

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

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| Provider: <u>Shereleys Bare</u> | License Number: <u>57012</u> | Date of Inspection: <u>10/19/23</u> |
| Address: <u>106 Ridgeway Ave</u> | Expiration Date: <u>6/30/25</u> | Time of Inspection: <u>900</u> |
| Town: <u>Waterbury</u> | Capacity: <u>6+3</u> | Days/Hours: <u>6am - 8:30 pm</u> |
| State/Zip Code: <u>CT</u> | Telephone: <u>347-260-9913</u> | Summer: <u>Open</u> Closed |
| Email: <u>shereleysb@gmail.com</u> | | |

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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).

Shereleys Bare
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 5
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 9/8/25
- 14. First Aid Certificate-Exp. Date 10/21/24
- 15. CPR Certificate- Exp. Date 10/27/24
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: None Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 Indoor Outdoor
- 40. Body of Water (Y/N) Type: None Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) -Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

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| Signature of OEC Representative <u>Jannie Thornton</u> | Date Corrections Due By: <u>11/2/23</u> | Signature of Provider/Applicant/Substitute/Emergency Caregiver <u>Shereleys Bare</u> |
| Printed Name <u>Jannie Thornton</u> | | Printed Name <u>Shereleys Bare</u> |



FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

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| Provider: <i>Sherelays Bare</i> | License Number: <i>57512</i> | Date of Inspection: <i>10/19/23</i> |
| <p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 74. Infants not Swaddled <input checked="" type="checkbox"/> 75. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 76. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 77. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 78. Parent Information and Access <input checked="" type="checkbox"/> 79. Developmental Milestones-Posted <input checked="" type="checkbox"/> 80. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 81. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 82. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 83. Immediate Attention <input checked="" type="checkbox"/> 84. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 85. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 86. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 87. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 88. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 89. Mandated Reporting of Abuse/Neglect to DCF <p><u>Sick Child Care 19a-87b-11</u></p> <p><input type="checkbox"/> 91. Sick Child Care</p> <p><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></p> <p><input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p> | <p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <p><input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p><u>Administration of Medications 19a-87b-17</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input type="checkbox"/> 99. Documented Medication Trained Staff <input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input type="checkbox"/> 101. MAR Maintained <input type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input type="checkbox"/> 103. Unused/Expired Prescription Meds <input type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input type="checkbox"/> 105. Self-Administration of Meds <input type="checkbox"/> 106. Petition for Special Medication Authorization <input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input type="checkbox"/> 113. Parent Notification of Test Results <p><u>Additional Violations</u></p> <p><input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p> | |

Discussions/Comments: *Discussed the inspection sheet.*

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| (Signature of OEC Representative) <i>Janne Thornton</i> | Date Corrections Due By: <i>11/2/23</i> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Sherelays Bare</i> |
| (Printed Name) Janne Thornton | | (Printed Name) Sherelays Bare |

