

# 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> Kristen Fennell	<b>License Number:</b> 53602	<b>Date of Inspection:</b> 7/31/23
	<b>Expiration Date:</b> 9/30/26	<b>Time of Inspection:</b> 10:20am
<b>Address:</b> 4064 Main St.	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> M-F 6:30-7:30
<b>Town:</b> Stratford	<b>Telephone:</b> 203 378 5574	<b>Summer:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>State/Zip Code:</b> CT 06614	<b>Email:</b> Deansleep67@aol.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).

*[Signature]*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 3+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 8/15/25
- 14. First Aid Certificate-Exp. Date 11/30/24
- 15. CPR Certificate- Exp. Date 11/30/24
- 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: \_\_\_\_\_ 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: Dogs 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)  
*[Signature]*  
(Printed Name)  
Step A. Russo

Date Corrections Due By:  
No cap required

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  
*[Signature]*  
(Printed Name)  
Kristen Fennell



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

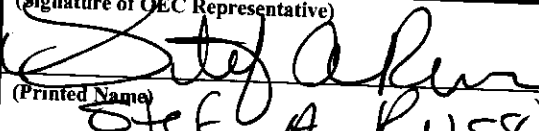
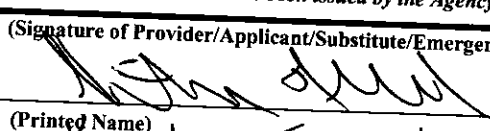
<b>Provider:</b> <u>Kristen Fennell</u>	<b>License Number:</b> <u>53602</u>	<b>Date of Inspection:</b> <u>7/31/23</u>
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- Responsibilities of Provider 19a-87b-10 (continued)**
- 67. Personal Articles: Blanket/Towel/Toilet Articles
  - 68. Proper Rest 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 (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) Stef A. Russo	Date Corrections Due By: <u>No Cap required</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Kristen Fennell
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