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
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	NANCY B DISBROW				**License Number**	DCFH.56178	**Date of Inspection**	11/06/2025
					Expiration Date	12/31/2027	**Time of Inspection**	09:38 AM
Address	14 MIDDLE RD SOUTHBURY CT 06488-8707				**Telephone**	(203) 264-1961	**Regular Capacity**	6
					Hours of Operation	8:30 AM – 2:30 PM	**School Age Capacity**	0
Is this a Change of Address?	**Yes?**		**No?**	X	**Days of Operation**	Mon-Fri	**Summer Hours**	Closed
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**	Alexandra Rodriguez		
Provider's Email	ggnancy@outlook.com				**Inspector's Email**	alexandra.rodriguez@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).*

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: 08/09/2026	
X	14. First Aid Certificate Expiration date: 08/21/2027	

X	15. CPR Certificate Expiration date: 08/21/2027					
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 Type of Staff : Assistant	Y/N Y	Name:	John Disbrow	Appvl #	95747
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	

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

O	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when provider stated she has not done evacuation drills.
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with maintaining at least a 5lb ABC fire extinguisher in operating condition when observed a mounted fire extinguisher weighing 4.8 lbs.
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space- Sufficient Indoors: Y / Outdoors: Y	
X	40. Body of Water- Type: Barrier?	Y/N N
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: Private Well	
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 Pets? Rabies Certs?	Type: Dog Y Y
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	

O	54. Child Health Record	**Provider not in compliance with maintaining current child health record(s) when observed three children present with health forms not current.**
O	55. Immunizations	**Provider not in compliance with maintaining current immunization record(s) when observed three children present with immunization records not current.**
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

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

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	4 out of 109

DISCUSSIONS/COMMENTS

Discussed the following with the following:
- ensuring physical forms and immunization records are current for all children enrolled
- ensuring adult health medical form for provider is available
- ensuring importance of practicing evacuation drills quarterly and written documentation available

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)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Alexandra Rodriguez	Amanda Hammons	11/20/2025	NANCY B DISBROW
(Printed Name)	(Printed Name)		(Printed Name)

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