

# 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> <u>KELLY DANIELS</u>	License Number: <u>46263</u>	Date of Inspection: <u>9.15.23</u>
	Expiration Date: <u>7.31.26</u>	Time of Inspection: <u>11:30 AM</u>
<b>Address:</b> <u>64 ASHLEY RO.</u>	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 7am-4:30pm</u>
<b>Town:</b> <u>BRISTOL</u>	Telephone: <u>860 314 1906</u> Cell # <u>860 256 7455</u>	Summer: <input checked="" type="checkbox"/> Open / Closed
<b>State/Zip Code:</b> <u>06010 - 2603</u>	Email: <u>daniels.kelly@sbglobal.net</u>	

Instructions: ✓ = Compliance/No violation found      0 = 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).*

Kelly Daniels  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 3
- 5. Nontransferability of License 0
- 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 2.21.25
- 14. First Aid Certificate-Exp. Date 1.2024
- 15. CPR Certificate- Exp. Date 1.2024
- 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) 0
- 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) 0
- 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: 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: \_\_\_\_\_ 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.**

<i>[Signature]</i> (Signature of OEC Representative)	Date Corrections Due By: <u>N/A</u>	<i>[Signature]</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<u>Pamela Tyburki</u> (Printed Name)		<u>Kelly Daniels</u> (Printed Name)

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

<b>Provider:</b> <span style="font-size: 1.2em; color: blue;">KELLY DANIELS</span>	<b>License Number:</b> <span style="font-size: 1.2em; color: blue;">46263</span>	<b>Date of Inspection:</b> <span style="font-size: 1.2em; color: blue;">9.15.23</span>
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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 (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:**

Did not cite any violations during this full inspection

Discussed:

- Safe Sleep
- Field Trip permission monthly calendar provided to parents and signed by them acceptable

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(Signature of OEC Representative) 	Date Corrections Due By: <span style="font-size: 1.5em; color: blue;">N/A</span>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <span style="font-size: 1.2em; color: blue;">Patricia Jankowski</span>		(Printed Name) <span style="font-size: 1.2em; color: blue;">Kelly Daniels</span>