



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

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|------------------------------|---|---|-----------------------------|---|--------------------|-------------------------------|---------------------|------------|
| Provider | RAMONA R CHUNG | | | | License Number | DCFH.50109 | Date of Inspection | 10/07/2024 |
| | | | | | Expiration Date | 6/30/2028 | Time of Inspection | 09:12 AM |
| Address | 17 OLD FLINTLOCK RD BLOOMFIELD CT 06002-3053 | | | | Telephone | (860) 270-9397 | Regular Capacity | 6 |
| | | | | | Days and Hours | Monday-Friday 8AM-5PM | 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 | 2 | # of Total Children Present | 4 | Inspector's Name | Melina Perez | | |
| Provider's Email | ramonachung22@gmail.com | | | | Inspector's Email | melina.perez@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).

Ramon Chung
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: | 05/12/2026 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 08/20/2025 |

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|--|---|---|-------|--|---------|
| X | 15. CPR Certificate | | | | |
| | Expiration date: 08/20/2025 | | | | |
| 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. Sub/Assistant | Y/N | Name: | | Appvl # |
| | Type of Staff : | Y | | | |
| | Substitute | | | | |
| 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 | | | | |
| O | 24. Harmful Substances/Materials Inaccessible | Failed to ensure harmful substances and materials are inaccessible to children when Aunt Jackie's curl quench moisture lock leave in conditioner, crest pro health toothpaste, and sensodyne pro enamel toothpaste were observed in an unlocked cabinet in the bathroom sink. | | | |
| 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: Barrier? | Y/N N |
| 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 | |
| O | 46. Water Temperature- 60°-120° | Failed to maintain safe water temperature between 60-120 degrees when the water temperature was observed to be 124.7 degrees. |
| 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 Y |
| X | 52. Smoking Prohibited | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | |
| X | 53. Enrollment Form | |

| | | |
|-------------------------------------|--|--|
| <input type="radio"/> | 54. Child Health Record | Failed to maintain current child health records for 2 enrolled children when their physicals were observed to be expired. |
| <input type="radio"/> | 55. Immunizations | Failed to maintain current immunization record for 1 enrolled child when a current immunization record was not observed to be in their file. |
| <input checked="" type="checkbox"/> | 56. Emergency Permission | |
| <input type="radio"/> | 57. Authorized Release | Failed to maintain written parent permission to authorize removal of child(ren) for 1 enrolled child when the information was observed to not have been completed by the parent. |
| <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 | |

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| 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

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

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| 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 | |

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|----------|---|--|
| X | 112. Finger Stick Blood Glucose Testing Records | |
| X | 113. Parent Notification of Test Results | |

ADDITIONAL VIOLATIONS

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|--|--|----------|
| | 114. Consent Order - Negotiated Corrective Action Plan | N/A? |
| | | X |

YES or NO?
Yes

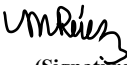
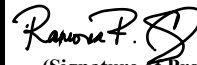
WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

- Flu vaccines needed by 12/31/2024
- Criminal background checks expiring for provider and household member on 2/14/2025
- Reminder to have parents/guardians review enrollment/written permission forms annually for any changes

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) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Applicant/Substitute) |
| Melina Perez (Printed Name) | (Printed Name) | 10/21/2024 | RAMONA R CHUNG (Printed Name) |