

# 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> Jodi-Ann McGregor	License Number: 57153	Date of Inspection: 10/31/23
	Expiration Date: 2/28/27	Time of Inspection: 11:35am
<b>Address:</b> 357 Allen St. Unit A	Capacity: 6+3	Days/Hours: M-F 7am-5pm
<b>Town:</b> New Britain	Telephone: 860-259-4286	Summer: <u>Open</u> /Closed
<b>State/Zip Code:</b> CT 06053-3361	Email: 4playnlearnchildcare@gmail.com	
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = 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: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 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 12/30/24
- 14. First Aid Certificate-Exp. Date 11/9/24
- 15. CPR Certificate- Exp. Date 11/9/24
- 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) (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: 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.**

<b>(Signature of OEC Representative)</b> Rebecca Latona	<b>Date Corrections Due By:</b> 11/14/23	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> Jodi-Ann McGregor
<b>(Printed Name)</b> Rebecca Latona		<b>(Printed Name)</b> Jodi-Ann McGregor

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Jodi-Ann McGregor</u>	License Number: <u>57153</u>	Date of Inspection: <u>10/31/23</u>
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**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Office Access, Inspections and Investigations 19a-87b-13**

- 93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds – Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds – Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds – Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing – Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Sick Child Care 19a-87b-11**

- 91. Sick Child Care

**Night Care 19a-87b-12 (Y/N) (10pm to 5am)**

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Additional Violations**

- 114. Consent Order/Negotiated Corrective Action Plan N/A

**Discussions/Comments:**

Notification of Change submitted - Provider + 2 daughters live in the basement of the home of Unit A.

#21 Provider did not show evidence of access to the BCIS System; Provider is due for a current background check; Submit Roster.

#50 observed first aid kit to be missing @ instant cold packs.

**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>Rebecca La Rosa</u>	Date Corrections Due By: <u>11/14/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Jodi-Ann McGregor</u>
(Printed Name) <u>Rebecca La Rosa</u>		(Printed Name) <u>Jodi-Ann McGregor</u>

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Jodi Ann McGregor License # 57153 Date: 10/31/23

Observations/Corrections needed:

#54 Observed (3) children without health records

#55 Observed (4) children without immunizations.

#100 Observed (1) child without authorized prescriber for an inhaler medication on site.

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: Rebecca LaRosa  
(OEC Representative)  
Print Name: Rebecca LaRosa

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/14/23

Signature: Jodi Ann McGregor  
(Person in Charge)  
Print Name: Jodi Ann McGregor



# STATE OF CONNECTICUT



## Family Child Care Home Notification of Change

According to Section 19a-87b-5(j) of Regulations Governing State of Connecticut Agencies, a Family Child Care Home applicant or provider must notify the Office in writing within five working days of any change(s) in circumstances which alters or affects the provision of family child care services as licensed or as stated in the application. Such changes in circumstances that shall be reported include, but are not limited to: change of address, renovation, construction or expansion of the facility, installation of a swimming pool, change of customary business hours, the addition of any household members, employment outside of the home, criminal convictions or Department of Children and Families investigation of the provider, staff or household members or changes in the health status of the provider, staff, or household members that may affect the provision of family child care services.

I am therefore reporting the following change(s):

*Jodi-ann, Jenayah and  
Janice now live at 357 Allen Street basement  
as of June 10, 2023*

Please return to the address listed below.

<i>[Signature]</i> (Signature)	<i>10/31/23</i> (Date)
<i>357 Allen St. Floor 1</i> (Street Address)	
<i>New Britain</i> City/Town	<i>CT</i> (State)
<i>06033</i> (Zip Code)	
<i>860 259 4286</i> (Telephone #)	<i>51153</i> (License #)
	<i>2/28/27</i> (Expiration Date)