

# 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> Barbara Quarles	<b>License Number:</b> 53234	<b>Date of Inspection:</b> 11/16/23
	<b>Expiration Date:</b> 3/31/26	<b>Time of Inspection:</b> 9:05am
<b>Address:</b> 815 Norman St.	<b>Capacity:</b> 6/3	<b>Days/Hours:</b> M-F 7-6:30pm
<b>Town:</b> Bridgeport	<b>Telephone:</b> 203-332-9833	<b>Summer:</b> Open/Closed
<b>State/Zip Code:</b> CT 06605-1019	<b>Email:</b> Barbara-Hayes67@yahoo.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).  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver: *Barbara Quarles*

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

- 4. Capacity: Total # Children Present: 1
- 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 4/23/25
- 14. First Aid Certificate-Exp. Date 11/4/24
- 15. CPR Certificate- Exp. Date 11/4/24
- 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.

<b>(Signature of OEC Representative)</b> <i>Isabella La Rosa</i>	<b>Date Corrections Due By:</b> 11/30/23	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Barbara Quarles</i>
<b>(Printed Name)</b> Isabella La Rosa		<b>(Printed Name)</b> Barbara Quarles

# 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 - Page 2

<b>Provider:</b> <u>Barbara Quarles</u>	<b>License Number:</b> <u>53234</u>	<b>Date of Inspection:</b> <u>11/16/23</u>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</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>Sick Child Care 19a-87b-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</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>Office Access, Inspections and Investigations 19a-87b-13</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>Administration of Medications 19a-87b-17</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>Additional Violations</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u></li> </ul>	

**Discussions/Comments:**

Discussed Flu vaccines required; Discussed Revised Memo 50.  
Provider reports no household members live in the home;  
Daycare only. Provider lives at 817 Norman St.

#13 Observed no documentation of a medical statement on  
file; Per Oec Records its current thru 4/23/25;  
Submit copy.

**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>11/30/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Barbara Quarles</u>
(Printed Name) <u>Rebecca La Rosa</u>		(Printed Name) <u>Barbara Quarles</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Barbara Quarles License # 53234 Date: 11/14/23

Observations/Corrections needed:

#21 Observed no access to BCIS (Background Check) System;  
Submit BCIS Roster.

#33 Observed no documentation of fire drills logged quarterly;  
Submit log after conducting fire drill + continue quarterly thereafter.

#34 Observed no smoke detector in the basement; submit picture.

#35 Observed no carbon monoxide detector on the main floor; submit picture.

#46 Observed water temperature to measure at 54.2°F;  
Range required to be within 60° - 120°F; submit new temperature + picture.

#48 Observed no emergency telephones posted;  
submit copy of list + picture of posting.

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 La Rosa  
(OEC Representative)  
Print Name: Rebecca La Rosa

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/30/23

Signature: Barbara Quarles  
(Person in Charge)  
Print Name: Barbara Quarles

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Barbara Quarles License # 53234 Date: 11/16/23

Observations/Corrections needed:

#50 observed first aid kit to be missing:

- A two inch roller bandage
- One roll of adhesive tape
- Tweezers
- 2 instant cold packs
- Disposable gloves

} Submit picture of first aid supplies.

#53 observed 5 children without dates of enrollment; submit forms; 2 child without enrollment forms - submit forms

#54 observed 2 children without medicals on file; observed 2 children without current medicals on file; Submit forms

#55 observed 2 children without immunizations on file; observed 2 children without current immunizations on file; submit forms.

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: 11/30/23

Signature: Barbara Quarles  
(Person in Charge)  
Print Name: Barbara Quarles

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Barbara Quarles License # 53234 Date: 11/16/23

Observations/Corrections needed:

#56 Observed @ children without emergency permissions; submit forms.

#57 Observed @ children without emergency permissions; submit forms.

#58 Observed @ children without transportation permissions; submit forms.

#66 Observed no documentation of a written flexible & balanced daily schedule; submit copy

#78 Observed no diapering area. Per provider she uses a blanket on the floor or her lap; Discussed requirement of a non-porous surface that must be disinfected after each use with Clorox/Lysol wipes and/or bleach solution; submit picture.

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 La Rosa  
(OEC Representative)  
Print Name: Rebecca La Rosa

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 11/30/23

Signature: Barbara Quarles  
(Person in Charge)  
Print Name: Barbara Quarles