



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|   |   |   |                                    |   |  |                                    |                            |            |
|---|---|---|------------------------------------|---|--|------------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | PAMELA PUTO   |   |                                    |   | <b>License Number</b>  | DCFH.23250                         | <b>Date of Inspection</b>  | 04/02/2024 |
|   |   |   |                                    |   | <b>Expiration Date</b>   | 1/31/2026                          | <b>Time of Inspection</b>  | 09:21 AM   |
| <b>Address</b>                                    | 51 DANBURY LN<br>BRISTOL CT 06010-2751  |   |                                    |   | <b>Telephone</b>   | (860) 589-7428                     | <b>Regular Capacity</b>    | 6          |
|   |   |   |                                    |   | <b>Days and Hours</b>  | MONDAY - FRIDAY<br>6:30AM - 4:30PM | <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> | 3 | <b>Inspector's Name</b>  | Patty Tyburski                     |                            |            |
| <b>Provider's Email</b>                           | plutosplace@att.net   |   |                                    |   | <b>Inspector's Email</b>   | patricia.tyburski@ct.gov           |                            |            |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <i>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).</i> |   |                                    |   |  |                                    |                            |            |
|   |   |   |                                    |   | <i>Pamela Puto</i><br>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:                               | 04/06/2024 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 04/30/2025 |

|  |   |     |  |
|--|---|-----|--|
| X  | 15. CPR Certificate                           |     |  |
|  | Expiration date:<br>04/30/2025                |     |  |
| 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 :<br>Substitute                 | Y   |  |
| 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                            |     |  |

|  |  |   |  |
|--|--|---|--|
| X  | 33. Emergency Evacuation Drills - Quarterly/Log                  |   |  |
| X  | 34. Smoke Detectors  |   |  |
| X  | 35. Carbon Monoxide Detector                                     |   |  |
| X  | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |   |  |
| X  | 37. Auxiliary Heating System Y<br>Type? Pellet Stove             | Appvd?<br>Y   |  |
| X  | 38. Safe Storage of Weapons and Ammunition                       |   |  |
| X  | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |   |  |
| X  | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N  |  |
| X  | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>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 -<br>Type of System:<br>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<br>Pets?<br>Rabies Certs?                     | Type:<br>N  |  |
| X  | 52. Smoking Prohibited   |   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |   |  |
| O  | 53. Enrollment Form  | Failed to maintain child enrollment form(s) when it was observed that one enrolled child did not have an enrollment form on file. |  |

|   |  |   |
|---|--|---|
| X | 54. Child Health Record  |   |
| X | 55. Immunizations  |   |
| ○ | 56. Emergency Permission   | Failed to maintain complete emergency care information when it was observed that one enrolled child did not have permissions for emergency care.                                      |
| ○ | 57. Authorized Release   | Failed to maintain written parent permission to authorize removal of child(ren) when it was observed that one enrolled child did not have authorizations for release from the parent. |
| 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                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| X  | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| X  | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

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

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

Are Medications Administered?

N

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

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

Child with diabetes enrolled?

N

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>113. Parent Notification of Test Results</b> |  |
|----------|---|--|

**ADDITIONAL VIOLATIONS**

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

|                   |   |
|-------------------|---|
| <b>YES or NO?</b> | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
| <b>Yes</b>        |   |


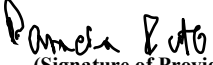
**DISCUSSIONS:**

Provider needs to add her substitute to her roster and change her husband's role on the roster to substitute. Children 6-59 months of age must receive the flu vaccine prior to January 1st of each new year and give the provider proof in writing or must dis enroll until receiving it or until the end of March of that flu season. Medical exemptions are available on OEC or DPH website.  
Keep all cleaning supplies inaccessible to children in all areas they have access to.

**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.

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| Patty Tyburski<br>(Printed Name)  | <br>(Printed Name)                    | 04/16/2024                              | PAMELA PUTO<br>(Printed Name)   |