

# 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><br><i>Cloria Henry</i>           | License Number: <i>31368</i>       | Date of Inspection: <i>10/17/23</i>                     |
| <b>Address:</b><br><i>25 HUNTINGTON ST. APT 1</i> | Expiration Date: <i>2/28/25</i>    | Time of Inspection: <i>9am</i>                          |
|   | Capacity: <i>6+3</i>               | Days/Hours: <i>SUN-SAT<br/>MT 7:30-5:30pm</i>           |
| <b>Town:</b><br><i>Hartford</i>                   | Telephone: <i>800-967-2450</i>     | Summer: <input checked="" type="checkbox"/> Open/Closed |
| <b>State/Zip Code:</b><br><i>CT 06105-1600</i>    | Email: <i>simplislos@gmail.com</i> |   |

Instructions: ✓ = Compliance/No violation found      O = Non-compliance/Violation found      N/A = Not applicable at this time

*Cloria Henry*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 1
- 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 11/8/25
- 14. First Aid Certificate-Exp. Date \_\_\_\_\_
- 15. CPR Certificate- Exp. Date \_\_\_\_\_
- 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 (2)
- 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)

(Printed Name)

Date Corrections Due By:

*10/31/23*

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

(Printed Name)

*Cloria Henry*


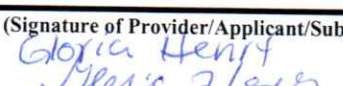
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## FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

|   |   |   |
|---|---|---|
| <b>Provider:</b> <i>Gloria Henry</i>  | <b>License Number:</b> <i>31368</i>   | <b>Date of Inspection:</b> <i>10/17/23</i>  |
| <b>Responsibilities of Provider 19a-87b-10 (continued)</b><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)<br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF | <b>Office Access, Inspections and Investigations 19a-87b-13</b><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><b>Administration of Medications 19a-87b-17</b><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff<br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results<br><br><b>Additional Violations</b><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan<br><i>NA</i> |   |
| <b>Sick Child Care 19a-87b-11</b><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear  |   |   |
| <b>Discussions/Comments:</b> <i>Use New enrollment forms.</i><br><br><i>#14 observed first Aid Certificate expired on 8/28/23.</i><br><i>#15 observed CPR Certificate expired on 8/28/23.</i><br><i>#21 observed Provider and household members BLS expired.</i><br><i>#69 observed no Individual Plan of Care for a child with allergies.</i>  |   |   |
| <b>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</b>   |   |   |
| (Signature of OEC Representative)<br><br>(Printed Name)<br><i>Tony Pecic</i>   | Date Corrections Due By:<br><i>10/31/23</i>   | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><br>(Printed Name)<br><i>Gloria Henry</i> |