

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Laura Brown</u>	License Number: <u>56845</u>	Date of Inspection: <u>10/31/23</u>
<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/Labeled <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 checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

Currently ~~not~~ no evening care or weekend care.
 Rx not on site, child not present.
 Substitute expired 7/31/23.
 13/17 Adult medical not available.
 21- Adult household member not current in BCIS system.
 24- observed peroxide on sink, cleaning products under unlocked bathroom sink
 28- observed TV cords dangling, cords around pin/desk area.

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>Linda Moylan</u> (Printed Name) Linda Moylan	Date Corrections Due By: <u>11/15/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Laura Brown</u> (Printed Name) Laura Brown
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Laura Brown License # 56845 Date: 10/31/23

Observations/Corrections needed:

31- Upstairs/stairway (~~not~~) observed accessible, no gate.

39- Upstairs with lots of clutter (~~not~~) in hall and on stairs. Not safe for night care currently.

Outdoor space previously approved with multiple items stored including on deck/back stairway. Provider stated they go for walks using front door.

53- Enrollment form not available for one child.

54- Current health records not available for two children.

55- Immunization records not available for one enrolled child.

56 Authorized release not observed for 5 children. (non parent.)

24 57- 5 children. (non parent.)

~~57~~ 56- Emergency permission not observed for 4 children.

64- Observed cereal and water provided for breakfast/snack. No milk 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: Linda Maytan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Laura Brown
(Person in Charge)

OEC BY: 11/15/23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Laura Brown License # 56895 Date: 10/31/25

Observations/Corrections needed:

~~80~~ Daughter went and purchased,
83- Observed distractions from providers care, involving family members,
86- Observed varying degrees of inappropriate discipline by provider,

Discussed- Medication administration to expire, epipen expired, medication administration policy,

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Linda Moylan
(OEC Representative)

Signature: Laura Brown
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/15/23