Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

☐ INITIAL ☒ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

Provider: Melissa Pescatello	License Number: 57289	Date of Inspection: 11/08/26
Address: 160 Westminister Road	Expiration Date: 11/30/27	Time of Inspection: 9:05 am
Town: Lisbon	Capacity: 6 of 3	Days/Hours: M-F 7:00 am to 5:00 pm
State/Zip Code: CT. 06351-7227	Telephone: 860 213 5198	Summer: Open/Closed
	Email:	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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).

Melissa Pescatello
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ☑ 4. Capacity: Total # Children Present: 4 + 1 + 1 (1000 am 11:35 am) (6 PM) 2
- ☑ 5. Nontransferability of License
- ☑ 6. Infant/Toddler Restriction- # Present: 1 + 1 (2)
- ☑ 7. License Posted
- ☐ 8. Parent Access to OEC Phone Number
- ☑ 9. Photo ID
- ☑ 10. Requests for Information
- ☑ 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- ☑ 12. Awareness of/Understanding of Regulations
- ☑ 13. Medical Statement-Exp. Date 9/11/28
- ☑ 14. First Aid Certificate-Exp. Date 1/16/27
- ☑ 15. CPR Certificate- Exp. Date 1/16/27
- ☐ 16. Judgment

Members of the Household 19a-87b-7

- ☑ 17. Medical Statement
- ☑ 18. Household Environment

Qualifications of Staff 19a-87b-8

- ☑ 19. Substitute/Assistant (Y/N)
- ☑ 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- ☑ 21. Background Check(s)

Physical Environment 19a-87b-9

- ☐ 22. Clean/Sanitary Environment
- ☑ 23. Freedom of Hazards
- ☐ 24. Harmful Substances/Materials Inaccessible
- ☑ 25. Bio-contaminants Disposed Safely
- ☑ 26. Safe Storage of Flammables
- ☑ 27. Safe Door Fasteners
- ☑ 28. Electrical Safety

- ☑ 29. Safe Exits
- ☑ 30. Basement Supervision (Y/N)
- ☑ 31. Stairways: Protected/Handrails
- ☑ 32. Emergency Plan
- ☑ 33. Emergency Evacuation Drills-Quarterly/Log
- ☑ 34. Smoke Detectors
- ☑ 35. Carbon Monoxide Detector
- ☑ 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- ☑ 37. Auxiliary Heating System (Y/N) Type: wood Approved (Y/N)
- ☑ 38. Safe Storage of Weapons and Ammunition
- ☑ 39. Safe Space - Sufficient
  Indoor _____ Outdoor _____
- ☑ 40. Body of Water (Y/N) Type: pool, fish pond Barrier/Fence (4ft)
- ☑ 41. Hot Tubs- Locked/Inaccessible
- ☑ 42. Ventilation/Light - Temperature- 65°F
- ☑ 43. Window Safety
- ☑ 44. Washing/Toileting/Sewage/Garbage Facilities
- ☑ 45. Adequate and Safe Water: Public/Approved
- ☑ 46. Water Temperature 60°-120°F
- ☑ 47. Pasteurization of Milk Supply
- ☑ 48. Working Telephone/Emergency Numbers Posted
- ☑ 49. Safe Transportation-Registered/Insured/Restraints
- ☑ 50. First Aid Supplies
- ☑ 51. Pets: (Y/N) -Type 2 cats Rabies Certificate(s)
- ☑ 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- ☑ 53. Enrollment Form
- ☑ 54. Child Health Record
- ☑ 55. Immunizations
- ☑ 56. Emergency Permission
- ☑ 57. Authorized Release
- ☑ 58. Field Trips/Transportation Permission- To/From School
- ☑ 59. Swimming Permission
- ☑ 60. Incident Log
- ☑ 61. Confidentiality
- ☑ 62. Meeting the Child's Needs
- ☑ 63. Sufficient Play Equipment
- ☑ 64. Good Nutrition: Meals/Snacks/Water Available
- ☑ 65. Handwashing
- ☑ 66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: 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/Emergency Caregiver)
(Printed Name) Stef A. Russo	1/22/26	(Printed Name) Melissa Pescatello

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Melissa Pescatello | **License Number:** 57289 | **Date of Inspection:** 1/08/26

Responsibilities of Provider 19a-87b-10 (continued)

- ☑ 67. Personal Articles: Blanket/Towel/Toilet Articles
- ☑ 68. Proper Rest Provisions/Safe Cribs
- ☑ 69. Individual Plan for Care (Written if Applicable)
- ☐ 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- ☑ 71. Infant Care- Individual Attention/Held for Bottle Feedings
- ☑ 72. Infants Placed on Back for Sleeping
- ☑ 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- ☑ 74. Crib or other Provision Free from Observable Hazards
- ☑ 75. Infants not Swaddled
- ☑ 76. Infants Supervised- observed minimum every 15 minutes
- ☑ 77. Req. for Sleep Arrangements Posted/Discussed
- ☑ 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- ☑ 79. Parent Information and Access
- ☑ 80. Developmental Milestones-Posted
- ☑ 81. Supervision-At all Times- Indoors/Outdoors
- ☑ 82. Personal Schedule-Alert/Competent Attention
- ☑ 83. Full Attention-Distractions/Employment/Socialization
- ☑ 84. Immediate Attention
- ☑ 85. Substitute/Emergency Caregiver Present
- ☑ 86. Appropriate Discipline/Behavior Management
- ☑ 87. Discuss Behavior Management Methods w/Staff/Parents
- ☑ 88. Child Protection: Abuse/Neglect
- ☑ 89. Notify OEC within 24 hrs.: Death/Serious Injury
- ☑ 90. Mandated Reporting of Abuse/Neglect to DCF

Sick Child Care 19a-87b-11

- ☑ 91. Sick Child Care

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- ☑ 92. Separate Bed/Location of Bed/Appropriate Sleepwear

Office Access, Inspections and Investigations 19a-87b-13

- ☑ 93. Access- Immediate/Entire or Part of Facility/Records

Administration of Medications 19a-87b-17

- ☑ 94. Policies and Procedures for Admin of Meds
- ☑ 95. Parent Permission for Nonprescription Topical Meds
- ☑ 96. Notification and Documentation of Medication Error(s)
- ☑ 97. Nonprescription Topical Meds – Stored/Labeled
- ☑ 98. Unused/Expired Nonprescription Meds
- ☑ 99. Documented Medication Trained Staff
- ☑ 100. Written Authorized Prescriber/Parent Permission
- ☑ 101. MAR Maintained
- ☑ 102. Prescription Meds – Stored/Labeled
- ☑ 103. Unused/Expired Prescription Meds
- ☑ 104. Emergency Meds – Equip Labeled/Current
- ☑ 105. Self-Administration of Meds
- ☑ 106. Petition for Special Medication Authorization
- ☑ 108. Policies for Finger Stick Blood Glucose Testing
- ☑ 109. Finger Stick Blood Glucose Testing – Staff Trained
- ☑ 110. Self Admin of Finger Stick Blood Glucose Testing
- ☑ 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- ☑ 112. Finger Stick Blood Glucose Testing Records
- ☑ 113. Parent Notification of Test Results

Additional Violations

- ☐ 114. Consent Order/Negotiated Corrective Action Plan

Discussions/Comments:

children's outdoor playspace is in the Front yard only.

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(Signature of OEC Representative)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Stef A. Russo	1/22/26	Melissa Pescatello
(Printed Name) Stef A. Russo		(Printed Name) Melissa Pescatello

SUPPLEMENTAL REPORT OF INSPECTION PAGE____

Name of Program/Provider: Melissa Pescatello License # 57289 Date: 1/08/26

Observations/Corrections needed:

22. The Sunroom/cat room off the dining room is unclean with cat feces, cat hair, and cob webs,
The room is locked and Inaccessible to the children

24. medications, (cough) Observed in closet in bathroom

40 The pool barrier did not measure 48 inches all around. Broken fencing observed on left side of pool (left side measured 3ft by rockwall
Temp. fencing added during Inspection fencing was not secured.

A fish pond observed on left side of home. No barrier observed 4ft.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ (OEC Representative)

Print Name: Stef A. Russo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 1/22/26

Signature: Melissa Pescatello (Person in Charge)

Print Name: Melissa Pescatello