



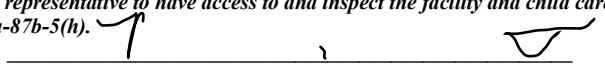
DIVISION OF LICENSING

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 HACKETT				License Number	DCFH.34477	Date of Inspection	12/14/2023
					Expiration Date	9/30/2026	Time of Inspection	10:23 AM
Address	160 AL HARVEY RD STONINGTON CT 06378-1901				Telephone	(860) 572-8080	Regular Capacity	6
					Days and Hours	M-F 7:30AM-530 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	8	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	nancyannehackett@gmail.com				Inspector's Email	evelyn.vicente-quinones@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

O	4. Capacity	Failed to maintain licensed capacity when there are 8 children present and no approved staff with provider. Provider will need to become compliant with capacity of no more than 6 children at one time by the end of business day; per provider no infants/toddlers are enrolled. If enrolling infants				
X	5. Non-transferability of license	<table border="1"> <tr> <td>Pending?</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Pending?			
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

O	12. Awareness of, Understanding of, Regulations	Failed to have a copy of the regulations at the program and indicated initially was going to deny access to agency visit. At first she indicated she was not feeling well. Once discussing consequences she allowed access and stated she is overcapacity.
O	13. Medical statement	Failed to maintain medical statement(s) on hand to show at time of visit
	Expiration date: 10/27/2025	
O	14. First Aid Certificate	Failed to maintain current certificate
	Expiration date: 10/13/2023	

○	15. CPR Certificate	Failed to maintain current certificate	
	Expiration date:		
	10/31/2023		
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			
○	21. Background Check(s)	Failed to maintain evidence of compliance at time of today's visit	
PHYSICAL ENVIRONMENT 19a-87b-9			
○	22. Clean/Sanitary Environment	Failed to maintain the facility and/or equipment in a clean and sanitary condition observed kitchen counters and sink soiled.	
X	23. Freedom of Hazards		
○	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when observed cleaning agents and personal care products accessible to children.	
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	
		N	
X	31. Stairways - Protected, Handrails		
○	32. Emergency Plan	Failed to maintain a complete written emergency plan when provider only has floor plan layout as her emergency plans.	

☐	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the drills for one year; last documented date is 8/11/2021.	
☒	34. Smoke Detectors		
☐	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on main floor where care is provided.	
☒	36. Fire Extinguisher- 5 lb. ABC/Installed		
☒	37. Auxiliary Heating System	Appvd?	
	Type?		
☒	38. Safe Storage of Weapons and Ammunition		
☒	39. Safe Space- Sufficient		
	Indoors Outdoors		
☒	40. Body of Water- Type:	Y/N	
	Barrier?		
☒	41. Hot Tubs- Locked - Inaccessible	Y/N	
☒	42. Ventilation, Light and Temperature- 65°		
☒	43. Window Safety		
☒	44. Washing Toileting, Sewage Garbage Facilities		
☒	45. Adequate and Safe Water -		
	Type of System: Private Well		
☒	46. Water Temperature- 60°-120°		
☒	47. Pasteurization of Milk Supply		
☐	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided; not posted nor accessible.	
☒	49. Safe Transportation Registered, Insured, Restraints		
☐	50. First Aid supplies	Failed to maintain a complete first aid kit; provider only has bandaids; gloves and 1 ice pack.	
☒	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
☒	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
☐	53. Enrollment Form	Failed to maintain child enrollment form(s) for all children present	

☐	54. Child Health Record	Failed to maintain child health record(s) for all children present .
☐	55. Immunizations	Failed to maintain immunization record(s) for all children present
☐	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for all children present
☐	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for all children present
☐	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of child(ren) for all children present. Provider stated she takes children to local library and music class.
☒	59. Swimming Permission	
☐	60. Incident Log	Failed to maintain an incident log for each child present at today's visit
☒	61. Confidentiality	
☒	62. Meeting the Child's Needs	
☒	63. Sufficient Play Equipment	
☒	64. Good Nutrition- Meals/Snacks, Water Available	
☐	65. Handwashing	Failed to ensure the provider's, staff and children's hands are washed with soap and water before eating or handling food; after toileting; when coming back inside the house from outdoor play.
☐	66. Flexible and Balanced Written Schedule	Failed to develop and implement a written schedule
☒	67. Personal Articles- Blanket, Towel, Toilet Articles	
☒	68. Proper Rest Provisions – Safe Cribs	
☒	69. Individual Plan for Care (Written if Applicable)	
☒	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
☒	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
☒	72. Infants Placed on Back for Sleeping	
☒	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)

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

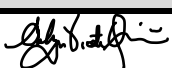
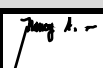
110. Self Admin of
Finger Stick Blood
Glucose Testing

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					
		114. Consent Order - Negotiated Corrective Action Plan		N/A? X	
YES or NO? Yes		WERE VIOLATIONS CITED DURING THIS VISIT?			
DISCUSSIONS: Access: provider stated she did not want inspection conducted today. Upon discussing agency consequences she allowed access and informed specialists she's over capacity at time of visit. Provider unable to locate any of the children's paperwork, her medical statement and found emergency numbers at exit interview. Capacity for all ages discussed. Provider indicated she is calling parents to pick up children because she does not feel well at time of today's visit. Provider will need to be compliant with capacity by end of business day today 12/14/23 and at all times. Provider stated she is contemplating withdrawing her license; if so, notification of change within 5 days will need to be submitted to the OEC. Once withdrawing license provider cannot care for children.					
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 <u>MAY NOT OPERATE</u> 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: 12/28/2023	
Evelyn Vicente-Quinones (Printed Name)				 (Signature of Provider/Applicant/Substitute) NANCY HACKETT (Printed Name)	