



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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### FAMILY CHILD CARE HOME INSPECTION

|                                                   |                                                                                                                                                                                                                                                                                                                                                          |   |                                    |   |                           |                                          |                            |            |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------|---|---------------------------|------------------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | NANCY SECOR                                                                                                                                                                                                                                                                                                                                              |   |                                    |   | <b>License Number</b>     | DCFH.53195                               | <b>Date of Inspection</b>  | 01/24/2024 |
|                                                   |                                                                                                                                                                                                                                                                                                                                                          |   |                                    |   | <b>Expiration Date</b>    | 7/31/2026                                | <b>Time of Inspection</b>  | 11:58 AM   |
| <b>Address</b>                                    | 188 LONETOWN RD<br>REDDING CT 06896-1503                                                                                                                                                                                                                                                                                                                 |   |                                    |   | <b>Telephone</b>          | (203) 938-9282                           | <b>Regular Capacity</b>    | 6          |
|                                                   |                                                                                                                                                                                                                                                                                                                                                          |   |                                    |   | <b>Days and Hours</b>     | MONDAY THRU FRIDAY<br>8:00 AM TO 5:00 PM | <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> | 5 | <b>Inspector's Name</b>   | Patty Tyburski                           |                            |            |
| <b>Provider's Email</b>                           | nancysecor@att.net                                                                                                                                                                                                                                                                                                                                       |   |                                    |   | <b>Inspector's Email</b>  | patricia.tyburski@ct.gov                 |                            |            |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b>Consent to Inspect:</b> 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>Nancy Secor</i><br><div style="text-align: right;">_____<br/>Signature of Provider/Substitute/Applicant</div> |   |                                    |   |                           |                                          |                            |            |

### 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:                               |  |
|   | 11/02/2025                                     |  |
| X | 14. First Aid Certificate                      |  |
|   | Expiration date:                               |  |
|   | 08/26/2025                                     |  |

|                                                  |                                               |     |  |
|--------------------------------------------------|-----------------------------------------------|-----|--|
| X                                                | 15. CPR Certificate                           |     |  |
|                                                  | Expiration date:                              |     |  |
|                                                  | 08/26/2025                                    |     |  |
| X                                                | 16. Judgment                                  |     |  |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |                                               |     |  |
| X                                                | 17. Medical Statement                         |     |  |
| X                                                | 18. Household Environment                     |     |  |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |                                               |     |  |
| X                                                | 19. Substitute or Assistant                   | Y/N |  |
|                                                  | Type of Staff :                               | N   |  |
|                                                  |                                               |     |  |
| X                                                | 20. Emergency Caregiver                       |     |  |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |                                               |     |  |
| X                                                | 21. Background Check(s)                       |     |  |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |                                               |     |  |
| 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 |  |
|                                                  |                                               | 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 drills when it was observed that only 2 fire drills were logged for 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 N                          | Appvd?                                                                                                            |                                                                                                                                                          |
|                                                | Type?                                                   |                                                                                                                   |                                                                                                                                                          |
| <input checked="" type="checkbox"/>            | 38. Safe Storage of Weapons and Ammunition              |                                                                                                                   |                                                                                                                                                          |
| <input checked="" type="checkbox"/>            | 39. Safe Space-Sufficient                               |                                                                                                                   |                                                                                                                                                          |
|                                                | Indoors                                                 |                                                                                                                   |                                                                                                                                                          |
|                                                | Outdoors                                                |                                                                                                                   |                                                                                                                                                          |
| <input type="radio"/>                          | 40. Body of Water- Type: In ground pool                 | Y/N                                                                                                               | Failed to maintain a sturdy fence/barrier 4 feet high when it was observed that one half of the fence is lower due to wear and tear and ground settling. |
|                                                | Barrier?                                                | N                                                                                                                 |                                                                                                                                                          |
| <input checked="" type="checkbox"/>            | 41. Hot Tubs- Locked - Inaccessible                     | Y/N                                                                                                               |                                                                                                                                                          |
|                                                |                                                         | 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 checked="" type="checkbox"/>            | 50. First Aid supplies                                  |                                                                                                                   |                                                                                                                                                          |
| <input checked="" type="checkbox"/>            | 51. Pet protection                                      | Type:                                                                                                             |                                                                                                                                                          |
|                                                | Pets?                                                   | N                                                                                                                 |                                                                                                                                                          |
|                                                | Rabies Certs?                                           | N                                                                                                                 |                                                                                                                                                          |
| <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                                                  |                                                                                                                                            |
| O | 55. Immunizations                                                        | Failed to maintain immunization record(s), when it was observed that three children in care did not have proof of the flu vaccine on file. |
| 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                                |                                                                                                                                                                                                                                               |
| ○                                                                              | 81. Supervision- at all Times, Indoors, Outdoors                     | Failed to provide supervision at all times, when provider shared that during the colder months she leaves the children inside when a child arrives to the program from school and the bus driver needs to see her at the top of the driveway. |
| 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?</b> N <b>NIGHT CARE 19a-87b-12</b><br>(10pm to 5am) |                                                                      |                                                                                                                                                                                                                                               |
| X                                                                              | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |                                                                                                                                                                                                                                               |

# OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

|   |                                                                        |  |
|---|------------------------------------------------------------------------|--|
| X | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|---|------------------------------------------------------------------------|--|

Are Medications Administered?

N

## ADMINISTRATION OF MEDICATIONS 19a-87b-17

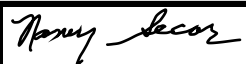
|   |                                                                 |  |
|---|-----------------------------------------------------------------|--|
| X | 94. Policies and<br>Procedures for<br>Admin of Meds             |  |
| X | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
|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

Child with diabetes enrolled?

N

## MONITORING OF DIABETES 19a-87b-18

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                 |  |                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>113. Parent Notification of Test Results</b>               |                                                 |  |                                                                                                                                                                        |
| <b>ADDITIONAL VIOLATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                 |  |                                                                                                                                                                        |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | N/A?                                            |  |                                                                                                                                                                        |
| <b>YES or NO?</b><br><b>Yes</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                               | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |  |                                                                                                                                                                        |
| <b><u>DISCUSSIONS:</u></b><br>Provider will post Milestones and Sleep arrangements for infants where parents will see them.<br>Children under 12 months of age being held for all bottle feedings.<br>Handwashing of children with soap and water following diaper changes.<br>Safe Sleep was also discussed in detail.<br>Provider is going to create her roster after her fingerprints get updated this Spring 2024. |                                                               |                                                 |  |                                                                                                                                                                        |
| <b><u>COMMENTS:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                 |  |                                                                                                                                                                        |
| <b><u>NOTE:</u></b> 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.                                                                                                                                                                                                                                     |                                                               |                                                 |  |                                                                                                                                                                        |
| <b><u>APPLICANTS- PLEASE NOTE:</u></b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.                                                                                                                                                                                                                                                                    |                                                               |                                                 |  |                                                                                                                                                                        |
| <br>(Signature of OEC Representative)                                                                                                                                                                                                                                                                                                |                                                               | (Signature of OEC Representative)               |  | <b>DATE CORRECTIONS DUE BY:</b><br>02/07/2024                                                                                                                          |
| Patty Tyburski<br>(Printed Name)                                                                                                                                                                                                                                                                                                                                                                                       |                                                               | (Printed Name)                                  |  | <br>(Signature of Provider/Applicant/Substitute)<br>NANCY SECOR<br>(Printed Name) |