Connecticut Office of Early Childhood

DIVISION OF LICENSING
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Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	NANCY HACKETT			**License Number**	DCFH.34477	**Date of Inspection**	04/05/2024
				Expiration Date	9/30/2026	**Time of Inspection**	09:32 AM
Address	160 AL HARVEY RD STONINGTON CT 06378-1901			**Telephone**	(860) 572-8080	**Regular Capacity**	6
				Days and Hours	M-F 7:30AM-5:30PM	**School Age Capacity**	3
# Children Present	2	**# Under 18 months present**	0			**Summer Care**	Open
Purpose of Inspection	Follow up to 2/8/24 visit			**Name of Inspector**	Evelyn Vicente-Quinones		
Provider's Email	nancyannehackett@gmail.com			**Inspector's Email**	evelyn.vicente-quinones@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).*

Nancy A Hackett

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-6(c)]	014-First Aid Certificate	Provider took First Aid course on 2/18/26; observed current certificate at today's visit
[19a-87b-6(c)]	015-CPR Certificate	Provider took CPR course on 2/18/26; observed current certificate at today's visit
[19a-87b-8a]	021-Background Check	Provider sent evidence of background check and now has evidence available during inspection.

[19a-87b-9(d)(4)]	029-Safe Exits	Observed safe exit in dining room; door is no longer blocked items.
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Observed missing items at today visit (CPR mouth guard and tweezers)
[19a-87b-10(b)(1)]	053-Enrollment Form	Observed completed enrollment forms on file at todays visit

YES/NO: **No**	**WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

~ Discussed reviewing records to ensure compliance and maitaining calendar with health record expiration dates as a reminder.
~ Provided 2 sleep sacks at time of visit (1 small and 1 medium)

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.

Evelyn Vicente-Quinones		**DATE CORRECTIONS DUE BY:**	Nancy A Hackett
(Signature of OEC Representative)	**(Signature of OEC Representative)**		**(Signature of Person in Charge)**
Evelyn Vicente-Quinones			NANCY HACKETT
(Printed Name)	**(Printed Name)**		**(Printed Name)**