



**DIVISION OF LICENSING**

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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	NICOLE L BATTLE				License Number	DCFH.54152	Date of Inspection	02/10/2026
					Expiration Date	2/28/2030	Time of Inspection	09:20 AM
Address	187 FOXON HILL RD EAST HAVEN CT 06513-1227				Telephone	(203) 468-9116	Regular Capacity	6
					Hours of Operation	6:00 AM – 6:00 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	0	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melissa Lohr		
Provider's Email	NICOLEBATTLE@ATT.NET				Inspector's Email	melissa.lohr@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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).</p> <p style="text-align: right;"><i>M L</i> _____ Signature of Provider/Substitute/Applicant</p>							

**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:	05/10/2028
X	14. First Aid Certificate	
	Expiration date:	10/27/2026

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	10/27/2026	
<b>X</b>	16. Judgment	

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

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

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

<b>X</b>	19. Sub/Assistant	Y/N	Name: <b>David Battle</b>	Appvl #	<b>90677</b>
	Type of Staff:	<b>Y</b>			
	Substitute				
<b>X</b>	20. Emergency Caregiver				

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

<b>X</b>	21. Background Check(s)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment				
<b>X</b>	23. Freedom of Hazards				
<b>○</b>	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when cleaning products and medicines were accessible in the cabinet and drawer under the bathroom sink.			
<b>X</b>	25. Bio-contaminants Disposed Safely				
<b>X</b>	26. Safe Storage of Flammables				
<b>X</b>	27. Safe Door Fasteners				
<b>○</b>	28. Electrical Safety	Provider not in compliance with maintaining protective covers or approved safety outlets when 5 outlets in the child care space were observed uncovered.			
<b>X</b>	29. Safe Exits				
<b>X</b>	30. Basement Supervision	Y/N			
		<b>Y</b>			
	Used for Care ?	Y/N			
<b>X</b>	31. Stairways - Protected, Handrails				
<b>X</b>	32. Emergency Plan				

<b>O</b>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	<b>Provider not in compliance with practicing quarterly emergency evacuation drills when only one drill was logged for 2025.</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 N Type?</b>	Appvd?	
<b>X</b>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<b>X</b>	<b>39. Safe Space-Sufficient</b>		
	<b>Indoors</b>	<b>Y</b>	
	<b>Outdoors</b>	<b>Y</b>	
	<b>40. Body of Water- Type: Above ground Barrier?</b>	<b>Y/N</b> <b>Y</b>	<b>Not monitored due to snow coverage. Follow-up will occur once weather permits.</b>
<b>X</b>	<b>41. Hot Tubs- Locked - Inaccessible</b>	<b>Y/N</b> <b>N</b>	
<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 - Type of System: Public Water</b>		
<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>	<b>Type: 1 dog</b>	
	<b>Pets?</b>	<b>Y</b>	
	<b>Rabies Certs?</b>	<b>Y</b>	
<b>X</b>	<b>52. Smoking Prohibited</b>		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. Enrollment Form</b>		
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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	
O	65. Handwashing	Provider not in compliance with ensuring the children's hands are washed w/ soap & water before eating when children were observed eating snacks w/o washing hands beforehand and after diaper changes when we observed 2 children not wash their hands afterwards.
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
O	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when a plan was not on site for a child with a diagnosed disability.
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	

<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	

### SICK CHILD CARE 19a-87b-11

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

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<input type="radio"/>	100. Written Auth Prescriber/Parent Permission	Provider not in compliance with maintaining a written order from prescriber for medication when the authorization for a child's inhaler was expired.
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<input type="radio"/>	101. MAR Maintained	Provider not in compliance with maintaining a medication administration record when one was not available on site for one child.
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	Pre-license CO expired in 2018.
		<b>X</b>	




<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>7 out of 108</b>
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**DISCUSSIONS/COMMENTS**

Discussed Individual Plan of Care form and supplied provider with a blank form. Also supplied provider with an updated Infant Sleep Policy, and blank child enrollment form, permissions form, and incident log form. Provider submitted a Notification of Change form to notify the OEC that 2 household members have moved out of the home. Supplied provider with a blank Authorization for the Administration of Medication form with Medication Administration Record attached. Explained to provider that MAR needs to be used every time child receives medication. Also discussed that parents also need to sign medication administration authorization form in addition to medical provider. Observed 3 med authorization forms completed by physicians for Tylenol (as needed) without parent signatures nor medication on site. A follow-up inspection will occur when weather permits to monitor the outdoor play space due to snow coverage.

**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)
<b>Melissa Lohr</b> (Printed Name)	<b>Chaelyn Lombardo</b> (Printed Name)	<b>02/24/2026</b>	<b>NICOLE L BATTLE</b> (Printed Name)

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