



**INCUBATOR SITE - FAMILY CHILD CARE HOME INSPECTION FORM**

<b>Provider</b>	LASONDRA THOMPSON			<b>License Number</b>	58058	<b>Date of Inspection</b>	3-26-25	
<b>Address</b>	57 FERN ST. Rm 1			<b>Expiration Date</b>	9-30-28	<b>Time of Inspection</b>	9:09 AM	
				<b>Telephone</b>	860 777-7463	<b>Regular Capacity</b>	6	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<input checked="" type="radio"/>	<b>Hours of Operation</b>	6:30 AM - 4:30 PM	<b>School Age Capacity</b>	2
						<b>Days of Operation</b>	M-F	<b>Summer Hours</b>
<b>New Address</b>				<b># Under 18 mths present</b>	2	<b>Weekend Hours</b>	NO	
				<b>Total children present</b>	3	<b>Night Hours</b>	NO	
<b>Type of Inspection</b>	UNANNOUNCED Full			<b>Inspector's Name</b>	PATRICIA TYBURSKI			
<b>Provider's Email</b>	lulabels@myyahoo.com			<b>Inspector's Email</b>	patricia.tyburski@ct.gov			

Instructions: ✓ = Compliance/No violation found      O = 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).*

*Lasondra Thompson*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 4. Capacity: Total # Children Present: 3
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 6-21-27
- 14. First Aid Certificate-Exp. Date 10-19-26
- 15. CPR Certificate- Exp. Date 9-31-25 10-19-26
- 16. Judgment

**Members of the Household 19a-87b-7**

- 17. Medical Statement
- 18. Household Environment N/A

**Qualifications of Staff 19a-87b-8**

- 19. Substitute/Assistant (Y/N) NICOLE VILLANUEVA  
Approval #: 92702
- 20. Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**


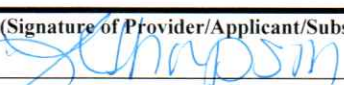
- 21. Background Check(s)
- Physical Environment 19a-87b-9**
- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible  
Lead Paint Y/N, Management Plan \_\_\_\_\_ N/A
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety
- 29. Safe Exits
- 30. Basement Supervision (Y/N) \_\_\_\_\_ N/A
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan

- 33. Emergency/Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector (one on-site) N/A
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed N/A
- 37. Aux. Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N) N/A
- 38. Safe Storage of Weapons and Ammunition N/A
- 39. Safe Space - Sufficient  
Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type: \_\_\_\_\_ Rabies Certificate(s)

**Responsibilities of Provider 19a-87b-10**

- 52. Smoking
- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Patricia Tyburski</i>	4-9-25	<i>Lasondra Thompson</i>
(Printed Name)		(Printed Name)
PATRICIA TYBURSKI		Lasondra Thompson

Provider: <u>LASONDRA THOMPSON</u>	License Number: <u>58058</u>	Date of Inspection: <u>3-26-25</u>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b>Sick Child Care 19a-87b-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b>Night Care 19a-87b-12 (Y/N) (10pm-5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul> <p><b>Office Access, Inspections and Investigations 19a-87b-13</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b>Administration of Medications 19a-87b-17</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds-Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. MAR Maintained</li> </ul>	<p><b>Administration of Medications 19a-87b-17 (continued)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b>Additional Conditions</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 115. Fire Marshal approval (annual) <u>6-14-25</u></li> <li><input checked="" type="checkbox"/> 116. Local Health Inspection (every 2 years) <u>6-11-26</u></li> <li><input type="checkbox"/> 117. Radon Test- Date: _____ Results: _____</li> <li><input type="checkbox"/> 118. Lead Water test (every 2 years) _____</li> <li><input checked="" type="checkbox"/> 119. Bact./Chem Test - Date: _____ (N/A)</li> <li><input checked="" type="checkbox"/> 120. Adequate Toilets/Sinks (1:16) - shared: supervision plan</li> <li><input checked="" type="checkbox"/> 121. Sinks- Diapering/Handwashing/Food Preparation</li> <li><input checked="" type="checkbox"/> 122. Bathroom Ventilation (screened window/mechanical)</li> <li><input checked="" type="checkbox"/> 123. No Weapons/No Facsimile of a Firearm on site</li> <li><input type="checkbox"/> 124. Smoking or Vaping Prohibited on Premises/Grounds</li> <li><input checked="" type="checkbox"/> 125. Lighting-Shatter Proof/Protected</li> <li><input checked="" type="checkbox"/> 126. Glass Protected to 36"</li> <li><input checked="" type="checkbox"/> 127. Openings for Ventilation Screened</li> <li><input checked="" type="checkbox"/> 128. No Space Heaters Allowed</li> <li><input checked="" type="checkbox"/> 129. Outdoor Space Fenced</li> <li><input checked="" type="checkbox"/> 130. Fencing 4 Feet</li> <li><input checked="" type="checkbox"/> 131. Outdoor Space - Shock Absorbing Material (8")</li> <li><input checked="" type="checkbox"/> 132. Indoor Climbing Play Equipment-Shock Absorbing Materials Under and Around</li> </ul> <p><u>Discussions Carri</u>                  * Surface on floor in Gross Motor Room is being researched for compliance for fall zones.                  * Outdoor time on a daily basis when possible</p>	
<p>(54) Observed 1 enrolled child with Physical Expired</p> <p>(117) Did not observe Radon test posted</p> <p>(118) Did not observe Lead Water test posted</p> <p>(124) Did not observe No Smoking signs posted for facility</p> <p><u>Discussed</u>                  Both sinks in classroom must be labeled as handwashing or food prep or both sinks must be tested for lead water. Parents must complete all portions of enrollment: permission forms &amp; should review them yearly to ensure they are up to date.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Only the regulations marked as compliant or non-compliant were monitored or discussed during this visit.</li> <li>• <b>APPLICANTS: You MAY NOT OPERATE</b> until all requirements have been met and a license has been issued by the Agency.</li> </ul>		
(Signature of OEC Representative)  (Printed Name) PATRICIA TIBORSKI	Date Corrections Due By: 4-9-25	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Lasondra Thompson