



INCUBATOR SITE - FAMILY CHILD CARE HOME INSPECTION FORM

Provider	Johnika Webster		License Number	58057	Date of Inspection	3/20/25
Address	57 Fern St. New Britain RM 4		Expiration Date	9/30/2028	Time of Inspection	9:07am
			Telephone	860 959-229-1235	Regular Capacity	6
Is this a Change of Address?	Yes?		Hours of Operation	9am - 5pm	School Age Capacity	2
	No?	<input checked="" type="checkbox"/>	Days of Operation	M-F	Summer Hours	Open
New Address			# Under 18 mths present	1	Weekend Hours	NO
			Total children present	1	Night Hours	NO
Type of Inspection	Full		Inspector's Name	Alexandra Rodriguez		
Provider's Email	Jwebster@kinderkampus.org		Inspector's Email	alexandra.rodriguez@ct.gov		

Instructions: - Compliance/No violation found 0 - Non-compliance/Violation found N/A - Not applicable at this time

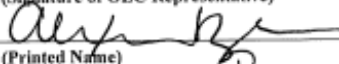
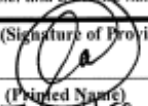
Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

*
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5		Responsibilities of Provider 19a-87b-10	
<input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>1</u>	<input checked="" type="checkbox"/> 34. Smoke Detectors (N/A)	<input checked="" type="checkbox"/> 35. Carbon Monoxide Detector (one on-site)	<input checked="" type="checkbox"/> 53. Enrollment Form
<input checked="" type="checkbox"/> 5. Nontransferability of License	<input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed (N/A)	<input checked="" type="checkbox"/> 37. Aux. Heating System (Y/N) Type: <u> </u> Approved (Y/N) (N/A)	<input checked="" type="checkbox"/> 54. Child Health Record
<input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>1</u>	<input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition N/A	<input checked="" type="checkbox"/> 39. Safe Space - Sufficient	<input checked="" type="checkbox"/> 55. Immunizations
<input checked="" type="checkbox"/> 7. License Posted	<input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: <u> </u> Barrier/Fence (4ft)	<input checked="" type="checkbox"/> 41. Hot Tubs - Locked/Inaccessible	<input checked="" type="checkbox"/> 56. Emergency Permission
<input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number	<input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F	<input checked="" type="checkbox"/> 43. Window Safety	<input checked="" type="checkbox"/> 57. Authorized Release
<input checked="" type="checkbox"/> 9. Photo ID	<input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities	<input checked="" type="checkbox"/> 45. Adequate and Safe Water: <u>Public</u> /Approved	<input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School
<input checked="" type="checkbox"/> 10. Requests for Information	<input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F	<input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply	<input checked="" type="checkbox"/> 59. Swimming Permission
<input checked="" type="checkbox"/> 11. Notification of Change	<input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted	<input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints	<input checked="" type="checkbox"/> 60. Incident Log
Qualifications of Applicant and Provider 19a-87b-6		<input checked="" type="checkbox"/> 50. First Aid Supplies	<input checked="" type="checkbox"/> 61. Confidentiality
<input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations	<input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u> </u>	<input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: <u> </u> Rabies Certificate(s)	<input checked="" type="checkbox"/> 62. Meeting the Child's Needs
<input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>10/19/2026</u>	<input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>10/19/2026</u>	<input checked="" type="checkbox"/> 52. Smoking	<input checked="" type="checkbox"/> 63. Sufficient Play Equipment
<input checked="" type="checkbox"/> 16. Judgment	<input checked="" type="checkbox"/> 17. Medical Statement (N/A)	Responsibilities of Provider 19a-87b-10	<input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available
Members of the Household 19a-87b-7		<input checked="" type="checkbox"/> 53. Enrollment Form	<input checked="" type="checkbox"/> 65. Handwashing
<input checked="" type="checkbox"/> 17. Medical Statement (N/A)	<input checked="" type="checkbox"/> 18. Household Environment (N/A)	<input checked="" type="checkbox"/> 54. Child Health Record	<input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule
Qualifications of Staff 19a-87b-8		<input checked="" type="checkbox"/> 55. Immunizations	
<input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <u>Nicole Villanueva</u>	Approval #: <u>92702</u>	<input checked="" type="checkbox"/> 56. Emergency Permission	
<input checked="" type="checkbox"/> 20. Emergency Caregiver		<input checked="" type="checkbox"/> 57. Authorized Release	
Comprehensive Background Check 19a-87b-8a		<input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School	
<input checked="" type="checkbox"/> 21. Background Check(s)		<input checked="" type="checkbox"/> 59. Swimming Permission	
Physical Environment 19a-87b-9		<input checked="" type="checkbox"/> 60. Incident Log	
<input checked="" type="checkbox"/> 22. Clean/Sanitary Environment		<input checked="" type="checkbox"/> 61. Confidentiality	
<input checked="" type="checkbox"/> 23. Freedom of Hazards		<input checked="" type="checkbox"/> 62. Meeting the Child's Needs	
<input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible		<input checked="" type="checkbox"/> 63. Sufficient Play Equipment	
Lead Paint Y(N) Management Plan <u> </u> (N/A)		<input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available	
<input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely		<input checked="" type="checkbox"/> 65. Handwashing	
<input checked="" type="checkbox"/> 26. Safe Storage of Flammables		<input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/> 27. Safe Door Fasteners			
<input checked="" type="checkbox"/> 28. Electrical Safety			
<input checked="" type="checkbox"/> 29. Safe Exits			
<input checked="" type="checkbox"/> 30. Basement Supervision (Y(N)) (N/A)			
<input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails			
<input checked="" type="checkbox"/> 32. Emergency Plan			

(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
	4/9/25	
(Printed Name)		(Printed Name)
Alexandra Rodriguez		Johnika Webster

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Provider: <u>Johnika Webster</u>	License Number: <u>58057</u>	Date of Inspection: <u>3/26/25</u>
Responsibilities of Provider 19a-87b-10 (continued) <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/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care Night Care 19a-87b-12 (Y/N) (10pm-5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds-Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. MAR Maintained	Administration of Medications 19a-87b-17 (continued) <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results Additional Conditions <input checked="" type="checkbox"/> 115. Fire Marshal approval (annual) <u>6/14/24</u> <input checked="" type="checkbox"/> 116. Local Health Inspection (every 2 years) <u>6/11/24</u> <input checked="" type="checkbox"/> 117. Radon Test- Date: _____ Results: _____ <input checked="" type="checkbox"/> 118. Lead Water test (every 2 years) <u>8/28/23</u> <input checked="" type="checkbox"/> 119. Bact./Chem Test - Date: _____ (N/A) <input checked="" type="checkbox"/> 120. Adequate Toilets/Sinks (1:16) - shared: supervision plan <input checked="" type="checkbox"/> 121. Sinks- Diapering/Handwashing/Food Preparation <input checked="" type="checkbox"/> 122. Bathroom Ventilation (screened window/mechanical) <input checked="" type="checkbox"/> 123. No Weapons/No Facsimile of a Firearm on site <input checked="" type="checkbox"/> 124. Smoking or Vaping Prohibited on Premises/Grounds <input checked="" type="checkbox"/> 125. Lighting-Shatter Proof/Protected <input checked="" type="checkbox"/> 126. Glass Protected to 36" <input checked="" type="checkbox"/> 127. Openings for Ventilation Screened <input checked="" type="checkbox"/> 128. No Space Heaters Allowed <input checked="" type="checkbox"/> 129. Outdoor Space Fenced <input checked="" type="checkbox"/> 130. Fencing 4 Feet <input checked="" type="checkbox"/> 131. Outdoor Space - Shock Absorbing Material (8") <input checked="" type="checkbox"/> 132. Indoor Climbing Play Equipment-Shock Absorbing Materials Under and Around	
Discussions - Provider's adult medical statement is current; should have a physical copy. - manufacturer guidelines for indoor climbing equipment is being researched for compliance. - Label handwashing sink and food prep sink to ensure appropriate lead test is complete and required for one sink.		
<ul style="list-style-type: none"> • 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. • Only the regulations marked as compliant or non-compliant were monitored or discussed during this visit. • APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency. 		
(Signature of OEC Representative)  (Printed Name) <u>Alexandra Rodriguez</u>	Date Corrections Due By: <u>4/9/25</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Johnika Webster</u>