

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Trisha Brown	License Number: 36246	Date of Inspection: 1/25/23
Address: 36 Cambridge Drive	Expiration Date: 1/31/25	Time of Inspection: 2:07
Town: East Hartford	Capacity: 6+3	Days/Hours:
State/Zip Code: CT	Telephone:	Summer: Open/Closed
	Email:	

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 of Provider/Applicant/Substitute/Emergency Caregiver: *Trisha Brown*

Terms of License 19a-87b-5

4 Capacity: Total # Children Present: 5
 5 Nontransferability of License
 6 Infant/Toddler Restriction- # Present: 2
 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
 14 First Aid Certificate-Exp. Date 5/14/24
 15 CPR Certificate- Exp. Date 5/14/24
 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>Jannie Thornton</i>	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Trisha Brown</i>
(Printed Name) Jannie Thornton		(Printed Name) Trisha Brown



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Provider: <u>Trisha Brown</u>	License Number: <u>56246</u>	Date of Inspection: <u>1/25/23</u>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input type="checkbox"/> 72. Infants Placed on Back for Sleeping <input type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input type="checkbox"/> 75. Infants not Swaddled <input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input type="checkbox"/> 79. Parent Information and Access <input type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input type="checkbox"/> 84. Immediate Attention <input type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input type="checkbox"/> 88. Child Protection: Abuse/Neglect <input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <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 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 checked="" 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 <p>Additional Violations</p> <ul style="list-style-type: none"> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u> 	
<p>Discussions/Comments:</p> <p style="font-size: 1.2em;">Unable to complete inspection due time and weather will complete inspection at another time</p> <p>#99- Did not observe a certificate on special training to administer rectal medication</p> <p>#100- Written permission from authorized prescribers not complete</p>		
<p>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</p>		
(Signature of OEC Representative)  (Printed Name) Jamie Thornton	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Trisha Brown

