Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 0610
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FO

☐ INITIAL ☒ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION C

	License Number: 5496
Randie L. Sklodosky	Expiration Date: 11/30/2
6 Long Hill Road	Capacity: 6+3
Andover	Telephone: 860-502 902
) Code: CT. 06232	Email: discoverlea

ns: ✓ = Compliance/No violation found O = Non-compliance/Violation found

Inspect: I agree to allow the Commissioner or an authorized representative to have access to an
ections as required by Regulations Section 19a-87b-5(h).

Signature of Provide

of License 19a-87b-5

Capacity: Total # Children Present: 6
Nontransferability of License
Infant/Toddler Restriction- # Present: 2
License Posted
Parent Access to OEC Phone Number
Photo ID
Requests for Information
Notification of Change

ifications of Applicant and Provider 19a-87b-6

Awareness of/Understanding of Regulations
Medical Statement-Exp. Date 8/17/24
First Aid Certificate-Exp. Date 4/23/24
CPR Certificate- Exp. Date 4/23/24
Judgment

nbers of the Household 19a-87b-7

Medical Statement
Household Environment

lifications of Staff 19a-87b-8

Substitute/Assistant (Y N)
Emergency Caregiver

nprehensive Background Check 19a-87b-8a

Background Check(s)

sical Environment 19a-87b-9

Clean/Sanitary Environment
Freedom of Hazards
Harmful Substances/Materials Inaccessible
Bio-contaminants Disposed Safely
Safe Storage of Flammables
Safe Door Fasteners
Electrical Safety

29. Safe Exits
30. Basement Sup
31. Stairways: Pr
32. Emergency Pl
33. Emergency E
34. Smoke Detect
35. Carbon Mon
36. Fire Extingui
37. Auxiliary He
38. Safe Storage
39. Safe Space -

40 Body of Wa
41. Hot Tubs- I
42. Ventilation/
43. Window Sa
44. Washing/T
45. Adequate a
46. Water Ten
47. Pasteurizat
48. Working T
49. Safe Trans
50. First Aid S
51. Pets: (Y N
52. Smoking I

Responsibilities

53. Enrollmer
54. Child Hea
55. Immuniza
56. Emergenc
57. Authorize
58. Field Trip
59. Swimming
60. Incident L
61. Confidenti
62. Meeting th
63. Sufficient
64. Good Nutr
65. Handwash
66. Flexible ar

PPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met

ature of OEC Representative)	Date Corrections Due By:	(Signature of P
ed Name) Stef A. Russo	No Cap received	(Printed Name