



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	KELLY RYDECKI				License Number	DCFH.56602	Date of Inspection	09/03/2025
					Expiration Date	3/31/2027	Time of Inspection	08:39 AM
Address	36 CLOVERDALE CIR WETHERSFIELD CT 06109-4112				Telephone	(860) 989-5151	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	Closed
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Patty Tyburski		
Provider's Email	KELYN26@YAHOO.COM				Inspector's Email	patricia.tyburski@ct.gov		

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). *K. Rydecki*

Signature of Provider/Substitute/Applicant

**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:	08/16/2026
X	14. First Aid Certificate	
	Expiration date:	04/30/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	04/30/2027	
<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: <b>Linda Foberg</b>	Appvl #	
	Type of Staff:	<b>Y</b>			
	Substitute				
<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			
		<b>Y</b>			
	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: In Ground Pool</b>	Y/N	
	Barrier?	Y	
<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:	
	Pets?	N	
	Rabies Certs?		
<b>X</b>	<b>52. Smoking Prohibited</b>		

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

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

### 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**

**X** 93. Access-  
Immediate, Entire  
or Part of Facility  
and Records

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

**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

**○** 104. Emergency  
Meds- Equip.  
Labeled/Current

Provider not in compliance with maintaining emergency medication and/or equipment when, observed child requiring diphenhydramine as part of care plan without medication on site.

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

**ADDITIONAL VIOLATIONS**

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



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>1 out of 109</b>
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**DISCUSSIONS/COMMENTS**

**Discussed:**  
 Two children with paperwork missing hospital/walking clinic listed.  
 Provider must complete the bottom of medication authorization forms when taking medication in.  
 4 fire drills must be logged per year.  
 Little Tykes slide being used inside, provider must follow manufacturing instructions for fall zones. Provided information to provider for equipments instructions.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Patty Tyburski</b> (Printed Name)	 (Printed Name)	<b>09/17/2025</b>	<b>KELLY RYDECKI</b> (Printed Name)