



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: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

Provider	DIANE THOMPSON				License Number	DCFH.18104	Date of Inspection	12/23/2024
					Expiration Date	1/31/2026	Time of Inspection	09:39 AM
Address	17 AVERY CT NEW LONDON CT 06320-4805				Telephone	(860) 984-0255	Regular Capacity	6
					Days and Hours	MONDAY - FRIDAY 6:00AM - 6:00PM	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	0	# of Total Children Present	0	Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	diane17avery@gmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><i>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).</i> <u>D Thompson</u></p> <p style="text-align: right;"><i>Signature of Provider/Substitute/Applicant</i></p>							

### 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:	09/14/2026
X	14. First Aid Certificate	
	Expiration date:	11/16/2026

X	15. CPR Certificate				
	Expiration date: 11/16/2026				
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. Sub/Assistant	Y/N	Name:	Appvl #	
	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>					
<input type="radio"/>	22. Clean/Sanitary Environment	Failed to maintain the facility and/or equipment in a clean and sanitary condition. Observed the toilet and sink of the bathroom unclean and the sink is clogged.			
X	23. Freedom of Hazards				
<input type="radio"/>	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children. Sanitizing spray was observed under a small table in the bathroom, accessible to children. Four Lysols sprays were under a table on the entrance hallway floor, accessible to children. The provider removed them during the visit.			
X	25. Bio-contaminants Disposed Safely				
X	26. Safe Storage of Flammables				
X	27. Safe Door Fasteners				
X	28. Electrical Safety				
<input type="radio"/>	29. Safe Exits	Failed to keep exits free from obstructions. The second emergency egress observe obstructed by a large piece of furniture (armchair). It is blocking the basement door. Wood logs are blocking the stairs of second exit.			
X	30. Basement Supervision	Y/N			
	Used for Care ?	Y			
<input type="radio"/>	31. Stairways - Protected, Handrails	Y/N	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children. Observed basement's door open blocked for an armchair, stairs without protection accessible to children.		
X	32. Emergency Plan				

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills. Observed the log and found two documentation dates for 2023, but none for 2024	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input type="radio"/>	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home. The basement, first and second floor do not have carbon monoxide detectors.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System Y Type? Wood	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space- Sufficient Indoors   Outdoors Y   Y	Failed to ensure sufficient indoor space	
<input checked="" type="checkbox"/>	40. Body of Water- Type: Barrier?	Y/N 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 type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities	Failed to keep trash covered. The bathroom trash does not have cover	
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input type="radio"/>	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees. The water temperature was 130F, which was tested in the kitchen sink due to a clogged bathroom sink.	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection Pets? Rabies Certs?	Type: N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record. Observed one child health record expired.
<input checked="" type="radio"/>	55. Immunizations	
<input type="radio"/>	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care or one child.
<input type="radio"/>	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren). After reviewing five children's files, observed missing authorize release information for three children
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of child(ren). After reviewing five children's files, observed five transportation permission missing
<input checked="" type="radio"/>	59. Swimming Permission	
<input checked="" type="radio"/>	60. Incident Log	
<input checked="" type="radio"/>	61. Confidentiality	
<input checked="" type="radio"/>	62. Meeting the Child's Needs	
<input checked="" type="radio"/>	63. Sufficient Play Equipment	
<input checked="" type="radio"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="radio"/>	65. Handwashing	
<input checked="" type="radio"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="radio"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="radio"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="radio"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="radio"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="radio"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="radio"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="radio"/>	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>O</b>	94. Policies and Procedures for Admin of Meds	Failed to maintain complete written policies on the administration of medication
<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	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

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

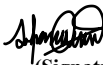

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

One designated daycare area is currently inaccessible to children; now, the capacity will be 6/0. The provider has acknowledged this issue and will contact the Office of Early Childhood (OEC) to explore the possibility of increasing the room's capacity. During the inspection, the licensing specialist discussed this matter with the supervisor. The provider reviewed OEC Regulations using visual cues. She received Emergency Evacuation Plan form, Emergency Number form, enrollment forms, sample of Administration of Med Policy, and Adult Medical statement form.

**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)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)	<b>01/06/2025</b>	<b>DIANE THOMPSON</b> (Printed Name)