



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

Provider	SHADEEN VASSELL KNOTT				License Number	DCFH	Date of Inspection	09/13/2024
					Expiration Date		Time of Inspection	09:32 AM
Address	1259 HOWARD AVE BRIDGEPORT CT 06605-1618				Telephone	(347) 484-6289	Regular Capacity	6
					Days and Hours	M-F 5 am-6 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	1	# of Total Children Present	1	Inspector's Name	Rebecca LaRosa		
Provider's Email	shadeenvassell@yahoo.com				Inspector's Email	rebecca.larosa@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:	05/08/2027
X	14. First Aid Certificate	
	Expiration date:	06/18/2026

X	15. CPR Certificate		
	Expiration date: 06/18/2026		
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		
○	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards (see discussion section)	
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	Y/N	
		Y	
	Used for Care ?	Y/N	
		Y	
○	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 deck stairs in the back play area were not gated.	
X	32. Emergency Plan		

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>X</b>	34. Smoke Detectors	
<b>X</b>	35. Carbon Monoxide Detector	
<b>O</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition when fire extinguisher was less than 5 lbs.
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?
<b>X</b>	38. Safe Storage of Weapons and Ammunition	
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors	
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N 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 - Type of System: Public Water	
<b>X</b>	46. Water Temperature- 60°-120°	
<b>X</b>	47. Pasteurization of Milk Supply	
<b>X</b>	48. Working Phone, Emergency Numbers Posted	
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints	
<b>X</b>	50. First Aid supplies	
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: N
<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 (10pm to 5am)</b>		
<b>X</b>	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

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
<b>ADDITIONAL VIOLATIONS</b>		
	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	<b>N/A?</b>  <b>X</b>
<b>YES or NO?</b> <b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	
<b>DISCUSSIONS/COMMENTS</b>		
<p><b>Inside hazards:</b>  Tall cubby unit was not secured posing a tipping hazard.  Bi-fold doors that can't be secured in the close position poses a pinching hazard and there is a screw protruding from the bi-fold closet door a children's eye level.  3 basement structure poles are not covered at the corners posing a hazard if children were to fall.  2 uncovered finishing plates for the outlets in the bathroom.</p> <p><b>Outside Hazards:</b>  Construction debris are accessible in the outdoor play area along with concrete blocks, large old tv in a box, cooler, garden tools &amp; hose and an old unregistered car all accessible to children in the outdoor play area.</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)	<b>DATE CORRECTIONS DUE BY:</b>
<b>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)	 (Signature of Provider/Applicant/Substitute)
		<b>SHADEEN VASSELL KNOTT</b> (Printed Name)