

**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	KEMISHA T STABBS-HONEGAN				<b>License Number</b>	DCFH.54875	<b>Date of Inspection</b>	12/15/2023
<b>Address</b>	187 ROBERT ST BRIDGEPORT CT 06606-3927				<b>Expiration Date</b>	11/30/2024	<b>Time of Inspection</b>	09:12 AM
<b>Telephone</b>					(203) 383-2372	<b>Regular Capacity</b>	6	
<b>Days and Hours</b>					MON-FRI 7.00AM-6.00PM	<b>School Age Capacity</b>	3	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X	<b>Summer Care</b>	Open		
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	1	<b># of Total Children Present</b>	4	<b>Inspector's Name</b>	Eileen Ruiz		
<b>Provider's Email</b>	k_stabbs@yahoo.com				<b>Inspector's Email</b>	eileen.ruiz@ct.gov		
<b>Key:</b> 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). <i>[Signature]</i> _____ Signature of Provider/Substitute/Applicant							

**TERMS OF REGISTRATION 19a-87b-5**

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

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	<b>12. Awareness of, Understanding of Regulations</b>	
X	<b>13. Medical statement</b>	
	Expiration date:	11/15/2026
X	<b>14. First Aid Certificate</b>	
	Expiration date:	02/04/2025

X	15. CPR Certificate	
	Expiration date: 02/04/2025	
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)	
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**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	
		N	
X	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills, only one was documented for November 2023.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	40. Body of Water-Type:	Y/N	
	Barrier?		
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water -		
	Type of System:		
	Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Failed to maintain a complete first aid kit; scissors and one ice pack was missing at today's visit.	
<input checked="" type="checkbox"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	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	
○	77. Req. for Sleep Arrangements Posted/Discussed	Failed to post in a conspicuous place the requirements for sleep arrangements.
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	
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**IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12  
(10pm to 5am)**

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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**Are Medications Administered? N ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<b>X</b>	<b>98. Unused - Expired Nonprescription Meds</b>	
<b>X</b>	<b>99. Documented Medication Trained Staff</b>	
<b>X</b>	<b>100. Written Auth Prescriber/Parent Permission</b>	
<b>X</b>	<b>101. MAR Maintained</b>	
<b>X</b>	<b>102. Prescription Meds – Stored/Labeled</b>	
<b>X</b>	<b>103. Unused/Expired Prescription Meds</b>	
<b>X</b>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<b>X</b>	<b>105. Self-Admin. Of Meds</b>	
<b>X</b>	<b>106. Petition for Special Medication Authorization</b>	

**Child with diabetes enrolled? N MONITORING OF DIABETES 19a-87b-18**

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

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

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

<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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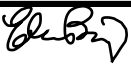

**DISCUSSIONS:**

Provider uses both her backyard and the deck for outdoor play. Discussed the deck requires supervision when used as the barriers usually do not measure 4 feet in height. When children play on the grass yard a barrier is needed to protect the bottom of the stairs.

**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)
Eileen Ruiz (Printed Name)	 (Printed Name)	12/29/2023	KEMISHA T STABBS-HONEGAN (Printed Name)