



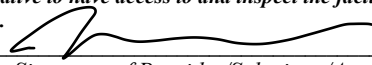
DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	NANCY B DISBROW				License Number	DCFH.56178	Date of Inspection	12/14/2023
					Expiration Date		Time of Inspection	09:05 AM
Address	14 MIDDLE RD SOUTHBURY CT 06488-8707				Telephone	(203) 264-1961	Regular Capacity	6
					Days and Hours		School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Closed
New Address					Type of Inspection	ANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Jannie Thornton		
Provider's Email	ggnancy@outlook.com				Inspector's Email	jannie.thornton@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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:	
	08/09/2026	
X	14. First Aid Certificate	
	Expiration date:	
	09/17/2025	

X	15. CPR Certificate		
	Expiration date:		
	09/17/2025		
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	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	21. Background Check(s)		
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		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log			
X	34. Smoke Detectors			
X	35. Carbon Monoxide Detector			
X	36. Fire Extinguisher- 5 lb. ABC/Installed			
X	37. Auxiliary Heating System Y	Appvd? Y		
	Type? Wood stove			
X	38. Safe Storage of Weapons and Ammunition			
X	39. Safe Space- Sufficient			
	Indoors			Outdoors
X	40. Body of Water- Type: Seasonal stream	Y/N		
	Barrier?			
X	41. Hot Tubs- Locked - Inaccessible	Y/N		
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:			
	Public Water			
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	Type: Dogs, cat		
	Pets?	Y		
	Rabies Certs?	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?

N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X

94. Policies and
Procedures for
Admin of Meds

X

95. Parent
Permission for
Nonprescription
Topical Meds

X

96. Notification -
Documentation of
Med Error(s)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

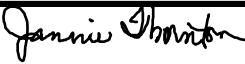
110. Self Admin of
Finger Stick Blood
Glucose Testing

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			
	114. Consent Order - Negotiated Corrective Action Plan	N/A? X	
YES or NO? No	WERE VIOLATIONS CITED DURING THIS VISIT?		
<u>DISCUSSIONS:</u>			
<u>COMMENTS:</u> Provider is requesting a capacity of 6 children.			
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 <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Jannie Thornton (Printed Name)			NANCY B DISBROW (Printed Name)