



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

### FAMILY CHILD CARE HOME INSPECTION

Provider	AMANDA LOCKHART				License Number	DCFH.54316	Date of Inspection	01/28/2025
					Expiration Date	1/31/2029	Time of Inspection	08:43 AM
Address	45 CHESTNUT HILL RD EAST HAMPTON CT 06424-1852				Telephone	(860) 365-0142	Regular Capacity	6
					Days and Hours	M-F 6:30AM - 5:30PM	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	5	Inspector's Name	Linda Johnson Moylan		
Provider's Email	amanda.lockhart@comcast.net				Inspector's Email	linda.moylan@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></p> <p style="text-align: right;"><i>[Signature]</i> Signature of Provider/Substitute/Applicant</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:	01/22/2028
X	14. First Aid Certificate	
	Expiration date:	01/13/2026

<b>X</b>	15. CPR Certificate				
	Expiration date: 01/13/2026				
<b>X</b>	16. Judgment				
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>					
<b>X</b>	17. Medical Statement				
<b>X</b>	18. Household Environment				
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>					
<b>X</b>	19. Sub/Assistant	Y/N	Name:		Appvl #
	Type of Staff:	N			
<b>X</b>	20. Emergency Caregiver				
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>					
<b>X</b>	21. Background Check(s)				
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>					
<b>X</b>	22. Clean/Sanitary Environment				
<b>X</b>	23. Freedom of Hazards				
<b>X</b>	24. Harmful Substances/Materials Inaccessible				
<b>X</b>	25. Bio-contaminants Disposed Safely				
<b>X</b>	26. Safe Storage of Flammables				
<b>X</b>	27. Safe Door Fasteners				
<b>X</b>	28. Electrical Safety				
<b>X</b>	29. Safe Exits				
<b>X</b>	30. Basement Supervision	Y/N			
	Used for Care ?	Y			
<b>X</b>	31. Stairways - Protected, Handrails	Y/N			
<b>X</b>	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>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
	39. Safe Space-Sufficient		
	Indoors	Y	
	Outdoors	Y	
	40. Body of Water- Type: Pool	Y/N	
	Barrier?	Y	
<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 Well		
<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	Type: 2 dogs	
	Pets?	Y	
	Rabies Certs?	Y	
<b>X</b>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<b>X</b>	53. Enrollment Form		

X	54. Child Health Record	
X	55. Immunizations	
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	
O	63. Sufficient Play Equipment	<b>Failed to ensure manufacturer guidelines are followed for equipment when high chair was observed without a safety strap per design.</b>
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
O	69. Individual Plan for Care (Written if Applicable)	<b>Failed to develop and implement a written individual plan of care for one child special health care needs.</b>
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	

<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>O</b>	100. Written Auth Prescriber/Parent Permission	<b>Failed to maintain written parent permission for medication</b>
<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**

Outdoor space not inspected due to snow cover. A follow-up will be conducted. Discussed bus drop off, fire extinguisher, medication administration policy.

**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.

<i>Linda Johnson Moylan</i> (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	<i>Amanda Lockhart</i> (Signature of Provider/Applicant/Substitute)
<b>Linda Johnson Moylan</b> (Printed Name)	 (Printed Name)	<b>02/11/2025</b>	<b>AMANDA LOCKHART</b> (Printed Name)