



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	WENDY LYNCH				License Number	DCFH	Date of Inspection	07/18/2024
					Expiration Date		Time of Inspection	08:30 AM
Address	151 DAVID CIR PUTNAM CT 06260-1221				Telephone	(860) 207-6883	Regular Capacity	6
					Days and Hours	M-F 6:30 AM - 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Carmen Valenzuela		
Provider's Email	Wendyssafehaven@gmail.com				Inspector's Email	carmen.valenzuela@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>Wendy Lynch</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:	
	02/08/2027	
X	14. First Aid Certificate	
	Expiration date:	
	06/03/2026	

X	15. CPR Certificate		
	Expiration date:		
	06/03/2026		
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			
X	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
X	22. Clean/Sanitary Environment		
○	23. Freedom of Hazards	Failed to maintain the facility free of hazards, observed television not secured, tip over hazard; observed metal pipes in the outdoor area, at low level, area accessible to children.	
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
○	28. Electrical Safety	Failed to ensure that electrical cords do not hang within reach of children, observed hanging cords in the bathroom.	
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		Y	
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		
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition, observed fire extinguisher installed, but under 5lb.	
X	37. Auxiliary Heating System Y Type? Pellet stove	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Outdoors		
O	40. Body of Water- Type: Pool. Barrier?	Y/N Y N	Failed to maintain a sturdy fence/barrier 4 feet high all around the fence and gate on stairs that lead to deck, where you access the pool. Observed gaps of 6 and 7 inches in different places, and height measured at 42 inches on gate.
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. Observed no instant cold packs in the kit.	
X	51. Pet protection Pets? Rabies Certs?	Type: 1 dog, 1cat Y Y	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
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	
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

X

93. Access-
Immediate, Entire
or Part of Facility
and Records

Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X

94. Policies and
Procedures for
Admin of Meds

X

95. Parent
Permission for
Nonprescription
Topical Meds

X

96. Notification -
Documentation of
Med Error(s)

X

97.
Nonprescription
Topical Meds-
Stored/Labeled

X

98. Unused -
Expired
Nonprescription
Meds

X

99. Documented
Medication
Trained Staff

X

100. Written Auth
Prescriber/Parent
Permission

X

101. MAR
Maintained

X

102. Prescription
Meds –
Stored/Labeled

X

103.
Unused/Expired
Prescription Meds

X

104. Emergency
Meds- Equip.
Labeled/Current

X

105. Self-Admin.
Of Meds

X

106. Petition for
Special Medication
Authorization

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

X

108. Policies for
Finger Stick Blood
Glucose Testing

X

109. Finger Stick
Blood Glucose
Testing - Staff
Trained

X

110. Self Admin of
Finger Stick Blood
Glucose Testing

X

111. Testing
Equip. & Supplies-
Maintain, Labeled,
Locked, Disposed

X

112. Finger Stick
Blood Glucose
Testing Records

X	113. Parent Notification of Test Results		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	
<u>YES or NO?</u> Yes		WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS			
Two sleep sacks given to applicant today. Child care area is at basement level only. Direct access to ground level from the space. Information about Technical Assistance provided.			
<u>NOTE:</u> 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.			
<u>APPLICANTS- PLEASE NOTE:</u> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		 (Signature of Provider/Applicant/Substitute)	
Carmen Valenzuela (Printed Name)		WENDY LYNCH (Printed Name)	