


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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	SUSANNE REED				License Number	DCFH.17146	Date of Inspection	03/06/2025
					Expiration Date	5/31/2027	Time of Inspection	11:56 AM
Address	399 BROAD ST FL 2 WINDSOR CT 06095-3007				Telephone	(860) 877-8482	Regular Capacity	6
					Hours of Operation	7:30 AM 4:30 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	0	Weekend Hours	No
					Total children present	5	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	SMR862@ICLOUD.COM				Inspector's Email	melina.perez@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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>Susanne Reed</i> <div style="text-align: right;">_____ Signature of Provider/Substitute/Applicant</div>							

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:	12/21/2025
X	14. First Aid Certificate	
	Expiration date:	06/23/2026

X	15. CPR Certificate	
	Expiration date:	
	06/23/2026	
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				
		N				
	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	
○	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to install fire extinguisher according to manufacturer's instructions when it was observed to be unmounted.
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	
○	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees when the temperature was observed to be 125.8 degrees Fahrenheit.
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
○	50. First Aid supplies	Failed to maintain a complete first aid kit when the CPR mouth barrier and 1 instant cold pack were observed to be missing.
○	51. Pet protection Pets? Rabies Certs?	Type: Y N Failed to maintain current rabies vaccination certificates for 3 cats when they were observed to be overdue for their rabies vaccine.
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	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
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	
X	69. Individual Plan for Care (Written if Applicable)	
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	
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?

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-18Child 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

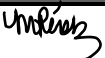
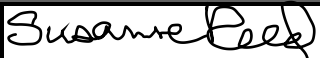
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	

YES or NO?**Yes****Were Violations Cited during this visit?****Total Number of Violations this visit:****4****DISCUSSIONS/COMMENTS**

- Have parents/guardians review enrollment/written permission forms annually for any changes
- Adult medical for provider expiring 12/21/2025

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)	03/20/2025	SUSANNE REED (Printed Name)

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 Website: www.ctoec.org