

# 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> <span style="font-size: 1.2em; color: blue;">JULIE HORN</span>	License Number: <span style="font-size: 1.2em; color: blue;">52916</span>	Date of Inspection: <span style="font-size: 1.2em; color: blue;">10.17.23</span>
<b>Address:</b> <span style="font-size: 1.2em; color: blue;">571 RIDGE ROAD</span>	Expiration Date: <span style="font-size: 1.2em; color: blue;">11.30.24</span>	Time of Inspection: <span style="font-size: 1.2em; color: blue;">11:25 AM</span>
	Capacity: <span style="font-size: 1.2em; color: blue;">6 + 3</span>	Days/Hours: <span style="font-size: 1.2em; color: blue;">M-F 7<sup>30</sup> AM - 4<sup>30</sup> PM</span>
<b>Town:</b> <span style="font-size: 1.2em; color: blue;">MIDDLETOWN</span>	Telephone: <span style="font-size: 1.2em; color: blue;">860.344.8080</span> Cell #: <span style="font-size: 1.2em; color: blue;">860.301.5914</span>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <span style="font-size: 1.2em; color: blue;">06457-5235</span>	Email: <span style="font-size: 1.2em; color: blue;">Kjchorn@sbcglobal.net</span>	

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

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

4. Capacity: Total # Children Present: 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 8.30.24  
 14. First Aid Certificate-Exp. Date 11.2023  
 15. CPR Certificate- Exp. Date 11.2023  
 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)  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)  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: woodstove Approved (Y/N)  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: 4 cats 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) <span style="font-size: 1.2em; color: blue;">Patricia Lyhurst</span>	Date Corrections Due By: <span style="font-size: 1.2em; color: blue;">N/A</span>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <span style="font-size: 1.2em; color: blue;">Julie L. Horn</span>
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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

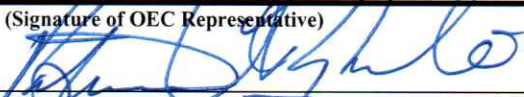
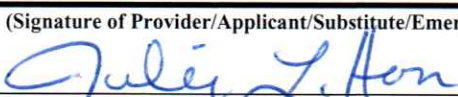
Provider: <u>JULIE HORN</u>	License Number: <u>52916</u>	Date of Inspection: <u>10.17.23</u>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 84. Immediate Attention</li> <li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b><u>Sick Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b><u>Administration of Medications 19a-87b-17</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li> </ul>	

**Discussions/Comments:**

*No Violations Cited during this visit*

Discussed :- Safe Sleep Regulations  
 - Parents reviewing paperwork yearly for updates  
 - Write #'s out on Emergency Form

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(Signature of OEC Representative) 	Date Corrections Due By: n/a	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) PATRICIA J. BURSKI		(Printed Name) Julie L. Horn