



**DIVISION OF LICENSING**  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	HEATHER BOSWORTH				License Number	DCFH.57499	Date of Inspection	08/06/2025
					Expiration Date	5/31/2029	Time of Inspection	12:35 PM
Address	50 WASHINGTON AVE EAST HARTFORD CT 06118-2655				Telephone	(413) 335-2942	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	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Jannie Thornton		
Provider's Email	HETHBOZ17@HOTMAIL.COM				Inspector's Email	jannie.thornton@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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).</p> <p style="text-align: right;"><i>[Signature]</i> Signature of Provider/Substitute/Applicant</p>							

**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: 09/11/2027	
X	14. First Aid Certificate	
	Expiration date: 10/01/2026	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	10/01/2026	
<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)	
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**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>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>O</b>	46. Water Temperature- 60°-120°	<b>Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when water tested at 128.3 degrees.</b>	
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>O</b>	51. Pet protection	Type: Dog	
	Pets?	Y	<b>Provider not in compliance with maintaining current rabies vaccination certificate(s) when there was no documentation of current rabies on site.</b>
	Rabies Certs?	Y	
<b>X</b>	52. Smoking Prohibited		

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

<b>X</b>	53. Enrollment Form		
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<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<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>O</b>	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	<b>Provider not in compliance with utilizing a nonporous diapering surface when diapering surface had rips in it.</b>
<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	

**SICK CHILD CARE 19a-87b-11**

<b>X</b>	91. Sick Child Care	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>O</b>	95. Parent Permission for Nonprescription Topical Meds	<b>Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when none was on site.</b>
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>O</b>	99. Documented Medication Trained Staff	<b>Provider not in compliance with maintaining current or complete documentation of training in the administration of medication when none was documentation was on site.</b>
<b>X</b>	100. Written Auth Prescriber/Parent Permission	
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds - Stored/Labeled	
<b>O</b>	103. Unused/Expired Prescription Meds	<b>Provider not in compliance with ensuring expired medication was not destroyed or returned to the parent when medication was still on site.</b>
<b>O</b>	104. Emergency Meds- Equip. Labeled/Current	<b>Provider not in compliance with ensuring emergency medications and/or equipment is properly replaced prior to its expiration date when one expired EpiPen was on site.</b>
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	

