



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

Provider	FRANCES BIMONTE				License Number	DCFH.55348	Date of Inspection	08/14/2024
					Expiration Date	3/31/2026	Time of Inspection	01:04 PM
Address	26 EVERGREEN PLACE NORTH HAVEN CT 06473				Telephone	(203) 500-0599	Regular Capacity	6
					Days and Hours	M-F 730 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	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	1	# of Total Children Present	6	Inspector's Name	Patty Tyburski		
Provider's Email	franslc@comcast.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).*

*[Signature]*  
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:	02/21/2025
X	14. First Aid Certificate	
	Expiration date:	02/05/2025

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	<b>02/05/2025</b>	
<b>X</b>	<b>16. Judgment</b>	

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

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

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

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

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

<b>○</b>	<b>21. Background Check(s)</b>	<b>Failed to ensure comprehensive background check(s) have been conducted when it was observed that providers prints have expired and ones submitted did not ever clear.</b>
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### PHYSICAL ENVIRONMENT 19a-87b-9

<b>X</b>	<b>22. Clean/Sanitary Environment</b>		
<b>X</b>	<b>23. Freedom of Hazards</b>		
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>		
<b>X</b>	<b>26. Safe Storage of Flammables</b>		
<b>X</b>	<b>27. Safe Door Fasteners</b>		
<b>X</b>	<b>28. Electrical Safety</b>		
<b>X</b>	<b>29. Safe Exits</b>		
<b>X</b>	<b>30. Basement Supervision</b>	<b>Y/N</b>	
		<b>Y</b>	
<b>X</b>	<b>Used for Care ?</b>	<b>Y/N</b>	
		<b>N</b>	
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>		
<b>X</b>	<b>32. Emergency Plan</b>		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills when provider stated she has not been logging the drills.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition; observed fire extinguisher expired/empty, no longer charged. Failed to install fire extinguisher according to manufacturer's instructions; observed fire extinguisher	
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors   Outdoors		
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided; did not observe emergency numbers posted in the program.	
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Failed to maintain at least one portable, readily accessible first aid kit; observed container full of first aid supplies but not a portable covered one meeting regulation.	
<input checked="" type="checkbox"/>	51. Pet protection Pets? Rabies Certs?	Type: Dog Y Y	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input type="radio"/>	53. Enrollment Form	Failed to maintain child enrollment form(s); observed nephew in care without an enrollment form.	

<input type="radio"/>	54. Child Health Record	Failed to maintain child health record(s); did not observe physical for nephew being cared for at the program. Failed to maintain current child health record(s) when 3 of 7 enrolled children's physicals observed
<input type="radio"/>	55. Immunizations	Failed to maintain current immunization record(s); when 4 of 7 enrolled children's immunization forms were missing proof of flu vaccine and 3 of those 4 were not up to date with other immunizations.. Failed to maintain immunization record(s) for nephew on site without immunization record.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	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>X</b>	99. Documented Medication Trained Staff	
<b>X</b>	100. Written Auth Prescriber/Parent Permission	
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds – Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<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	

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p><b>Discussed:</b>  Carbon monoxide detector and smoke detector in the basement must be installed.  All equipment must be used as it is manufactured without changes being made including changing out the mattress of a pack and play.  Emergency plan alternate location must be outside of the neighborhood.  Handwashing with soap and water of child after diaper changes.  Parents review and initial and date enrollment and permission forms confirming information is the most current and up to date.  Son who just turned 18 must complete background checks and adult medical form.</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:	 (Signature of Provider/Applicant/Substitute)
<b>Patty Tyburski</b> (Printed Name)	  (Printed Name)	<b>08/28/2024</b>	<b>FRANCES BIMONTE</b> (Printed Name)