

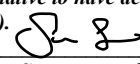


Connecticut Office of
Early Childhood

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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|---|---|---|------------------------------------|---|--|-------------------------------|---------------------------|------------|
| Provider | SUMMER SANDERS | | | | License Number | DCFH.57261 | Date of Inspection | 02/15/2024 |
| Address | 633 VALLEY ST NEW HAVEN CT 06515-1134 | | | | Expiration Date | 9/30/2027 | Time of Inspection | 09:50 AM |
| Telephone | | | | | (203) 389-0435 | Regular Capacity | 6 | |
| Days and Hours | | | | | Sunday through Saturday, 24 HOURS | School Age Capacity | 3 | |
| Is this a Change of Address? | Yes? | | No? | X | Summer Care | Open | | |
| New Address | | | | | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |
| | # of Infants - Toddlers Present | 0 | # of Total Children Present | 9 | Inspector's Name | Linda Johnson Moylan | | |
| Provider's Email | sanders.summer@yahoo.com | | | | Inspector's Email | linda.moylan@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

| | | | |
|---|---|--|--|
| O | 4. Capacity | Failed to maintain licensed capacity when the provider went outside to bus leaving 8 fchildren inside with the substitute. | |
| 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: | 09/15/2025 |
| O | 14. First Aid Certificate | Appears to have expired 10/23. |
| | Expiration date: | 10/09/2023 |

| | | |
|-------------------------------------|--|---|
| <input type="radio"/> | 15. CPR Certificate Expiration date: 10/09/2023 | Failed to maintain valid certificate expired 10/23. |
| <input checked="" type="checkbox"/> | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|-------------------------------------|----------------------------------|--|
| <input checked="" type="checkbox"/> | 17. Medical Statement | |
| <input checked="" type="checkbox"/> | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | |
|-------------------------------------|---|----------|
| <input checked="" type="checkbox"/> | 19. Substitute or Assistant Type of Staff : | Y/N Y |
| <input checked="" type="checkbox"/> | 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 when provider and household member checks expired 12/23 according to BCIS. |
|-----------------------|--------------------------------|---|

PHYSICAL ENVIRONMENT 19a-87b-9

| | | |
|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | 22. Clean/Sanitary Environment | |
| <input type="radio"/> | 23. Freedom of Hazards | Failed to maintain the equipment free of hazards when the metal covering a heater was very hot to the touch. Observed netting and mattresses used for potacribs. |
| <input checked="" type="checkbox"/> | 24. Harmful Substances/Materials Inaccessible | |
| <input checked="" type="checkbox"/> | 25. Bio-contaminants Disposed Safely | |
| <input checked="" type="checkbox"/> | 26. Safe Storage of Flammables | |
| <input checked="" type="checkbox"/> | 27. Safe Door Fasteners | |
| <input checked="" type="checkbox"/> | 28. Electrical Safety | |
| <input checked="" type="checkbox"/> | 29. Safe Exits | |
| <input checked="" type="checkbox"/> | 30. Basement Supervision Used for Care ? | Y/N Y Y/N N |
| <input checked="" type="checkbox"/> | 31. Stairways - Protected, Handrails | |
| <input checked="" type="checkbox"/> | 32. Emergency Plan | |

| | | | |
|--|--|--|--|
| X | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to maintain a written log of the practices drills fo | |
| O | 34. Smoke Detectors | Failed to maintain operable smoke detectors on each level of the home when basement was observed without a smoke detector. | |
| X | 35. Carbon Monoxide Detector | | |
| X | 36. Fire Extinguisher- 5 lb. ABC/Installed | | |
| X | 37. Auxiliary Heating System N Type? | Appvd? | |
| X | 38. Safe Storage of Weapons and Ammunition | | |
| X | 39. Safe Space-Sufficient Indoors Outdoors | | |
| X | 40. Body of Water-Type: Barrier? | Y/N N | |
| X | 41. Hot Tubs-Locked - Inaccessible | Y/N N | |
| X | 42. Ventilation, Light and Temperature- 65° | | |
| X | 43. Window Safety | | |
| X | 44. Washing Toileting, Sewage Garbage Facilities | | |
| X | 45. Adequate and Safe Water - Type of System: Public Water | | |
| X | 46. Water Temperature- 60°-120° | | |
| X | 47. Pasteurization of Milk Supply | | |
| X | 48. Working Phone, Emergency Numbers Posted | | |
| X | 49. Safe Transportation Registered, Insured, Restraints | | |
| X | 50. First Aid supplies | | |
| X | 51. Pet protection Pets? Rabies Certs? | Type: N | |
| X | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| O | 53. Enrollment Form | Failed to maintain complete child enrollment form(s) for 4 children. | |

| | | |
|-------------------------------------|---|--|
| <input type="radio"/> | 54. Child Health Record | Failed to maintain complete or current child health record(s) for 4 children. |
| <input type="radio"/> | 55. Immunizations | Failed to maintain current or complete immunization record(s) for 5 children. No flu shot documentation for 7 children . |
| <input type="radio"/> | 56. Emergency Permission | Failed to maintain written parent permission for emergency medical care for 4 children. |
| <input type="radio"/> | 57. Authorized Release | Failed to maintain complete written parent permission to authorize removal of child(ren) for 4 children. |
| <input checked="" type="checkbox"/> | 58. Field Trip and Transportation Permission- To/From School | |
| <input checked="" type="checkbox"/> | 59. Swimming Permission | |
| <input checked="" type="checkbox"/> | 60. Incident Log | |
| <input checked="" type="checkbox"/> | 61. Confidentiality | |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs | |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment | |
| <input checked="" type="checkbox"/> | 64. Good Nutrition- Meals/Snacks, Water Available | |
| <input checked="" type="checkbox"/> | 65. Handwashing | |
| <input checked="" type="checkbox"/> | 66. Flexible and Balanced Written Schedule | |
| <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, Sp. Needs, Dev. Appr. Activities | |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping | |
| <input checked="" type="checkbox"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | |

| | | |
|--|--|--|
| X | 74. Crib or Other Provision Free from Observable Hazards | Failed to ensure no items are tied to or hung over t |
| 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

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| 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

| | | |
|----------|---|------|
| X | 114. Consent Order - Negotiated Corrective Action Plan | N/A? |
|----------|---|------|

| | |
|---------------------------------|---|
| YES or NO? Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|---------------------------------|---|

DISCUSSIONS:
Incident reports care plans.

COMMENTS:

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.

| | | | |
|--|---------------------------------------|---------------------------------|---|
| <i>Linda Johnson Moylan</i> (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: | <i>S. Sanders</i> (Signature of Provider/Applicant/Substitute) |
| Linda Johnson Moylan (Printed Name) | (Printed Name) | 02/29/2024 | SUMMER SANDERS (Printed Name) |