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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	DEBORAH A KINNEY	**License Number**	DCFH.50420	**Date of Inspection**	08/01/2024
		Expiration Date	1/31/2025	**Time of Inspection**	12:28 PM
Address	211 IRENE DR VERNON CT 06066-4636	**Telephone**	(860) 930-7280	**Regular Capacity**	6
		Days and Hours	MONDAY THROUGH FRIDAY 7:00 A.M. TO 4:30 P.M.	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	0	**# of Total Children Present**	6	**Inspector's Name**	Carmen Valenzuela
Provider's Email	debkinn@ymail.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).*

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: 08/14/2026	
X	14. First Aid Certificate Expiration date: 03/12/2025	

X	15. CPR Certificate Expiration date: 03/12/2025		
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 Type of Staff :	Y/N 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		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
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 Used for Care ?	Y/N Y 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	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space- Sufficient Indoors Y / Outdoors	
X	40. Body of Water- Type: Pool Barrier?	Y/N Y Y
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 Pets? Rabies Certs?	Type: 1 dog 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	

ADMINISTRATION OF MEDICATIONS 19a-87b-17

Are Medications Administered? N

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	

MONITORING OF DIABETES 19a-87b-18

Child with diabetes enrolled? N

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	

YES or NO?	WERE VIOLATIONS CITED DURING THIS VISIT?
No	

DISCUSSIONS/COMMENTS

Discussed ensuring proper influenza vaccination documentation is on file prior to January 1st. each year, for children who are between 6 and 59 months of age; children who turn 6 months during January -March, once they turn 6 months.

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.*

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Carmen Valenzuela			DEBORAH A KINNEY
(Printed Name)	(Printed Name)		(Printed Name)