



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	BARBARA HALL		License Number	DCFH.16725	Date of Inspection	02/20/2024
			Expiration Date	4/30/2026	Time of Inspection	09:15 AM
Address	1 VIVIAN CT WATERFORD CT 06385-2321		Telephone	(860) 443-3528	Regular Capacity	6
			Days and Hours	MONDAY - FRIDAY 7:00AM - 5:00PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Partial , capacity		Name of Inspector	Alexandra Rodriguez		
Provider's Email	bjhall57@sbcglobal.net		Inspector's Email	alexandra.rodriguez@ct.gov		

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).

Bj Hall

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-9(b)]	023-Freedom of Hazards	Observed haircut clippers, razor and hydrogen peroxide on bathroom sink accessible to children. Observed ointments in unlocked drawers in bathroom accessible to children.
[19a-87b-9(c)]	024-Harmful Substances and Materials Inaccessible	Observed cleaning spray in unlocked bathroom closet accessible to children. Observed unlocked bottom kitchen cabinet with cleaning sprays accessible to children.
[19a-87b-9(d)(4)(D)]	031-Stairways: Protected/Handrails	Observed outside stairway missing top and bottom gates.

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	

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<u>YES/NO:</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Discussed with provider to follow through with plan on organizing children's play/nap room to prevent tripping hazards for staff and children in case of an emergency.

Comments:

NOTE: 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: 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)	DATE CORRECTIONS DUE BY: 03/05/2024	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		BARBARA HALL (Printed Name)