



## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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

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### FAMILY CHILD CARE HOME INSPECTION

|                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                  |            |          |                                |                              |                            |                   |
|---------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------------------------|------------------------------|----------------------------|-------------------|
| <b>Provider</b>                                   | <b>JENNIFER ZATOR</b>                          |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>License Number</b>          | <b>DCFH.54701</b>            | <b>Date of Inspection</b>  | <b>02/02/2026</b> |
|                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Expiration Date</b>         | <b>1/31/2030</b>             | <b>Time of Inspection</b>  | <b>11:56 AM</b>   |
| <b>Address</b>                                    | <b>353 ROUTE 87<br/>COLUMBIA CT 06237-1411</b> |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Telephone</b>               | <b>(860) 228-3299</b>        | <b>Regular Capacity</b>    | <b>6</b>          |
|                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Hours of Operation</b>      | <b>7:00 AM – 5:00 PM</b>     | <b>School Age Capacity</b> | <b>3</b>          |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>                                    |                                                                                                                                                                                                                                                                                                                                                                  | <b>No?</b> | <b>X</b> | <b>Days of Operation</b>       | <b>Mon-Fri</b>               | <b>Summer Hours</b>        | <b>Open</b>       |
| <b>New Address</b>                                |                                                |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b># Under 18 mths present</b> | <b>1</b>                     | <b>Weekend Hours</b>       | <b>No</b>         |
|                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Total children present</b>  | <b>8</b>                     | <b>Night Hours</b>         | <b>No</b>         |
| <b>Type of Inspection</b>                         | <b>UNANNOUNCED INSPECTION - FULL</b>           |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Inspector's Name</b>        | <b>Stefanie Russo</b>        |                            |                   |
| <b>Provider's Email</b>                           | <b>jennztr06@aol.com</b>                       |                                                                                                                                                                                                                                                                                                                                                                  |            |          | <b>Inspector's Email</b>       | <b>stefanie.russo@ct.gov</b> |                            |                   |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O |                                                | <b><u>Consent to Inspect:</u></b> 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). <div style="text-align: right; margin-top: 10px;"> <br/> <i>Signature of Provider/Substitute/Applicant</i> </div> |            |          |                                |                              |                            |                   |

### TERMS OF REGISTRATION 19a-87b-5

|          |                                      |          |  |
|----------|--------------------------------------|----------|--|
| <b>X</b> | 4. Capacity                          |          |  |
| <b>X</b> | 5. Non-transferability of license    | Pending? |  |
| <b>X</b> | 6. Infant/Toddler Restriction        |          |  |
| <b>X</b> | 7. License Posted                    |          |  |
| <b>X</b> | 8. Parent Access to OEC Phone Number |          |  |
| <b>X</b> | 9. Photo ID                          |          |  |
| <b>X</b> | 10. Requests for Information         |          |  |
| <b>X</b> | 11. Notification of Change           |          |  |

### QUALIFICATION OF PROVIDER 19a-87b-6

|          |                                                |            |
|----------|------------------------------------------------|------------|
| <b>X</b> | 12. Awareness of, Understanding of Regulations |            |
| <b>X</b> | 13. Medical statement                          |            |
|          | Expiration date:                               | 07/11/2028 |
| <b>X</b> | 14. First Aid Certificate                      |            |
|          | Expiration date:                               | 07/31/2026 |

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>15. CPR Certificate</b> |  |
|          | <b>Expiration date:</b>    |  |
|          | <b>07/31/2026</b>          |  |
| <b>X</b> | <b>16. Judgment</b>        |  |

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

|          |                                  |  |
|----------|----------------------------------|--|
| <b>X</b> | <b>17. Medical Statement</b>     |  |
| <b>X</b> | <b>18. Household Environment</b> |  |

### QUALIFICATIONS OF STAFF 19a-87b-8

|          |                                |            |              |  |                |             |
|----------|--------------------------------|------------|--------------|--|----------------|-------------|
| <b>X</b> | <b>19. Sub/Assistant</b>       | <b>Y/N</b> | <b>Name:</b> |  | <b>Appvl #</b> | <b>1986</b> |
|          | <b>Type of Staff :</b>         | <b>Y</b>   |              |  |                |             |
|          | <b>Substitute</b>              |            |              |  |                |             |
| <b>X</b> | <b>20. Emergency Caregiver</b> |            |              |  |                |             |

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

|          |                                |  |
|----------|--------------------------------|--|
| <b>X</b> | <b>21. Background Check(s)</b> |  |
|----------|--------------------------------|--|

### PHYSICAL ENVIRONMENT 19a-87b-9

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

|          |                                                                |          |  |
|----------|----------------------------------------------------------------|----------|--|
| <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</b> Y                          | Appvd?   |  |
|          | Type? <b>Woodstove</b>                                         | Y        |  |
| <b>X</b> | <b>38. Safe Storage of Weapons and Ammunition</b>              |          |  |
| <b>X</b> | <b>39. Safe Space- Sufficient</b>                              |          |  |
|          | Indoors                                                        | Outdoors |  |
|          | Y                                                              | Y        |  |
| <b>X</b> | <b>40. Body of Water- Type:</b>                                | Y/N      |  |
|          | Barrier?                                                       | N        |  |
| <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:                                                |          |  |
|          | Private Well                                                   |          |  |
| <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> |  |
|----------|----------------------------|--|

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

|                                                   |                                                                      |  |
|---------------------------------------------------|----------------------------------------------------------------------|--|
| <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                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>                 |                                                                      |  |
| <b>X</b>                                          | 91. Sick Child Care                                                  |  |
| <b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b> |                                                                      |  |
| <b>X</b>                                          | 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**

|          |                                                        |  |
|----------|--------------------------------------------------------|--|
| <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**

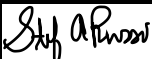
|  |                                                               |             |  |
|--|---------------------------------------------------------------|-------------|--|
|  | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | <b>N/A?</b> |  |
|  |                                      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

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

The snow covered fenced in outdoor play space was observed to be safe and sufficient during the Inspection. Little tykes climbers, small dome climber, 2 small slides, observed. Per provider grass is underneath the snow. No body of water is on the property.

**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.*

|                                                                                                                         |  |                                 |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature of OEC Representative) |  | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Stefanie Russo</b><br>(Printed Name)                                                                                 |  |                                 | <b>JENNIFER ZATOR</b><br>(Printed Name)                                                                                               |

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