



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|                                     |                                                                                                                                                                                                                                         |    |                    |                                |                       |                            |            |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------|--------------------------------|-----------------------|----------------------------|------------|
| <b>PROVIDER</b>                     | <b>CHRISTINA BLANCHARD</b>                                                                                                                                                                                                              |    |                    | <b>LICENSE NUMBER</b>          | DCFH.55437            | <b>DATE OF INSPECTION</b>  | 04/07/2026 |
|                                     |                                                                                                                                                                                                                                         |    |                    | <b>EXPIRATION DATE</b>         | 6/30/2026             | <b>TIME OF INSPECTION</b>  | 12:31 PM   |
| <b>ADDRESS</b>                      | 300 ROCKVILLE RD<br>VOLUNTOWN<br><br>CT 06384-2022                                                                                                                                                                                      |    |                    | <b>TELEPHONE</b>               | (860) 376-8412        | <b>REGULAR CAPACITY</b>    | 6          |
|                                     |                                                                                                                                                                                                                                         |    |                    | <b>HOURS OF OPERATION</b>      | 6:30 AM — 5:00 PM     | <b>SCHOOL AGE CAPACITY</b> | 3          |
|                                     |                                                                                                                                                                                                                                         |    |                    | <b>DAYS OF OPERATION</b>       | Mon-Fri               | <b>SUMMER HOURS</b>        | Open       |
| <b>IS THIS A CHANGE OF ADDRESS?</b> | YES                                                                                                                                                                                                                                     | NO | <b>NEW ADDRESS</b> | <b># UNDER 18 MTHS PRESENT</b> | 0                     | <b>WEEKEND HOURS</b>       | No         |
|                                     |                                                                                                                                                                                                                                         | X  |                    | <b>TOTAL CHILDREN PRESENT</b>  | 4                     | <b>NIGHT HOURS</b>         | No         |
| <b>TYPE OF INSPECTION</b>           | UNANNOUNCED INSPECTION - FULL                                                                                                                                                                                                           |    |                    | <b>INSPECTOR'S NAME</b>        | Stefanie Russo        |                            |            |
| <b>PROVIDER'S EMAIL</b>             | christinab927@sbcglobal.net                                                                                                                                                                                                             |    |                    | <b>INSPECTOR'S EMAIL</b>       | stefanie.russo@ct.gov |                            |            |
| <b>KEY:</b>                         | <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> |    |                    |                                |                       |                            |            |
| COMPLIANT = <b>X</b>                | <i>Signature of Provider/Substitute/Applicant</i>                                                                                                                                                                                       |    |                    |                                |                       |                            |            |
| NON-COMPLIANT = <b>O</b>            |                                                                                                                                                                                                                                         |    |                    |                                |                       |                            |            |

#### TERMS OF THE LICENSE 19a-87b-5

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

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

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

|          |                                                              |  |
|----------|--------------------------------------------------------------|--|
| <b>X</b> | <b>14. 6(c)(1)</b><br><b>FIRST AID</b><br><b>CERTIFICATE</b> |  |
|          | <b>EXPIRATION DATE:</b><br><b>03/31/2028</b>                 |  |
|          |                                                              |  |
| <b>X</b> | <b>15. 6(c)(2)</b><br><b>CPR CERTIFICATE</b>                 |  |
|          | <b>EXPIRATION DATE:</b><br><b>03/31/2028</b>                 |  |
|          |                                                              |  |
| <b>X</b> | <b>16. 6(e)</b><br><b>JUDGMENT</b>                           |  |

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

|          |                                                           |  |
|----------|-----------------------------------------------------------|--|
| <b>X</b> | <b>17. 7(a)</b><br><b>MEDICAL</b><br><b>STATEMENT</b>     |  |
| <b>X</b> | <b>18. 7(b)</b><br><b>HOUSEHOLD</b><br><b>ENVIRONMENT</b> |  |

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

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

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

|          |                                                              |  |
|----------|--------------------------------------------------------------|--|
| <b>X</b> | <b>21. 8a(a)-(f)</b><br><b>BACKGROUND</b><br><b>CHECK(S)</b> |  |
|----------|--------------------------------------------------------------|--|

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

|          |                                                                                                       |  |
|----------|-------------------------------------------------------------------------------------------------------|--|
| <b>X</b> | <b>22. 9(a)</b><br><b>CLEAN/SANITARY</b><br><b>ENVIRONMENT</b>                                        |  |
| <b>X</b> | <b>23. 9(b)</b><br><b>FREEDOM OF</b><br><b>HAZARDS</b>                                                |  |
| <b>X</b> | <b>24. 9(c)</b><br><b>HARMFUL</b><br><b>SUBSTANCES and</b><br><b>MATERIALS</b><br><b>INACCESSIBLE</b> |  |
| <b>X</b> | <b>25. 9(c)</b><br><b>BIO-</b><br><b>CONTAMINANTS</b><br><b>DISPOSED SAFELY</b>                       |  |
| <b>X</b> | <b>26. 9(d)(1)</b><br><b>SAFE STORAGE</b><br><b>OF FLAMMABLES</b>                                     |  |
| <b>X</b> | <b>27. 9(d)(2)</b><br><b>SAFE DOOR</b><br><b>FASTENERS</b>                                            |  |
| <b>X</b> | <b>28. 9(d)(3)</b><br><b>ELECTRICAL</b><br><b>SAFETY</b>                                              |  |

|          |                                                                                                                              |              |                  |
|----------|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|
| <b>X</b> | <b>29. 9(d)(4)-(A)</b><br><b>SAFE EXITS</b>                                                                                  |              |                  |
| <b>X</b> | <b>30. 9(d)(4)(A)</b><br><b>BASEMENT</b>                                                                                     | <b>Y/N</b>   |                  |
|          | <b>SUPERVISION</b>                                                                                                           | <b>Y</b>     |                  |
|          | <b>USED FOR CARE ?</b>                                                                                                       | <b>Y/N</b>   |                  |
|          | <b>N</b>                                                                                                                     |              |                  |
| <b>X</b> | <b>31. 9(d)(4)(D)</b><br><b>STAIRWAYS -</b><br><b>PROTECTED,</b><br><b>HANDRAILS</b>                                         |              |                  |
| <b>X</b> | <b>32. 9(d)(4)(E)-(5)</b><br><b>EMERGENCY PLAN</b>                                                                           |              |                  |
| <b>X</b> | <b>33. 9(d)(5)</b><br><b>EMERGENCY</b><br><b>EVACUATION</b><br><b>DRILLS -</b><br><b>QUARTERLY/LOG</b>                       |              |                  |
| <b>X</b> | <b>34. 9(d)(6)</b><br><b>SMOKE DETECTORS</b>                                                                                 |              |                  |
| <b>X</b> | <b>35. 9(d)(7)</b><br><b>CARBON</b><br><b>MONOXIDE</b><br><b>DETECTOR</b>                                                    |              |                  |
| <b>X</b> | <b>36. 9(d)(8)</b><br><b>FIRE EXTINGUISHER-</b><br><b>5 LB. ABC/INSTALLED</b>                                                |              |                  |
| <b>X</b> | <b>37. 9(d)(9)</b> N/A? <b>Y</b><br><b>AUXILIARY</b><br><b>HEATING SYSTEM</b>                                                | <b>TYPE:</b> | <b>APPROVED?</b> |
|          |                                                                                                                              |              |                  |
| <b>X</b> | <b>38. 9(e)</b><br><b>SAFE STORAGE</b><br><b>OF WEAPONS AND</b><br><b>AMMUNITION</b>                                         |              |                  |
| <b>X</b> | <b>39. 9(f)(1)-(2)</b><br><b>SAFE SPACE-</b><br><b>SUFFICIENT</b><br><b>INDOORS</b>   <b>OUTDOORS</b>                        |              |                  |
|          |                                                                                                                              |              |                  |
| <b>X</b> | <b>40. 9(f)(2)</b> N/A? <b>Y</b><br><b>BODY OF WATER-</b><br><b>4 FT. STURDY</b><br><b>FENCE OR</b><br><b>BARRIER-LOCKED</b> | <b>TYPE:</b> | <b>BARRIER:</b>  |
|          |                                                                                                                              |              |                  |
| <b>X</b> | <b>41. 9(f)(3)</b> N/A? <b>Y</b><br><b>HOT TUBS- LOCKED</b><br><b>-INACCESSIBLE</b>                                          |              |                  |
| <b>X</b> | <b>42. 9(g)</b><br><b>VENTILATION,</b><br><b>LIGHT AND</b><br><b>TEMPERATURE- 65°</b>                                        |              |                  |
| <b>X</b> | <b>43. 9(g)</b><br><b>WINDOW SAFETY</b>                                                                                      |              |                  |
| <b>X</b> | <b>44. 9(h)</b><br><b>WASHING</b><br><b>TOILETING, SEWAGE</b><br><b>GARBAGE FACILITIES</b>                                   |              |                  |
| <b>X</b> | <b>45. 9(i)</b><br><b>ADEQUATE AND</b><br><b>SAFE WATER -</b>                                                                |              |                  |
|          | <b>TYPE OF SYSTEM:</b><br><b>Private Well</b>                                                                                |              |                  |
| <b>X</b> | <b>46. 9(h)</b><br><b>WATER</b><br><b>TEMPERATURE-</b><br><b>60°-120°</b>                                                    |              |                  |

|          |                                                                                                             |                |          |
|----------|-------------------------------------------------------------------------------------------------------------|----------------|----------|
| <b>X</b> | <b>47. 9(i)</b><br><b>PASTEURIZATION</b><br><b>OF MILK SUPPLY</b>                                           |                |          |
| <b>X</b> | <b>48. 9(k)</b><br><b>WORKING PHONE,</b><br><b>EMERGENCY</b><br><b>NUMBERS POSTED</b>                       |                |          |
| <b>X</b> | <b>49. 9(l)</b><br><b>SAFE</b><br><b>TRANSPORTATION</b><br><b>REGISTERED,</b><br><b>INSURED, RESTRAINTS</b> |                |          |
| <b>X</b> | <b>50. 9(m)-(n)</b><br><b>FIRST AID KIT and</b><br><b>SUPPLIES</b>                                          |                |          |
| <b>X</b> | <b>51. 9(o)</b><br><b>PET PROTECTION</b>                                                                    | <b>TYPE of</b> |          |
|          | <b>PETS?</b>                                                                                                | <b>Y/N</b>     | <b>Y</b> |
|          | <b>RABIES</b><br><b>CERTS?</b>                                                                              | <b>Y/N</b>     | <b>Y</b> |
| <b>X</b> | <b>52. 9(p)</b><br><b><u>Smoking Prohibited</u></b>                                                         | <b>2 dogs</b>  |          |

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

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

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

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

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

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

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

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

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

### ADDITIONAL VIOLATIONS

|                                                                    |      |  |
|--------------------------------------------------------------------|------|--|
| 114.<br>CONSENT ORDER -<br>NEGOTIATED<br>CORRECTIVE<br>ACTION PLAN | N/A? |  |
|                                                                    | Y    |  |

WERE VIOLATIONS CITED  
DURING THIS VISIT? Yes or No?

No

LEVEL OF NON-COMPLIANCE  
THIS VISIT:

0 out of 109

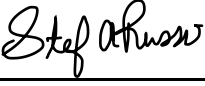
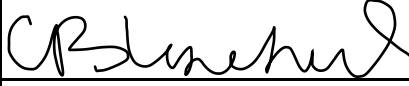
### DISCUSSIONS/COMMENTS

Discussed continuing to document and practice emergency drills at least quarterly. Discussed all regulations at Full Inspection.

### 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<br>OEC<br>Representative |  |                                             | Signature of<br>Provider/<br>Substitute |
| Printed Name                          | Stefanie Russo                                                                      | CHRISTINA BLANCHARD                                                                                                             | Printed Name                            |
| 2 <sup>nd</sup> OEC<br>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<br>OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.                                               |                                         |



Written  
Corrective Action  
Plan due by:

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

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