



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|   |   |   |                                    |   |                           |                               |                            |            |
|---|---|---|------------------------------------|---|---------------------------|-------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | MARIE B DUVALSAINT  |   |                                    |   | <b>License Number</b>     | DCFH.57722                    | <b>Date of Inspection</b>  | 06/12/2024 |
|   |   |   |                                    |   | <b>Expiration Date</b>    | 9/30/2026                     | <b>Time of Inspection</b>  | 08:54 AM   |
| <b>Address</b>                                    | 60 ANSALDI RD<br>MANCHESTER CT 06040-6207   |   |                                    |   | <b>Telephone</b>          | (860) 833-6647                | <b>Regular Capacity</b>    | 6          |
|   |   |   |                                    |   | <b>Days and Hours</b>     | 7:00 - 5:30 MONDAY - FRIDAY   | <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>   | Jannie Thornton               |                            |            |
| <b>Provider's Email</b>                           | bea_duval@hotmail.com   |   |                                    |   | <b>Inspector's Email</b>  | jannie.thornton@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><i>Bea Duval</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:                               | 02/18/2025                             |
| O | 14. First Aid Certificate                      | Failed to maintain current certificate |
|   | Expiration date:                               | 05/28/2023                             |

|  |  |   |  |
|--|--|---|--|
| <input type="radio"/>                            | <b>15. CPR Certificate</b><br>Expiration date:<br>05/28/2023 | Failed to maintain current certificate  |  |
| <input checked="" type="checkbox"/>              | <b>16. Judgment</b>  |   |  |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |  |   |  |
| <input checked="" type="checkbox"/>              | <b>17. Medical Statement</b>                                 |   |  |
| <input checked="" type="checkbox"/>              | <b>18. Household Environment</b>                             |   |  |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |  |   |  |
| <input checked="" type="checkbox"/>              | <b>19. Substitute or Assistant</b><br>Type of Staff :        | Y/N<br>N  |  |
| <input checked="" type="checkbox"/>              | <b>20. Emergency Caregiver</b>                               |   |  |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |  |   |  |
| <input checked="" type="checkbox"/>              | <b>21. Background Check(s)</b>                               |   |  |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |  |   |  |
| <input checked="" type="checkbox"/>              | <b>22. Clean/Sanitary Environment</b>                        |   |  |
| <input type="radio"/>                            | <b>23. Freedom of Hazards</b>                                | Failed to maintain the facility and/or equipment in good repair and free of hazards when a drawer in kitchen lock was broken with hazards in it.. |  |
| <input checked="" type="checkbox"/>              | <b>24. Harmful Substances/Materials Inaccessible</b>         |   |  |
| <input checked="" type="checkbox"/>              | <b>25. Bio-contaminants Disposed Safely</b>                  |   |  |
| <input checked="" type="checkbox"/>              | <b>26. Safe Storage of Flammables</b>                        |   |  |
| <input checked="" type="checkbox"/>              | <b>27. Safe Door Fasteners</b>                               |   |  |
| <input checked="" type="checkbox"/>              | <b>28. Electrical Safety</b>                                 |   |  |
| <input checked="" type="checkbox"/>              | <b>29. Safe Exits</b>  |   |  |
| <input checked="" type="checkbox"/>              | <b>30. Basement Supervision</b><br>Used for Care ?           | Y/N<br>Y<br>Y/N<br>N  |  |
| <input checked="" type="checkbox"/>              | <b>31. Stairways - Protected, Handrails</b>                  |   |  |
| <input checked="" type="checkbox"/>              | <b>32. Emergency Plan</b>                                    |   |  |

|  |   |   |  |
|--|---|---|--|
| X  | 33. Emergency Evacuation Drills - Quarterly/Log         |   |  |
| X  | 34. Smoke Detectors                                     |   |  |
| X  | 35. Carbon Monoxide Detector                            |   |  |
| X  | 36. Fire Extinguisher- 5 lb. ABC/Installed              |   |  |
|  | 37. Auxiliary Heating System Y                          | Appvd?  |  |
|  | Type? Wood stove  | 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?  | N   |  |
| X  | 41. Hot Tubs-Locked - Inaccessible                      | Y/N   |  |
|  |   | 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 -                           |   |  |
|  | 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:   |  |
|  | Pets?   | N   |  |
|  | Rabies Certs?   |   |  |
| X  | 52. Smoking Prohibited                                  |   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |   |   |  |
| O  | 53. Enrollment Form                                     | Failed to maintain complete child enrollment form for one child |  |

|   |  |  |
|---|--|--|
| 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

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

### Are Medications Administered? N **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

|                                     |   |  |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | <b>94. Policies and Procedures for Admin of Meds</b>          |  |
| <input type="checkbox"/>            | <b>95. Parent Permission for Nonprescription Topical Meds</b> | Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications for one. |
| <input checked="" type="checkbox"/> | <b>96. Notification - Documentation of Med Error(s)</b>       |  |
| <input type="checkbox"/>            | <b>97. Nonprescription Topical Meds- Stored/Labeled</b>       | Failed to maintain proper labeling of nonprescription topical medications, when Child's was not on the cream.                      |
| <input checked="" type="checkbox"/> | <b>98. Unused - Expired Nonprescription Meds</b>              |  |
| <input checked="" type="checkbox"/> | <b>99. Documented Medication Trained Staff</b>                |  |
| <input checked="" type="checkbox"/> | <b>100. Written Auth Prescriber/Parent Permission</b>         |  |
| <input checked="" type="checkbox"/> | <b>101. MAR Maintained</b>                                    |  |
| <input checked="" type="checkbox"/> | <b>102. Prescription Meds – Stored/Labeled</b>                |  |
| <input checked="" type="checkbox"/> | <b>103. Unused/Expired Prescription Meds</b>                  |  |
| <input checked="" type="checkbox"/> | <b>104. Emergency Meds- Equip. Labeled/Current</b>            |  |
| <input checked="" type="checkbox"/> | <b>105. Self-Admin. Of Meds</b>                               |  |
| <input checked="" type="checkbox"/> | <b>106. Petition for Special Medication Authorization</b>     |  |

### Child with diabetes enrolled? N **MONITORING OF DIABETES 19a-87b-18**

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

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

**ADDITIONAL VIOLATIONS**

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

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

**DISCUSSIONS/COMMENTS**

Discussed family members as enrolled children in the daycare.  
 Discussed in detail, who is permitted to supervise the children.  
 Discussed crib safety.

**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>Jannie Thornton</i><br>(Signature of OEC Representative) |                                   | DATE<br>CORRECTIONS<br>DUE BY: | <i>MDuvalSaint</i><br>(Signature of Provider/Applicant/Substitute) |
| Jannie Thornton<br>(Printed Name)                           | (Signature of OEC Representative) | 06/26/2024                     | MARIE B DUVALSAINT<br>(Printed Name)                               |