



Connecticut Office of
Early Childhood

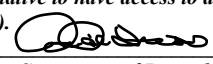
DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JUDITH FURNESS				License Number	DCFH.41074	Date of Inspection	01/24/2024
Address	152 CENTER ROAD VERNON CT 06066				Expiration Date	12/31/2025	Time of Inspection	11:03 AM
Is this a Change of Address?	Yes?		No?	X	Telephone	(860) 872-6974	Regular Capacity	6
New Address					Days and Hours	MONDAY THROUGH FRIDAY 7:00 A.M.-4:30pm	School Age Capacity	3
	# of Infants - Toddlers Present	2	# of Total Children Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL		
Inspector's Name					Inspector's Email	Carmen Valenzuela		
Provider's Email	jbibh2004@aol.com				Inspector's Email	carmen.valenzuela@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

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:	
	05/23/2026	
X	14. First Aid Certificate	
	Expiration date:	
	05/21/2025	

X	15. CPR Certificate		
	Expiration date:		
	05/21/2025		
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 :	Y	
	Substitute		
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	21. Background Check(s)		
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	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

☐	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills, as per provider drills are done every three months, more during summer, but she has not kept a log of completed drills.	
☒	34. Smoke Detectors		
☒	35. Carbon Monoxide Detector		
☒	36. Fire Extinguisher- 5 lb. ABC/Installed		
☒	37. Auxiliary Heating System Y	Appvd?	
	Type? Pellet	Y	
☒	38. Safe Storage of Weapons and Ammunition		
☒	39. Safe Space- Sufficient		
	Indoors		
	Outdoors		
☒	40. Body of Water- Type:	Y/N	
	Barrier?	N	
☒	41. Hot Tubs- Locked - Inaccessible	Y/N	
		N	
☒	42. Ventilation, Light and Temperature- 65°		
☒	43. Window Safety		
☒	44. Washing Toileting, Sewage Garbage Facilities		
☒	45. Adequate and Safe Water -		
	Type of System:		
	Public Water		
☒	46. Water Temperature- 60°-120°		
☒	47. Pasteurization of Milk Supply		
☒	48. Working Phone, Emergency Numbers Posted		
☒	49. Safe Transportation Registered, Insured, Restraints		
☒	50. First Aid supplies		
☒	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
☒	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
☒	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	
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	
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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?	
<u>DISCUSSIONS:</u> Discussed: - Installation of fire extinguisher at a height not to exceed five feet from floor. Follow -up with doctor to clarify needs at program for a child with pollen allergy.			
<u>COMMENTS:</u>			
<u>NOTE:</u> 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.			
<u>APPLICANTS- PLEASE NOTE:</u> 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 Provider/Applicant/Substitute)	
Carmen Valenzuela (Printed Name)		JUDITH FURNESS (Printed Name)	

DATE
CORRECTIONS
DUE BY:

02/07/2024