

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: Beverly E Samuels	License Number: 56350	Date of Inspection: 10/5/23
	Expiration Date: 9/30/25	Time of Inspection: 11:22 a.m.
Address: 18 Irving St Fl 1	Capacity: 6+3	Days/Hours: M-F 24 hrs. 7:00 am - 4:00 pm
Town: Hartford	Telephone: 860 7965106	Summer: Open/Closed
State/Zip Code: CT 06112	Email: evertansaunders901@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).

Beverly Samuels
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 5
- 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 9/11/26
- 14. First Aid Certificate-Exp. Date 6/1/24
- 15. CPR Certificate- Exp. Date 6/1/24
- 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: 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>Carmen Elia Gonzalez</i>	Date Corrections Due By: 10/19/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Beverly Samuels</i>
(Printed Name) Carmen E Gonzalez		(Printed Name) Beverly SAMUELS

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Beverly E Samuels</u>	License Number: <u>56350</u>	Date of Inspection: <u>10/5/23</u>
Responsibilities of Provider 19a-87b-10 (continued) <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results	
Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care	Additional Violations <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
Discussions/Comments: Discussed maintaining enrollment forms with current information (hours, addresses, etc) and signed and dated. Provided sample of enrollment forms and permission forms. Discussed following up for a child for whom doctor marked no for allergies, but has an authorization for Epipen (9/2/22 - 7/2/23), if expired. Physical is from 3/17/22 & current. Discussed transition to cot/mat for children who are able to climb in/out of pack-n-play.		
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) <u>Carmen E Valenzuela</u>	Date Corrections Due By: <u>10/9/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Beverly Samuels</u>
(Printed Name) <u>Carmen E Valenzuela</u>		(Printed Name) <u>Beverly Samuels</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beverly E Samuels License # 56350 Date: 10/5/23Observations/Corrections needed:

- #21 Provider failed to maintain proof of her compliance with background checks for herself and for a household member.
- # 50 Observed first aid incomplete, missing sterile, individually wrapped 3 or 4 inches gauze squares, one roll of hypoallergenic ~~and~~ adhesive tape, one instant cold pack.
- # 54. Observed one child health record missing from file for one child, and one not current
- # 55 Observed two vaccine records not current and one missing on a child's file.
- # 57 Observed three children who need someone else besides the parents for provider to release child to an adult in case of emergency when she cannot contact the parents.
- # 63 Observed play equipment inside a pack-n-play and a crib, not available to use. Observed children jumping in and out of the pack-n-play with toys.
- # 66 - No written program schedule available.
- # 69 No individual plan of care or Asthma Action plan available for a child with asthma
- # 74. Observed infant sleeping on a pack-n-play that had over the pack-n-play mat, a soft foam pad.

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: Pamela Elena Valenzuela
(OEC Representative)Print Name: Pamela E Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Beverly Samuels
(Person in Charge)OEC BY: 10/19/23Print Name: Beverly Samuels

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beverly Samuels License # 56350 Date: 10/5/23

Observations/Corrections needed:

about 2 inches high. Safety and sleep requirements reviewed with provider. Provider removed it during visit

77 Observed Reg. for Sleep Arrangements not posted.

100 Observed expired written prescriber authorization and parent permission form for a child with asthma.

104. As for provider, she never has the medication (emergency medication) for a child with a chronic condition when the child attends the program. Child not present during the visit, but attends Monday to Friday at night.

92. Observed only one bed available for night care. Provider has two children who come for night care; no other provision for night care available for second child.

Total current enrolment of eight (8) children:
I/T : 1, Preschool Age five (5).
School Age (2) two.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen E. Valenzuela
(OEC Representative)
Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Beverly Samuels
(Person in Charge)
Print Name: Beverly Samuels

OEC BY: 10/11/23