



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 | JEANNINE A LEWIS | | | | License Number | DCFH.53927 | Date of Inspection | 04/17/2024 |
| | | | | | Expiration Date | 10/31/2025 | Time of Inspection | 08:58 AM |
| Address | 761 ORCHARD ST NEW HAVEN CT 06511-3305 | | | | Telephone | (203) 777-5001 | Regular Capacity | 6 |
| | | | | | Days and Hours | MON- FRI 6:00AM-11:15PM | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open |
| New Address | | | | | Type of Inspection | ANNOUNCED INSPECTION - FULL | | |
| | # of Infants - Toddlers Present | 2 | # of Total Children Present | 5 | Inspector's Name | Linda Johnson Moylan | | |
| Provider's Email | cozygg7000@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). <i>Jeanne Lewis</i> _____ 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: | 09/22/2025 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 08/09/2024 |

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|--|---|--|--|
| X | 15. CPR Certificate | | |
| | Expiration date: 08/09/2024 | | |
| 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 : | N | |
| X | 20. Emergency Caregiver | | |
| COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a | | | |
| ○ | 21. Background Check(s) | Failed to ensure comprehensive background check(s) have been renewed and completed household member. | |
| PHYSICAL ENVIRONMENT 19a-87b-9 | | | |
| X | 22. Clean/Sanitary Environment | | |
| ○ | 23. Freedom of Hazards | Observed infant in high chair without straps buckled. | |
| X | 24. Harmful Substances/Materials Inaccessible | | |
| X | 25. Bio-contaminants Disposed Safely | | |
| | 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 | |
| ○ | 31. Stairways - Protected, Handrails | Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children. | |
| X | 32. Emergency Plan | | |

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|--|--|---|--|
| <input type="radio"/> | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to practice quarterly emergency evacuation drills | |
| <input checked="" type="checkbox"/> | 34. Smoke Detectors | | |
| <input checked="" type="checkbox"/> | 35. Carbon Monoxide Detector | | |
| <input checked="" type="checkbox"/> | 36. Fire Extinguisher- 5 lb. ABC/Installed | | |
| <input checked="" type="checkbox"/> | 37. Auxiliary Heating System N Type? | Appvd? | |
| <input checked="" type="checkbox"/> | 38. Safe Storage of Weapons and Ammunition | | |
| <input checked="" type="checkbox"/> | 39. Safe Space-Sufficient Indoors Outdoors | | |
| <input checked="" type="checkbox"/> | 40. Body of Water-Type: Barrier? | Y/N N | |
| <input checked="" type="checkbox"/> | 41. Hot Tubs-Locked - Inaccessible | Y/N N | |
| <input checked="" type="checkbox"/> | 42. Ventilation, Light and Temperature- 65° | | |
| <input checked="" type="checkbox"/> | 43. Window Safety | | |
| <input checked="" type="checkbox"/> | 44. Washing Toileting, Sewage Garbage Facilities | | |
| <input checked="" type="checkbox"/> | 45. Adequate and Safe Water - Type of System: Public Water | | |
| <input checked="" type="checkbox"/> | 46. Water Temperature- 60°-120° | | |
| <input checked="" type="checkbox"/> | 47. Pasteurization of Milk Supply | | |
| <input checked="" type="checkbox"/> | 48. Working Phone, Emergency Numbers Posted | | |
| <input checked="" type="checkbox"/> | 49. Safe Transportation Registered, Insured, Restraints | | |
| <input checked="" type="checkbox"/> | 50. First Aid supplies | | |
| <input checked="" type="checkbox"/> | 51. Pet protection | Type: 2 cats | |
| <input checked="" type="checkbox"/> | Pets? | Y | |
| <input checked="" type="checkbox"/> | Rabies Certs? | Y | |
| <input checked="" type="checkbox"/> | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| <input type="radio"/> | 53. Enrollment Form | Failed to maintain child enrollment form(s) for one child one incomplete. | |

| | | |
|---|--|--|
| 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 | |
| ○ | 69. Individual Plan for Care (Written if Applicable) | Failed to implement a written individual plan of care for one child with allergy. |
| X | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities | |
| ○ | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | Failed to hold infants for bottle feedings when bottle observed on high chair with baby. |
| X | 72. Infants Placed on Back for Sleeping | |
| ○ | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | Failed to maintain a snug fitting mattress covered with a tightly-fitted sheet when mattresses were observed not connected to the bases. |

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| 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 | |
| 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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| <input checked="" type="checkbox"/> | 93. Access- Immediate, Entire or Part of Facility and Records | |
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Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

| | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | 94. Policies and Procedures for Admin of Meds | |
| <input checked="" type="checkbox"/> | 95. Parent Permission for Nonprescription Topical Meds | |
| <input checked="" type="checkbox"/> | 96. Notification - Documentation of Med Error(s) | |
| <input checked="" type="checkbox"/> | 97. Nonprescription Topical Meds- Stored/Labeled | Failed to maintain proper labeling of nonprescription topical medications |
| <input checked="" type="checkbox"/> | 98. Unused - Expired Nonprescription Meds | |
| <input checked="" type="checkbox"/> | 99. Documented Medication Trained Staff | |
| <input checked="" type="checkbox"/> | 100. Written Auth Prescriber/Parent Permission | |
| <input checked="" type="checkbox"/> | 101. MAR Maintained | |
| <input type="radio"/> | 102. Prescription Meds – Stored/Labeled | Failed to maintain proper labeling of one rx medication. |
| <input checked="" type="checkbox"/> | 103. Unused/Expired Prescription Meds | |
| <input checked="" type="checkbox"/> | 104. Emergency Meds- Equip. Labeled/Current | |
| <input checked="" type="checkbox"/> | 105. Self-Admin. Of Meds | |
| <input checked="" type="checkbox"/> | 106. Petition for Special Medication Authorization | |

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

| | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | 108. Policies for Finger Stick Blood Glucose Testing | |
| <input checked="" type="checkbox"/> | 109. Finger Stick Blood Glucose Testing - Staff Trained | |
| <input checked="" type="checkbox"/> | 110. Self Admin of Finger Stick Blood Glucose Testing | |
| <input checked="" type="checkbox"/> | 111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed | |
| <input checked="" type="checkbox"/> | 112. Finger Stick Blood Glucose Testing Records | |

| | | |
|----------|---|--|
| X | 113. Parent Notification of Test Results | |
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ADDITIONAL VIOLATIONS

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

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

DISCUSSIONS:
 Medication administration policy, gate to kitchen, individual plans for school age children transportation.

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>Jeannine Lewis</i> (Signature of Provider/Applicant/Substitute) |
| Linda Johnson Moylan (Printed Name) | (Printed Name) | 05/01/2024 | JEANNINE A LEWIS (Printed Name) |