

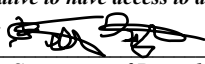


Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	BETTY TAYLOR				<b>License Number</b>	DCFH.52390	<b>Date of Inspection</b>	12/27/2023
					<b>Expiration Date</b>	4/30/2025	<b>Time of Inspection</b>	03:33 PM
<b>Address</b>	16 QUAKER RD NORWALK CT 06854-1020				<b>Telephone</b>	(203) 855-9555	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MONDAY - FRIDAY 6:30AM - 6PM	<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>	Candy Vargas		
<b>Provider's Email</b>	dunzo53@hotmail.com				<b>Inspector's Email</b>	candy.vargas@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<i>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).</i>							
	 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:	08/08/2025
X	14. First Aid Certificate	
	Expiration date:	11/04/2025

X	15. CPR Certificate	
	Expiration date: 11/04/2025	
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

<input type="radio"/>	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for household members.
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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 Y	
	Used for Care ?	Y/N Y	
X	31. Stairways - Protected, Handrails		
<input type="radio"/>	32. Emergency Plan	Failed to maintain a written emergency plan	

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to practice quarterly emergency evacuation drills	
<input checked="" type="checkbox"/>	<b>34. Smoke Detectors</b>		
<input type="radio"/>	<b>35. Carbon Monoxide Detector</b>	Failed to maintain operable carbon monoxide detectors on each occupied level of the home	
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input checked="" type="checkbox"/>	<b>39. Safe Space-Sufficient</b>		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input type="radio"/>	<b>46. Water Temperature- 60°-120°</b>	Failed to maintain safe water temperature between 60-120 degrees.	
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input checked="" type="checkbox"/>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input type="radio"/>	<b>50. First Aid supplies</b>	Failed to maintain a complete first aid kit, thermometer not observed.	
<input checked="" type="checkbox"/>	<b>51. Pet protection</b>	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	<b>53. Enrollment Form</b>		

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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## 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>	

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

<b>X</b>	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?
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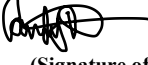
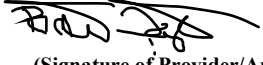
<b>YES or NO?</b> <b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**  
 Provider was informed about the flu vaccine requirements.

**COMMENTS:**  
 Provider will be close the first week of January due to a death in the family.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
Candy Vargas (Printed Name)	 (Printed Name)	01/10/2024	BETTY TAYLOR (Printed Name)