



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	DAWN-MARIE MCCARTHY				License Number	DCFH.45169	Date of Inspection	10/30/2025
					Expiration Date	11/30/2027	Time of Inspection	07:56 AM
Address	85 FLAT ROCK HILL RD OLD LYME CT 06371-1504				Telephone	(860) 227-0794	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 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	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	dawnmcc85@hotmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O		<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).						
<i>Signature of Provider/Substitute/Applicant</i>								

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:	01/13/2028
X	14. First Aid Certificate	
	Expiration date:	05/31/2027

X	15. CPR Certificate	
	Expiration date:	
	05/31/2027	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:	Pamela J Burchell	Appvl #	90163
	Type of Staff :	Y				
	Substitute					
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment			
X	23. Freedom of Hazards			
X	24. Harmful Substances/Materials Inaccessible			
X	25. Bio-contaminants Disposed Safely			
X	26. Safe Storage of Flammables			
X	27. Safe Door Fasteners			
X	28. Electrical Safety			
X	29. Safe Exits			
X	30. Basement Supervision	Y/N		
		Y		
	Used for Care ?	Y/N		
X	31. Stairways - Protected, Handrails			
X	32. Emergency Plan			

X	33. Emergency Evacuation Drills - Quarterly/Log			
X	34. Smoke Detectors			
X	35. Carbon Monoxide Detector			
X	36. Fire Extinguisher- 5 lb. ABC/Installed			
X	37. Auxiliary Heating System N	Appvd?		
	Type?			
X	38. Safe Storage of Weapons and Ammunition			
X	39. Safe Space- Sufficient			
	Indoors			Outdoors
	Y			Y
X	40. Body of Water- Type:	Y/N		
		N		
	Barrier?			
X	41. Hot Tubs- Locked - Inaccessible	Y/N		
		N		
X	42. Ventilation, Light and Temperature- 65°			
X	43. Window Safety			
X	44. Washing Toileting, Sewage Garbage Facilities			
X	45. Adequate and Safe Water -			
	Type of System:			
	Public Water			
X	46. Water Temperature- 60°-120°			
X	47. Pasteurization of Milk Supply			
X	48. Working Phone, Emergency Numbers Posted			
X	49. Safe Transportation Registered, Insured, Restraints			
X	50. First Aid supplies			
X	51. Pet protection	Type: 3 dogs		
	Pets?	Y		
	Rabies Certs?			
X	52. Smoking Prohibited			

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	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?****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**

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

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

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?**No****LEVEL OF NON-COMPLIANCE THIS VISIT:****0 out of 109****DISCUSSIONS/COMMENTS**

The provider reviewed the OEC regulations using visual aids, including. Medication, medication documentation, individual plan of care, safe sleep, capacity, supervision, child health record, and more.
 The provider received an Emergency plan form and the Safe Sleep Policy.
 The provider will not work with the substitute until the BCIS is clear.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)			DAWN-MARIE MCCARTHY (Printed Name)

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