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	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

***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

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**	**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** **Expiration date:** **10/27/2025**	Failed to maintain medical statement(s) on hand to show at time of visit
O	**14. First Aid Certificate** **Expiration date:** 10/13/2023	Failed to maintain current certificate

O	**15. CPR Certificate** **Expiration date:** 10/31/2023		Failed to maintain current certificate
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			
O	**21. Background Check(s)**		Failed to maintain evidence of compliance at time of today's visit
PHYSICAL ENVIRONMENT 19a-87b-9			
O	**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**		
O	**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** **Used for Care ?**	**Y/N** Y **Y/N** N	
X	**31. Stairways - Protected, Handrails**		
O	**32. Emergency Plan**		Failed to maintain a complete written emergency plan when provider only has floor plan layout as her emergency plans.

O	**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.
X	**34. Smoke Detectors**	
O	**35. Carbon Monoxide Detector**	Failed to maintain operable carbon monoxide detectors on main floor where care is provided.
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** 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:** Private Well	
X	**46. Water Temperature- 60°-120°**	
X	**47. Pasteurization of Milk Supply**	
O	**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.
X	**49. Safe Transportation** Registered, Insured, Restraints	
O	**50. First Aid supplies**	Failed to maintain a complete first aid kit; provider only has bandaids; gloves and 1 ice pack.
X	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** N
X	**52. Smoking Prohibited**	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	**53. Enrollment Form**	Failed to maintain child enrollment form(s) for all children present

O	**54. Child Health Record**	Failed to maintain child health record(s) for all children present .
O	**55. Immunizations**	Failed to maintain immunization record(s) for all children present
O	**56. Emergency Permission**	Failed to maintain written parent permission for emergency medical care for all children present
O	**57. Authorized Release**	Failed to maintain written parent permission to authorize removal of child(ren) for all children present
O	**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.
X	**59. Swimming Permission**	
O	**60. Incident Log**	Failed to maintain an incident log for each child present at today's visit
X	**61. Confidentiality**	
X	**62. Meeting the Child's Needs**	
X	**63. Sufficient Play Equipment**	
X	**64. Good Nutrition- Meals/Snacks, Water Available**	
O	**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.
O	**66. Flexible and Balanced Written Schedule**	Failed to develop and implement a 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)**	
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?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

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 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)
Evelyn Vicente-Quinones		12/28/2023	NANCY HACKETT
(Printed Name)	(Printed Name)		(Printed Name)