name) A. Russo		(Printed Name) Deborah Withington



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Provider: <u>Deborah A. Withington</u>	License Number: <u>52617</u>	Date of Inspection: <u>8/18/23</u>
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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 (XN) (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- RELEASE NOTE: You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: <u>9/01/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name) <u>Stef Russo</u>		(Printed Name) <u>Deborah Withington</u>



SUPPLEMENTAL REPORT OF INSPECTION

PAGE _____

Name of Program/Provider: Deborah Withington License # 52617 Date: 8/18/23

Observations/Corrections needed:

Enrolled 2 infant/Toddler, 1 preschool, 1 Before/After

14. The providers First Aid Certificate is not current

15. The providers CPR 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.

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 9/01/23

Signature: [Signature]
(OEC Representative)

Print Name: STEFAN ROSSO

Signature: [Signature]
(Person in Charge)

Print Name: Deborah Withington

