



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: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	HEIDI L CHAPPELL				License Number	DCFH.52499	Date of Inspection	10/02/2024
					Expiration Date	12/31/2025	Time of Inspection	08:39 AM
Address	77 CLEAR VIEW DRIVE BROOKLYN CT 06234-3309				Telephone	(860) 428-4135	Regular Capacity	6
					Days and Hours	MONDAY - FRIDAY, 7 AM - 5:00PM	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	Carmen Valenzuela		
Provider's Email	pita0176@yahoo.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]
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:	
	03/03/2026	
X	14. First Aid Certificate	
	Expiration date:	
	03/31/2026	

X	15. CPR Certificate						
	Expiration date:						
	03/31/2026						
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. Sub/Assistant	Y/N	Name:			Appvl #	
	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						
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	Y/N					
		Y					
	Used for Care ?	Y/N					
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 Outdoors Y Y		
X	40. Body of Water- Type: Above ground Barrier?	Y/N 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		
O	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers . List posted is not current.	
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
O	51. Pet protection	Type: 3 dogs and 4 cats	
	Pets?	Y	
	Rabies Certs?	Y	Failed to maintain current rabies vaccination certificate(s)for one dog (Sable).
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain child health record(s) for one child with no form on file. Failed to maintain complete child health record(s) for two children with an asthma diagnosis and no answer to question about the need for rescue medication for child at child care.
O	55. Immunizations	Failed to maintain immunization record(s) for one child with no record on file. Failed to maintain complete immunization record(s) for 2 children with no vaccine documentation for 2024 flu season and for 3 children with no documentation at all on record for flu, 2 of them enrolled during the 2023
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	
O	66. Flexible and Balanced Written Schedule	Failed to develop and implement a written schedule, when no written schedule was available. As per provider she has it on the fridge, but couldn't locate it.
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
O	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs for a child's with asthma indicated in physical form. Failed to ensure one individual plan of care for another child with asthma have been signed by the provider and parent.
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	
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Are Medications Administered?

N

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

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Discussed authorization from prescriber and parent permission prior to administration of medications.
Reviewed authorization for medications form. Link to the form sent by text during the visit.
Discussed medication authorization certificate needed if doctor confirmed need for medication.
Reviewed vaccines requirements for children attending a child care program in Connecticut. Schedule sent by text, along with OEC Guidance Regarding Public Act 21-6.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- Only the regulations marked as compliant or non-compliant were monitored or discussed.
- **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Carmen Valenzuela (Printed Name)		10/16/2024	HEIDI L CHAPPELL (Printed Name)