Connecticut Office of Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	KAREN F BROWN	**License Number**	DCFH.52517	**Date of Inspection**	12/06/2023
		Expiration Date	10/31/2025	**Time of Inspection**	07:58 AM
Address	273 MOUNTAIN RD ELLINGTON CT 06029-3710	**Telephone**	(860) 966-9411	**Regular Capacity**	6
		Days and Hours	M - F 7:00 TO 3:30PM CARE IN BASEMENT - CALL IF NAPTIME 860-966-9411	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**	**No?** X		**Summer Care**	Closed
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	1 **# of Total Children Present** 4	**Inspector's Name**	Carmen Valenzuela		
Provider's Email	KFB319@COMCAST.NET	**Inspector's Email**	carmen.valenzuela@ct.gov		

Key:
Compliant = X
Non-Compliant = O

***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/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

X	**4. Capacity**	
X	**5. Non-transferability of license**	**Pending?**
X	**6. Infant/Toddler Restriction**	
X	**7. License Posted**	
X	**8. Parent Access to OEC Phone Number**	
X	**9. Photo ID**	
X	**10. Requests for Information**	
X	**11. Notification of Change**	

QUALIFICATION OF PROVIDER 19a-87b-6

X	**12. Awareness of, Understanding of Regulations**	
X	**13. Medical statement** **Expiration date:** **10/10/2025**	
X	**14. First Aid Certificate** **Expiration date:** 08/20/2024	

X	**15. CPR Certificate** **Expiration date:** 08/20/2024		
X	**16. Judgment**		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
X	**17. Medical Statement**		
X	**18. Household Environment**		
QUALIFICATIONS OF STAFF 19a-87b-8			
X	**19. Substitute or Assistant** **Type of Staff :**	**Y/N** N	
X	**20. Emergency Caregiver**		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	**21. Background Check(s)**	Failed to maintain evidence of compliance for herself and a household member.	
PHYSICAL ENVIRONMENT 19a-87b-9			
X	**22. Clean/Sanitary Environment**		
X	**23. Freedom of Hazards**		
X	**24. Harmful Substances/Materials Inaccessible**		
X	**25. Bio-contaminants Disposed Safely**		
X	**26. Safe Storage of Flammables**		
X	**27. Safe Door Fasteners**		
O	**28. Electrical Safety**	Failed to ensure that electrical cords do not hang within reach of children, one cord hanging in child care room, accessible to children	
X	**29. Safe Exits**		
X	**30. Basement Supervision** **Used for Care ?**	**Y/N** Y **Y/N** Y	
X	**31. Stairways - Protected, Handrails**		
X	**32. Emergency Plan**		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills, no log available today
X	**34. Smoke Detectors**	
X	**35. Carbon Monoxide Detector**	
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**	
X	**37. Auxiliary Heating System** N **Type?**	**Appvd?**
X	**38. Safe Storage of Weapons and Ammunition**	
X	**39. Safe Space- Sufficient** **Indoors** Y **Outdoors** Y	
X	**40. Body of Water- Type:** **Barrier?**	**Y/N** N
X	**41. Hot Tubs- Locked - Inaccessible**	**Y/N** Y
X	**42. Ventilation, Light and Temperature- 65°**	
X	**43. Window Safety**	
X	**44. Washing Toileting, Sewage Garbage Facilities**	
X	**45. Adequate and Safe Water -** **Type of System:** Private Well	
X	**46. Water Temperature- 60°-120°**	
X	**47. Pasteurization of Milk Supply**	
X	**48. Working Phone, Emergency Numbers Posted**	
X	**49. Safe Transportation** Registered, Insured, Restraints	
X	**50. First Aid supplies**	
X	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** 4 dogs, 2 of them visiting. Y Y
X	**52. Smoking Prohibited**	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	**53. Enrollment Form**	

X	**54. Child Health Record**	
X	**55. Immunizations**	
X	**56. Emergency Permission**	
X	**57. Authorized Release**	
X	**58. Field Trip and Transportation Permission- To/From School**	
X	**59. Swimming Permission**	
X	**60. Incident Log**	
X	**61. Confidentiality**	
X	**62. Meeting the Child's Needs**	
X	**63. Sufficient Play Equipment**	
X	**64. Good Nutrition- Meals/Snacks, Water Available**	
X	**65. Handwashing**	
X	**66. Flexible and Balanced Written Schedule**	
X	**67. Personal Articles- Blanket, Towel, Toilet Articles**	
X	**68. Proper Rest Provisions – Safe Cribs**	
X	**69. Individual Plan for Care (Written if Applicable)**	
X	**70. Cultural Differences, Sp. Needs, Dev. Appr. Activities**	
X	**71. Infant Care, Indiv Attention, Held for Bottle Feedings**	
X	**72. Infants Placed on Back for Sleeping**	
X	**73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet**	

X	**74. Crib or Other Provision Free from Observable Hazards**	
X	**75. Infants not Swaddled**	
X	**76. Infants Supervised – minimum every 15 minutes**	
X	**77. Req. for Sleep Arrangements Posted/Discussed**	
X	**78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal**	
X	**79. Parent Information and Access**	
X	**80. Developmental Milestones – Posted**	
X	**81. Supervision- at all Times, Indoors, Outdoors**	
X	**82. Personal Schedule- Alert, Competent Attention**	
X	**83. Full Attention - Distractions, Employment, Socialization**	
X	**84. Immediate Attention**	
X	**85. Substitute – Emergency Caregiver Present**	
X	**86. Appr. Discipline, Behavior Management**	
X	**87. Discuss Beh. Management Methods w/Staff and Parents**	
X	**88. Child Protection- Abuse/Neglect**	
X	**89. Notify OEC within 24 hrs. - Death or Serious Injury**	
X	**90. Mandated Reporting Abuse or Neglect to DCF**	
	SICK CHILD CARE 19a-87b-11	
X	**91. Sick Child Care**	
IS NIGHT CARE PROVIDED?	N	**NIGHT CARE 19a-87b-12 (10pm to 5am)**
X	**92. Separate Bed- Location of Bed - Appropriate Sleepwear**	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	**93. Access- Immediate, Entire or Part of Facility and Records**	

Are Medications Administered? Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	**94. Policies and Procedures for Admin of Meds**	
O	**95. Parent Permission for Nonprescription Topical Meds**	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications for two children.
X	**96. Notification - Documentation of Med Error(s)**	
X	**97. Nonprescription Topical Meds- Stored/Labeled**	
X	**98. Unused - Expired Nonprescription Meds**	
X	**99. Documented Medication Trained Staff**	
X	**100. Written Auth Prescriber/Parent Permission**	
X	**101. MAR Maintained**	
X	**102. Prescription Meds – Stored/Labeled**	
X	**103. Unused/Expired Prescription Meds**	
X	**104. Emergency Meds- Equip. Labeled/Current**	
X	**105. Self-Admin. Of Meds**	
X	**106. Petition for Special Medication Authorization**	

Child with diabetes enrolled? N

MONITORING OF DIABETES 19a-87b-18

X	**108. Policies for Finger Stick Blood Glucose Testing**	
X	**109. Finger Stick Blood Glucose Testing - Staff Trained**	
X	**110. Self Admin of Finger Stick Blood Glucose Testing**	
X	**111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed**	
X	**112. Finger Stick Blood Glucose Testing Records**	

X	**113. Parent Notification of Test Results**		

ADDITIONAL VIOLATIONS

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

YES or NO?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

DISCUSSIONS:

COMMENTS:

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Carmen Valenzuela		12/20/2023	KAREN F BROWN
(Printed Name)	(Printed Name)		(Printed Name)