

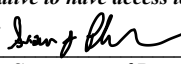


Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |   |                                    |   |                           |                               |                            |            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------|---|---------------------------|-------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | SUSAN PLOURDE                                                                                                                                                                                                                                                                                                                                                                      |   |                                    |   | <b>License Number</b>     | DCFH.45291                    | <b>Date of Inspection</b>  | 04/12/2024 |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |   |                                    |   | <b>Expiration Date</b>    | 6/30/2027                     | <b>Time of Inspection</b>  | 08:22 AM   |
| <b>Address</b>                                    | 86 WESTWOOD AVENUE<br>PLAINVILLE CT 06062                                                                                                                                                                                                                                                                                                                                          |   |                                    |   | <b>Telephone</b>          | (860) 877-0636                | <b>Regular Capacity</b>    | 6          |
|                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |   |                                    |   | <b>Days and Hours</b>     | M-F 6:45-5:30 pm              | <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> | 5 | <b>Inspector's Name</b>   | Rebecca LaRosa                |                            |            |
| <b>Provider's Email</b>                           | KAYJUSVIC@ATT.NET                                                                                                                                                                                                                                                                                                                                                                  |   |                                    |   | <b>Inspector's Email</b>  | rebecca.larosa@ct.gov         |                            |            |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b>Consent to Inspect:</b> 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). <br>_____<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:                               | 01/23/2027 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 05/31/2025 |

|   |                                |  |
|---|--------------------------------|--|
| X | 15. CPR Certificate            |  |
|   | Expiration date:<br>05/31/2025 |  |
| X | 16. Judgment                   |  |

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

|   |                           |  |
|---|---------------------------|--|
| X | 17. Medical Statement     |  |
| X | 18. Household Environment |  |

### QUALIFICATIONS OF STAFF 19a-87b-8

|   |                               |     |  |
|---|-------------------------------|-----|--|
| X | 19. Substitute or Assistant   | Y/N |  |
|   | Type of Staff :<br>Substitute | Y   |  |
| X | 20. Emergency Caregiver       |     |  |

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

|   |                         |  |
|---|-------------------------|--|
| X | 21. Background Check(s) |  |
|---|-------------------------|--|

### PHYSICAL ENVIRONMENT 19a-87b-9

|   |                                               |          |  |
|---|-----------------------------------------------|----------|--|
| 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<br>Y |  |
|   | Used for Care ?                               | Y/N<br>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                          | Appvd?       |  |
|                                                | Type? Gas fireplace                                     | Y            |  |
| X                                              | 38. Safe Storage of Weapons and Ammunition              |              |  |
| X                                              | 39. Safe Space-Sufficient                               |              |  |
|                                                | Indoors                                                 |              |  |
|                                                | Outdoors                                                |              |  |
| X                                              | 40. Body of Water-Type:                                 | Y/N          |  |
|                                                | Barrier?                                                | Y            |  |
| X                                              | 41. Hot Tubs-Locked - Inaccessible                      | Y/N          |  |
|                                                |                                                         | Y            |  |
| 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                                      | Type: 2 Dogs |  |
|                                                | Pets?                                                   | Y            |  |
|                                                | Rabies Certs?                                           | Y            |  |
| X                                              | 52. Smoking Prohibited                                  |              |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |                                                         |              |  |
| X                                              | 53. Enrollment Form                                     |              |  |

|   |                                                                          |  |
|---|--------------------------------------------------------------------------|--|
| X | 54. Child Health Record                                                  |  |
| X | 55. Immunizations                                                        |  |
| X | 56. Emergency Permission                                                 |  |
| X | 57. Authorized Release                                                   |  |
| 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? **Y**      **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>                         |  |

