

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: Lismette Santos	License Number: 57690 Expiration Date: 8/31/24	Date of Inspection: 10/11/23 Time of Inspection: 9:40 am
Address: 70 South St.	Capacity: 6+3	Days/Hours: M-F 5am-9pm
Town: Wtlag	Telephone: 2035604759	Summer: Open/Closed
State/Zip Code: CT 06706	Email: Lismette@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).

* Lismette Santos
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 3
- 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
- 14. First Aid Certificate-Exp. Date 1/20/24
- 15. CPR Certificate- Exp. Date 1/20/24
- 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) (Printed Name) Alexandra Rodriguez	Date Corrections Due By: 10/25/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) (Printed Name) Lismette Santos
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <u>Lismette Santos</u></p>	<p>License Number: <u>57690</u></p>	<p>Date of Inspection: <u>10/10/23</u></p>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <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 checked="" 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 checked="" 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 checked="" 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/<u>Labeled</u> <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 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>#11) Notification of Change for new household members and nightcare unavailable.</p> <p>#13) Provider's medical statement unavailable.</p> <p>#16) Provider has placed infant in high chair, not strapped and walked into another room. Infant began crying and stood up. Licensing Specialist told provider to pick up infant and reminded provider to always strap infant and supervise infant.</p> <p>#17) Three ^{one} household members missing medical statement.</p> <p>#21) one household member missing background check.</p> <p>#23) Observed three large sharp scissors in unlocked kitchen drawer. Observed mop bucket full of water accessible to children next to outside door. Observed two full</p>		
<p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>		
<p>(Signature of OEC Representative)</p> <p><u>Alexandra Rodriguez</u></p> <p>(Printed Name)</p> <p><u>Alexandra Rodriguez</u></p>	<p>Date Corrections Due By:</p> <p><u>10/25/23</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>Lismette Santos</u></p> <p>(Printed Name)</p> <p><u>Lismette Santos</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lismette Santos License # 57690 Date: 10/11/23

Observations/Corrections needed:

accessible to children.

#23) Observed two full large buckets of water in outdoor play area.¹

Observed grill uncovered. Observed sharp corners in living room table accessible to children.

#24) Observed cosmetics such as lotions and nail polish accessible to children.

#31) Outdoor stairway missing gate. ~~and~~

#33) Quarterly emergency log unavailable.

#46) Water temperature exceeded 120°F.

#53) ^{Eight} ~~Seven~~ children missing enrollment forms.

#54) Five children missing health record.

#55) Three children missing immunization record.

#56) Nine children missing emergency permissions.

#57) Nine children missing authorized release.

#58) Nine children missing transportation permission.

#60) Nine children missing incident logs.

#62) Provider placed infant in high chair, not strapped and walked into another room. Infant began crying and stood up. Licensing specialist told provider to pick up infant and reminded provider to always strap infant and supervise infant.

#67) Observed multiple childrens bedding in a toddler crib stacked on top of each other where a ^(toddler) child was laying.

#92) Provider admitted to providing nighttime until 11pm, but did not notify OEC.

#95) Observed two nonprescription topical creams without written parent permission.

#97) Observed two nonprescription topical creams not labeled.

#100) One child missing Medication Authorization form from doctor.

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: Alexandra Rodriguez
(OEC Representative)Print Name: Alexandra Rodriguez

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lismette Santos
(Person in Charge)OEC BY: 10/25/23Print Name: Lismette Santos