CONNECTICUT 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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	NANCY SECOR			**License Number**	DCFH.53195	**Date of Inspection**	02/24/2025
				Expiration Date	7/31/2026	**Time of Inspection**	01:25 PM
Address	188 LONETOWN RD REDDING CT 06896-1503			**Telephone**	(203) 938-9282	**Regular Capacity**	6
				Hours of Operation	8:00 AM 5:00 PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**Days of Operation**	Mon-Fri	**Summer Hours**	Open
New Address				**# Under 18 mths present**	2	**Weekend Hours**	No
				Total children present	6	**Night Hours**	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL			**Inspector's Name**	Alexandra Rodriguez		
Provider's Email	nancysecor@att.net			**Inspector's Email**	alexandra.rodriguez@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: 11/20/2027	
X	14. First Aid Certificate Expiration date: 08/26/2026	

X	15. CPR Certificate Expiration date: 08/26/2026					
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		
O	23. Freedom of Hazards		Observed Lysol on counter in main daycare room. Observed Febreeze, defreaser and alcohol in unlocked bathroom cabinet. All items accessible to children. Observed chipping paint on changing table.
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 Used for Care ?	Y/N Y Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
O	34. Smoke Detectors	**Failed to maintain operable smoke detectors on each level of the home. Second floor and basement smoke detectors not operable.**	
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 Y / Outdoors Y		
X	40. Body of Water- Type: Pool Barrier?	Y/N Y 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		
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: N	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	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	
O	62. Meeting the Child's Needs	Observed children eating snack on floor. Provider placed a plastic table cloth on floor and children are from the same bucket of pretzels.
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
O	65. Handwashing	Observed children eating afternoon snack. They did not wash hands prior to snack time.
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)	One child diagnosed with moderate persistent asthma did not have an individual care plan.
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
O	71. Infant Care, Indiv Attention, Held for Bottle Feedings	Failed to hold infants for bottle feedings. Observed provider give give an 11 month old bottle while infant laid in pack n play.
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	
O	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	**Failed to utilize a nonporous diapering surface. Observed provider changing a child's BM diaper on carpet.**
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	

NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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	
ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N		
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	
MONITORING OF DIABETES 19a-87b-18	**Child with diabetes enrolled?** N	
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

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

YES or NO?			
Yes	Were Violations Cited during this visit?	Total Number of Violations this visit:	7

DISCUSSIONS/COMMENTS

Unable to inspect playground due to ice and snow. Will return when weather is appropriate to inspect playground.
Discussed with provider importance of having an individual care plan if a child has a special medical diagnosis.
Discussed with provider importance of holding an infant during bottle feeding times.
Discussed with provider importance of ensuring the children wash their hands prior to eating.

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)
Alexandra Rodriguez		03/10/2025	NANCY SECOR
(Printed Name)	(Printed Name)		(Printed Name)

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