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	PAULETTE A HEFT			**License Number**	DCFH.53444	**Date of Inspection**	02/03/2026
				Expiration Date	2/28/2026	**Time of Inspection**	11:26 AM
Address	22 BUTTER JONES RD CHESTER CT 06412-1031			**Telephone**	(860) 322-4220	**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**	1	**Weekend Hours**	No
				Total children present	3	**Night Hours**	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL			**Inspector's Name**	Rebecca LaRosa		
Provider's Email	threeakps@icloud.com			**Inspector's Email**	rebecca.larosa@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).* Paulette A Heft

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: 06/18/2028	
X	14. First Aid Certificate Expiration date: 01/24/2028	

X	15. CPR Certificate Expiration date: 01/24/2028	
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 :	Y/N N	Name:		Appvl #	
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Provider not in compliance with maintaining evidence of compliance with background checks when she was unable to access her account or had a print out of her account showing her background check was current.

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		
O	27. Safe Door Fasteners	Provider not in compliance with ensuring safe door fasteners when there were was no key available to unlock the bathroom door in case a child locked themselves into the bathroom.	
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		
O	32. Emergency Plan	Provider not in compliance with maintaining a complete written emergency plan when there was no plan available for review.	

O	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when provider was only practicing every six months and no log was maintained for drills.
O	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors on each level of the home when there was no smoke detector in the basement.
O	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when there was no co detector upstairs or in the basement.
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions when fire extinguisher was not mounted but placed on the floor in the kitchen.
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
	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	
O	48. Working Phone, Emergency Numbers Posted	Provider not in compliance with ensuring emergency numbers posted in an area where child care services are provided when there was no list available for review.
X	49. Safe Transportation Registered, Insured, Restraints	
O	50. First Aid supplies	Provider not in compliance with maintaining a complete first aid kit when there were not 2 required instant cold packs available and no cpr mouth barrier available.
X	51. Pet protection	Type: 2 cats & 1 dog
	Pets?	Y
	Rabies Certs?	Y
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. Enrollment Form	Provider not in compliance with maintaining child enrollment form(s) when 1 child didn't have an enrollment form available for review.

O	54. Child Health Record	Provider not in compliance with maintaining current child health record(s) when 1 child didn't have a current health record available for review.
O	55. Immunizations	Provider not in compliance with maintaining immunization record(s) when 2 children didn't have current immunizations available for review including a flu vaccine for this season.
O	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care when 1 child didn't have emergency permissions available for review.
O	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when 1 child didn't have authorized releases available for review.
O	58. Field Trip and Transportation Permission- To/From School	Provider not in compliance with maintaining written parent permission for transportation of child(ren) when 1 child didn't have transportation permission available for review including a.
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	
O	66. Flexible and Balanced Written Schedule	Provider not in compliance with developing and implementing a written schedule when no schedule was available for review.
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:	16 out of 108

DISCUSSIONS/COMMENTS

Outdoor play area was not monitored due to snow cover. Follow-up inspection required for outdoor play area when snow melts.

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)
Rebecca LaRosa		02/17/2026	PAULETTE A HEFT
(Printed Name)	(Printed Name)		(Printed Name)

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