



DIVISION OF LICENSING

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FAMILY CHILD CARE HOME INSPECTION

PROVIDER	KRISTEN M ROLLE			LICENSE NUMBER	DCFH	DATE OF INSPECTION	03/27/2026
				EXPIRATION DATE		TIME OF INSPECTION	09:08 AM
ADDRESS	2 STANLEY RD WINDHAM CT 06280-1122			TELEPHONE	(978)	REGULAR CAPACITY	6
				HOURS OF OPERATION	7:30 AM – 5:30 AM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	2	NIGHT HOURS	No
TYPE OF INSPECTION	INITIAL CREDENTIAL INSPECTION			INSPECTOR'S NAME	Stefanie Russo		
PROVIDER'S EMAIL	kristenrolle272@gmail.com			INSPECTOR'S EMAIL	stefanie.russo@ct.gov		
KEY: COMPLIANT = X NON-COMPLIANT = O							
<i>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).</i>				 Signature of Provider/Substitute/Applicant			

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY		
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?	
X	6. 5(e) INFANT/TODDLER RESTRICTION		
X	7. 5(f)(2) LICENSE POSTED		
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER		
X	9. 5(h) PHOTO ID		
X	10. 5(i) REQUESTS FOR INFORMATION		
X	11. 5(j) NOTIFICATION OF CHANGE		

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE:	
	09/26/2028	

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 01/17/2028	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 01/17/2026	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
O	23. 9(b) FREEDOM OF HAZARDS	The Provider is not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when, the metal radiators in the nap room are broken with sharp edges and are accessible to the children.
O	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	The Provider is not in compliance with ensuring harmful substances and materials are inaccessible to children when, Lysol wipes, hair products, and mouth wash, are accessible in the children's bathroom on top of sink and underneath the cabinet under the sink.
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT	Y/N	
	SUPERVISION	Y	
	USED FOR CARE ?	Y/N	
	N		
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS		
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG		
X	34. 9(d)(6) SMOKE DETECTORS		
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
O	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	The Provider is not in compliance with installing a fire extinguisher according to manufacturer's instructions when, the 5 lb ABC fire extinguisher was not observed mounted 5ft or under and easily accessible.	
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT		
	INDOORS OUTDOORS		
X	40. 9(f)(2) N/A? Y BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER -		
	TYPE OF SYSTEM: Private Well		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(i) PASTEURIZATION OF MILK SUPPLY		
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED		
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS		
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES		
X	51. 9(o) PET PROTECTION	TYPE of	
	PETS?	Y/N	Y
	RABIES CERTS?	Y/N	Y
X	52. 9(p) <u>Smoking Prohibited</u>	1 dog	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
X	54. 10(b)(2) CHILD HEALTH RECORD	
X	55. 10(b)(2)(v)/(l) IMMUNIZATIONS	
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(i) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(i)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF – ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI)	
	N/A	Y

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
	Y	

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	3 out of 109
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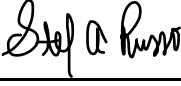
DISCUSSIONS/COMMENTS

All regulations were discussed at the Initial Inspection with the Applicant Provider. The main level of the split level home will be used during day care hours. The upstairs and basement level will not be used during day care hours. Sufficient exits observed. Smoke and carbon monoxide detectors were observed and working on all levels of the home. The outdoor back yard play space is fenced all the way around. No body of water is on the property. Discussed Elevate and left information.

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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Stefanie Russo	KRISTEN M ROLLE	Printed Name
2 nd OEC Representative		APPLICANTS: You <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	



Written
Corrective Action
Plan due by:

DIVISION OF LICENSING

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OEC Representative's
Email: stefanie.russo@ct.gov

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>