



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	DONNA SWAN				License Number	DCFH.20661	Date of Inspection	11/18/2025
					Expiration Date	8/31/2026	Time of Inspection	09:56 AM
Address	102 TOWN ST EAST HADDAM CT 06423-1423				Telephone	(860) 608-8943	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	4	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melissa Lohr		
Provider's Email	easthaddam02@yahoo.com				Inspector's Email	melissa.lohr@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:	08/08/2028
X	14. First Aid Certificate	
	Expiration date:	06/18/2027

X	15. CPR Certificate	
	Expiration date:	
	06/18/2027	
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:	Douglas Swan	Appvl #	90291
	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			

O	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with maintaining a written log of the drills for one year when a log was not available during inspection.	
X	34. Smoke Detectors		
O	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when 1 CO detector was missing on the first floor of the home.	
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System Y Type? Wood stove	Appvd? Y	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Y Outdoors Y		
X	40. Body of Water- Type: Pool Barrier?	Y/N Y Y	
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		
O	50. First Aid supplies	Provider not in compliance with maintaining a complete first aid kit when 2 instant ice packs were missing.	
X	51. Pet protection Pets? Rabies Certs?	Type: Dogs Y Y	
X	52. Smoking Prohibited		

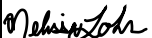
RESPONSIBILITIES OF PROVIDER 19a-87b-10

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	
O	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with ensuring safe napping/resting provision for each child when a child was observed resting in a Pack n Play with an extra mattress not original to the product. Provider removed extra mattress during inspection.
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?		Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	4 out of 109
DISCUSSIONS/COMMENTS				
IMPORTANT NOTES				
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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 <u>MAY NOT OPERATE</u> 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: 12/02/2025
Melissa Lohr (Printed Name)		Rebecca LaRpsa (Printed Name)		 (Signature of Provider/Applicant/Substitute)
				DONNA SWAN (Printed Name)

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