



**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

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### FAMILY CHILD CARE HOME INSPECTION

|                                     |                                                     |  |            |          |                                |                                       |                            |                   |
|-------------------------------------|-----------------------------------------------------|--|------------|----------|--------------------------------|---------------------------------------|----------------------------|-------------------|
| <b>Provider</b>                     | <b>CHRISTINA BLANCHARD</b>                          |  |            |          | <b>License Number</b>          | <b>DCFH.55437</b>                     | <b>Date of Inspection</b>  | <b>06/04/2025</b> |
|                                     |                                                     |  |            |          | <b>Expiration Date</b>         | <b>6/30/2026</b>                      | <b>Time of Inspection</b>  | <b>08:33 AM</b>   |
| <b>Address</b>                      | <b>300 ROCKVILLE RD<br/>VOLUNTOWN CT 06384-2022</b> |  |            |          | <b>Telephone</b>               | <b>(860) 376-8412</b>                 | <b>Regular Capacity</b>    | <b>6</b>          |
|                                     |                                                     |  |            |          | <b>Hours of Operation</b>      | <b>6:30 AM 5:00 PM</b>                | <b>School Age Capacity</b> | <b>3</b>          |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>                                         |  | <b>No?</b> | <b>X</b> | <b>Days of Operation</b>       | <b>Mon-Fri</b>                        | <b>Summer Hours</b>        | <b>Open</b>       |
| <b>New Address</b>                  |                                                     |  |            |          | <b># Under 18 mths present</b> | <b>0</b>                              | <b>Weekend Hours</b>       | <b>No</b>         |
|                                     |                                                     |  |            |          | <b>Total children present</b>  | <b>4</b>                              | <b>Night Hours</b>         | <b>No</b>         |
| <b>Type of Inspection</b>           | <b>UNANNOUNCED INSPECTION - FULL</b>                |  |            |          | <b>Inspector's Name</b>        | <b>Silvana Carreon Zegarra</b>        |                            |                   |
| <b>Provider's Email</b>             | <b>christinab927@sbcglobal.net</b>                  |  |            |          | <b>Inspector's Email</b>       | <b>silvana.carreon-zegarra@ct.gov</b> |                            |                   |

**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).

*CB Blanchard*

Signature of Provider/Substitute/Applicant

### TERMS OF REGISTRATION 19a-87b-5

|          |                                             |                 |  |
|----------|---------------------------------------------|-----------------|--|
| <b>X</b> | <b>4. Capacity</b>                          |                 |  |
| <b>X</b> | <b>5. Non-transferability of license</b>    | <b>Pending?</b> |  |
| <b>X</b> | <b>6. Infant/Toddler Restriction</b>        |                 |  |
| <b>X</b> | <b>7. License Posted</b>                    |                 |  |
| <b>X</b> | <b>8. Parent Access to OEC Phone Number</b> |                 |  |
| <b>X</b> | <b>9. Photo ID</b>                          |                 |  |
| <b>X</b> | <b>10. Requests for Information</b>         |                 |  |
| <b>X</b> | <b>11. Notification of Change</b>           |                 |  |

### QUALIFICATION OF PROVIDER 19a-87b-6

|          |                                                       |                   |
|----------|-------------------------------------------------------|-------------------|
| <b>X</b> | <b>12. Awareness of, Understanding of Regulations</b> |                   |
| <b>X</b> | <b>13. Medical statement</b>                          |                   |
|          | <b>Expiration date:</b>                               | <b>04/23/2027</b> |
| <b>X</b> | <b>14. First Aid Certificate</b>                      |                   |
|          | <b>Expiration date:</b>                               | <b>03/04/2026</b> |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 03/04/2026          |  |
| <b>X</b> | 16. Judgment        |  |

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

|          |                           |  |
|----------|---------------------------|--|
| <b>X</b> | 17. Medical Statement     |  |
| <b>X</b> | 18. Household Environment |  |

### QUALIFICATIONS OF STAFF 19a-87b-8

|          |                         |     |       |  |         |  |
|----------|-------------------------|-----|-------|--|---------|--|
| <b>X</b> | 19. Sub/Assistant       | Y/N | Name: |  | Appvl # |  |
|          | Type of Staff :         | N   |       |  |         |  |
|          |                         |     |       |  |         |  |
| <b>X</b> | 20. Emergency Caregiver |     |       |  |         |  |

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

|          |                         |  |
|----------|-------------------------|--|
| <b>X</b> | 21. Background Check(s) |  |
|----------|-------------------------|--|

### PHYSICAL ENVIRONMENT 19a-87b-9

|          |                                               |     |  |  |
|----------|-----------------------------------------------|-----|--|--|
| <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 |  |  |
|          |                                               | Y   |  |  |
|          | Used for Care ?                               | Y/N |  |  |
| <b>X</b> | 31. Stairways - Protected, Handrails          |     |  |  |
| <b>X</b> | 32. Emergency Plan                            |     |  |  |

|          |                                                                |              |  |                 |
|----------|----------------------------------------------------------------|--------------|--|-----------------|
| <b>X</b> | <b>33. Emergency Evacuation Drills - Quarterly/Log</b>         |              |  |                 |
| <b>X</b> | <b>34. Smoke Detectors</b>                                     |              |  |                 |
| <b>X</b> | <b>35. Carbon Monoxide Detector</b>                            |              |  |                 |
| <b>X</b> | <b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>              |              |  |                 |
| <b>X</b> | <b>37. Auxiliary Heating System N</b>                          | Appvd?       |  |                 |
|          | Type?                                                          |              |  |                 |
| <b>X</b> | <b>38. Safe Storage of Weapons and Ammunition</b>              |              |  |                 |
| <b>X</b> | <b>39. Safe Space- Sufficient</b>                              |              |  |                 |
|          | <b>Indoors</b>                                                 |              |  | <b>Outdoors</b> |
|          | Y                                                              |              |  | Y               |
| <b>X</b> | <b>40. Body of Water- Type:</b>                                | Y/N          |  |                 |
|          |                                                                | N            |  |                 |
|          | Barrier?                                                       |              |  |                 |
| <b>X</b> | <b>41. Hot Tubs- Locked - Inaccessible</b>                     | Y/N          |  |                 |
|          |                                                                | N            |  |                 |
| <b>X</b> | <b>42. Ventilation, Light and Temperature- 65°</b>             |              |  |                 |
| <b>X</b> | <b>43. Window Safety</b>                                       |              |  |                 |
| <b>X</b> | <b>44. Washing Toileting, Sewage Garbage Facilities</b>        |              |  |                 |
| <b>X</b> | <b>45. Adequate and Safe Water -</b>                           |              |  |                 |
|          | Type of System:                                                |              |  |                 |
|          | Public Water                                                   |              |  |                 |
| <b>X</b> | <b>46. Water Temperature- 60°-120°</b>                         |              |  |                 |
| <b>X</b> | <b>47. Pasteurization of Milk Supply</b>                       |              |  |                 |
| <b>X</b> | <b>48. Working Phone, Emergency Numbers Posted</b>             |              |  |                 |
| <b>X</b> | <b>49. Safe Transportation Registered, Insured, Restraints</b> |              |  |                 |
| <b>X</b> | <b>50. First Aid supplies</b>                                  |              |  |                 |
| <b>X</b> | <b>51. Pet protection</b>                                      | Type: 2 dogs |  |                 |
|          | Pets?                                                          | Y            |  |                 |
|          | Rabies Certs?                                                  | Y            |  |                 |
| <b>X</b> | <b>52. Smoking Prohibited</b>                                  |              |  |                 |

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>53. Enrollment Form</b> |  |
|----------|----------------------------|--|

|          |                                                                                 |  |
|----------|---------------------------------------------------------------------------------|--|
| <b>X</b> | <b>54. Child Health Record</b>                                                  |  |
| <b>X</b> | <b>55. Immunizations</b>                                                        |  |
| <b>X</b> | <b>56. Emergency Permission</b>                                                 |  |
| <b>X</b> | <b>57. Authorized Release</b>                                                   |  |
| <b>X</b> | <b>58. Field Trip and Transportation Permission-To/From School</b>              |  |
| <b>X</b> | <b>59. Swimming Permission</b>                                                  |  |
| <b>X</b> | <b>60. Incident Log</b>                                                         |  |
| <b>X</b> | <b>61. Confidentiality</b>                                                      |  |
| <b>X</b> | <b>62. Meeting the Child's Needs</b>                                            |  |
| <b>X</b> | <b>63. Sufficient Play Equipment</b>                                            |  |
| <b>X</b> | <b>64. Good Nutrition-Meals/Snacks, Water Available</b>                         |  |
| <b>X</b> | <b>65. Handwashing</b>                                                          |  |
| <b>X</b> | <b>66. Flexible and Balanced Written Schedule</b>                               |  |
| <b>X</b> | <b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>                   |  |
| <b>X</b> | <b>68. Proper Rest Provisions – Safe Cribs</b>                                  |  |
| <b>X</b> | <b>69. Individual Plan for Care (Written if Applicable)</b>                     |  |
| <b>X</b> | <b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>               |  |
| <b>X</b> | <b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>               |  |
| <b>X</b> | <b>72. Infants Placed on Back for Sleeping</b>                                  |  |
| <b>X</b> | <b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b> |  |

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

|          |                                                 |  |
|----------|-------------------------------------------------|--|
| <b>X</b> | 112. Finger Stick Blood Glucose Testing Records |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

**ADDITIONAL VIOLATIONS**

|  |                                                        |          |  |
|--|--------------------------------------------------------|----------|--|
|  | 114. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |                                                        | <b>X</b> |  |

**YES or NO?****No****Were Violations Cited during this visit?****Total Number of Violations this visit:****0****DISCUSSIONS/COMMENTS**

Sample of Administration of Medication was provided.  
Playground supervision.

**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.

|                                                                                                                         |  |                                |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature of OEC Representative) |  | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Silvana Carreon Zegarra</b><br>(Printed Name)                                                                        |  |                                | <b>CHRISTINA BLANCHARD</b><br>(Printed Name)                                                                                          |

**DIVISION OF LICENSING**

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