



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|                              |  |   |                             |   |                    |                             |                     |            |
|------------------------------|--|---|-----------------------------|---|--------------------|-----------------------------|---------------------|------------|
| Provider                     | SANDRA L FULLER                        |   |                             |   | License Number     | DCFH.56533                  | Date of Inspection  | 07/03/2024 |
|                              |  |   |                             |   | Expiration Date    | 9/30/2026                   | Time of Inspection  | 01:15 PM   |
| Address                      | 21 PECK RD<br>MIDDLETOWN CT 06457-4419 |   |                             |   | Telephone          | (860) 874-1962              | Regular Capacity    | 6          |
|                              |  |   |                             |   | Days and Hours     | M - F 7:30 a.m. - 5 p.m.    | 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        | 0 | # of Total Children Present | 0 | Inspector's Name   | Patty Tyburski              |                     |            |
| Provider's Email             | snpir@sbcglobal.net                    |   |                             |   | Inspector's Email  | patricia.tyburski@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).*

*Sandra Lilla*  
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:                               | 06/22/2025 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 05/31/2025 |

|  |   |   |  |
|--|---|---|--|
| X  | 15. CPR Certificate                           |   |  |
|  | Expiration date:<br>05/31/2025                |   |  |
| 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 :                               | N   |  |
| 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                        |   |  |
| ○  | 24. Harmful Substances/Materials Inaccessible | Failed to ensure harmful substances and materials are inaccessible to children when multiple cleaning supplies were out and would be accessible if children were present. Provider just moved and is in the process of cleaning before children start back. |  |
| 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   |  |
| ○  | 31. Stairways - Protected, Handrails          | Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children when the basement stairs were observed without a latch or mechanism out of reach on the door.   |  |
| X  | 32. Emergency Plan                            |   |  |

|  |  |  |
|--|--|--|
| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |
| <b>O</b>                                       | 34. Smoke Detectors  | Failed to maintain operable smoke detectors on each level of the home when it was observed that the basement did not have a smoke detector.                              |
| <b>O</b>                                       | 35. Carbon Monoxide Detector                                     | Failed to maintain operable carbon monoxide detectors on each occupied level of the home when it was observed that the basement did not have a carbon monoxide detector. |
| <b>O</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       | Failed to install fire extinguisher according to manufacturer's instructions when fire extinguisher was not observed mounted.  |
| <b>X</b>                                       | 37. Auxiliary Heating System N Type?                             | Appvd?<br>N  |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |  |
| <b>X</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |  |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N   |
| <b>X</b>                                       | 42. Ventilation, Light and Temperature- 65°                      |  |
| <b>X</b>                                       | 43. Window Safety  |  |
| <b>X</b>                                       | 44. Washing Toileting, Sewage Garbage Facilities                 |  |
| <b>X</b>                                       | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |  |
| <b>O</b>                                       | 46. Water Temperature- 60°-120°                                  | Failed to maintain safe water temperature between 60-120 degrees when water temperature was observed over the limit.   |
| <b>X</b>                                       | 47. Pasteurization of Milk Supply                                |  |
| <b>O</b>                                       | 48. Working Phone, Emergency Numbers Posted                      | Failed to ensure emergency numbers posted in an area where child care services are provided when emergency numbers were observed but were not yet posted.                |
| <b>X</b>                                       | 49. Safe Transportation Registered, Insured, Restraints          |  |
| <b>X</b>                                       | 50. First Aid supplies   |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>Y   |
| <b>X</b>                                       | 52. Smoking Prohibited   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |
| <b>X</b>                                       | 53. Enrollment Form  |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 54. Child Health Record  |  |
| <b>X</b> | 55. Immunizations  |  |
| <b>X</b> | 56. Emergency Permission   |  |
| <b>X</b> | 57. Authorized Release   |  |
| <b>X</b> | 58. Field Trip and Transportation Permission-To/From School              |  |
| <b>X</b> | 59. Swimming Permission  |  |
| <b>X</b> | 60. Incident Log   |  |
| <b>X</b> | 61. Confidentiality  |  |
| <b>X</b> | 62. Meeting the Child's Needs  |  |
| <b>X</b> | 63. Sufficient Play Equipment  |  |
| <b>X</b> | 64. Good Nutrition- Meals/Snacks, Water Available                        |  |
| <b>X</b> | 65. Handwashing  |  |
| <b>X</b> | 66. Flexible and Balanced Written Schedule                               |  |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |  |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |  |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |  |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |  |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |  |
| <b>X</b> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet |  |

|  |  |  |
|--|--|--|
| <b>X</b>   | 74. Crib or Other Provision Free from Observable Hazards             |  |
| <b>X</b>   | 75. Infants not Swaddled   |  |
| <b>X</b>   | 76. Infants Supervised – minimum every 15 minutes                    |  |
| <b>X</b>   | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| <b>X</b>   | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <b>X</b>   | 79. Parent Information and Access                                    |  |
| <b>X</b>   | 80. Developmental Milestones – Posted                                |  |
| <b>X</b>   | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| <b>X</b>   | 82. Personal Schedule- Alert, Competent Attention                    |  |
| <b>X</b>   | 83. Full Attention - Distractions, Employment, Socialization         |  |
| <b>X</b>   | 84. Immediate Attention  |  |
| <b>X</b>   | 85. Substitute – Emergency Caregiver Present                         |  |
| <b>X</b>   | 86. Appr. Discipline, Behavior Management                            |  |
| <b>X</b>   | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| <b>X</b>   | 88. Child Protection- Abuse/Neglect                                  |  |
| <b>X</b>   | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| <b>X</b>   | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| <b>X</b>   | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| <b>X</b>   | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

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




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

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

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

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

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

|   |  |                                |   |
|---|--|--------------------------------|---|
| X   | 113. Parent Notification of Test Results   |                                |   |
| <b>ADDITIONAL VIOLATIONS</b>  |  |                                |   |
|   | 114. Consent Order - Negotiated Corrective Action Plan   | N/A?<br><br>X                  |   |
| <u>YES or NO?</u><br>Yes  | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>  |                                |   |
| <b>DISCUSSIONS/COMMENTS</b>   |  |                                |   |
| <p>Discussed<br/> Age of the home is built in 1920 so possibility of lead exists. Be aware of any peeling paint and access that children may have to it.<br/> Add apartment numbers to the outside of doors of the two family home.<br/> If porch is used for child care make sure to gate of access to the stairs.</p> |  |                                |   |
| <p><b>NOTE:</b> 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.</p>  |  |                                |   |
| <p><b>APPLICANTS- PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>   |  |                                |   |
| <br>(Signature of OEC Representative)   | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| Patty Tyburski<br>(Printed Name)  | Kristi Morgan<br>(Printed Name)  | 07/17/2024                     | SANDRA L FULLER<br>(Printed Name)   |