



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>PATRICIA C BROWN</b>				<b>License Number</b>	<b>DCFH.54828</b>	<b>Date of Inspection</b>	<b>07/10/2024</b>
					<b>Expiration Date</b>	<b>8/31/2026</b>	<b>Time of Inspection</b>	<b>09:50 AM</b>
<b>Address</b>	<b>67 WILMOT RD HAMDEN CT 06514-4312</b>				<b>Telephone</b>	<b>(203) 389-0335</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Days and Hours</b>	<b>7:00-5:30 MONDAY - FRIDAY</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		
	<b># of Infants - Toddlers Present</b>	<b>1</b>	<b># of Total Children Present</b>	<b>6</b>	<b>Inspector's Name</b>	<b>Patty Tyburski</b>		
<b>Provider's Email</b>	<b>enchantedgarden90@yahoo.com</b>				<b>Inspector's Email</b>	<b>patricia.tyburski@ct.gov</b>		

**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).*

*Patricia C. Brown*  
 Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

<b>X</b>	<b>4. Capacity</b>	
<b>X</b>	<b>5. Non-transferability of license</b>	<b>Pending?</b>
<b>X</b>	<b>6. Infant/Toddler Restriction</b>	
<b>X</b>	<b>7. License Posted</b>	
<b>X</b>	<b>8. Parent Access to OEC Phone Number</b>	
<b>X</b>	<b>9. Photo ID</b>	
<b>X</b>	<b>10. Requests for Information</b>	
<b>X</b>	<b>11. Notification of Change</b>	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
<b>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>11/01/2026</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>07/14/2024</b>

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	07/14/2024	
<b>X</b>	16. Judgment	

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

<b>○</b>	17. Medical Statement	Failed to maintain medical statement(s) for 2 adult household members upon turning 18.
<b>X</b>	18. Household Environment	

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

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

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

<b>○</b>	21. Background Check(s)	Failed to maintain evidence of compliance with background checks when the provider had not created a BCIS roster. . Failed to ensure comprehensive background check(s) have been conducted when it was observed that
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### PHYSICAL ENVIRONMENT 19a-87b-9

<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<b>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>○</b>	32. Emergency Plan	Failed to maintain a written emergency plan meeting new requirements. Blank form was left with provider to complete.	

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home when the detector on the main level of the home was not working.
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition when it was observed that the 5 lb fire extinguisher was not charged.
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors   Outdoors	
X	40. Body of Water- Type: Kiddie pool Barrier?	Y/N Y 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	
O	50. First Aid supplies	Failed to maintain a complete first aid kit.
X	51. Pet protection Pets? Rabies Certs?	Type: 1 dog Y Y
X	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
O	53. Enrollment Form	Failed to maintain current child enrollment form(s) when one child in care did not have an enrollment form on site.

<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 (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-Immediate, Entire or Part of Facility and Records	
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### Are Medications Administered? **Y**      ADMINISTRATION OF MEDICATIONS 19a-87b-17

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>○</b>	99. Documented Medication Trained Staff	Failed to maintain training in the administration of injectable medications and it was observed that a child in care requires Epi Pen.
<b>○</b>	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication when the authorization form was observed to be expired.
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds – Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>○</b>	104. Emergency Meds- Equip. Labeled/Current	Failed to ensure emergency medications and/or equipment is properly replaced prior to its expiration date when Epi Pen was observed to be expired.
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

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

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

<b>X</b>	113. Parent Notification of Test Results	
<b>ADDITIONAL VIOLATIONS</b>		
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  <b>X</b>
<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	
<b>DISCUSSIONS/COMMENTS</b>		
<p><b>Discussions:</b>  Water can't remain in the pool when not being used.  Attach mattresses to Pack and Play's.  Handwashing of children with soap and water after diaper changes.  Provider uses bathroom upstairs for handwashing due to antiscald device on the tap and water at kitchen sink measuring over 150 degrees.  Add an incident log to each child's file.  Work on removing clutter from tables and shelves that children have access to to prevent items from tipping over on to children.  Providers First Aid and CPR expire at the end of July.</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>		
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:
<b>Patty Tyburski</b> (Printed Name)	 (Printed Name)	<b>07/24/2024</b>
		 (Signature of Provider/Applicant/Substitute)
		<b>PATRICIA C BROWN</b> (Printed Name)