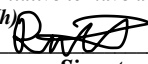




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>RUTH FAURILIEN</b>			<b>LICENSE NUMBER</b>	<b>DCFH.58221</b>	<b>DATE OF INSPECTION</b>	<b>04/17/2026</b>
				<b>EXPIRATION DATE</b>	<b>6/30/2029</b>	<b>TIME OF INSPECTION</b>	<b>12:53 AM</b>
<b>ADDRESS</b>	<b>47 MITCHELL CT NEW LONDON  CT 06320-4911</b>			<b>TELEPHONE</b>	<b>(203) 522-3946</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>6:00 AM - 8:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Sun</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>1</b>	<b>WEEKEND HOURS</b>	<b>Yes</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>4</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>ruthfaurelien@gmail.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>stefanie.russo@ct.gov</b>		
<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>						
<b>COMPLIANT = X</b>	 Signature of Provider/Substitute/Applicant						
<b>NON-COMPLIANT = 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</b>	
	<b>EXPIRATION DATE:</b>	<b>03/23/2029</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 02/22/2027	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 02/22/2027	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

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

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

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

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:	Marie Faurilien	Appvl #	95846
		Y	NAME:	Chonise Saint Fort	Appvl #	92938
	PRESENT AT VISIT?					
	Y					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

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

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

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>O</b>	<b>23. 9(b)</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, 3 nail guns, a leaf blower, lighter fluid, a lighter, nails, tick killer (Ben's tick fence) were accessible under a tarp, and in an open storage bin in the outdoor play space.
<b>X</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

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

<b>X</b>	<b>47. 9(i)</b> PASTEURIZATION OF MILK SUPPLY	
<b>O</b>	<b>48. 9(k)</b> WORKING PHONE, EMERGENCY NUMBERS POSTED	The Provider is not in compliance with maintaining complete emergency phone numbers when, the children enrolled and Parent/ guardian emergency numbers/information were not observed on the form.
<b>X</b>	<b>49. 9(l)</b> SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
<b>X</b>	<b>50. 9(m)-(n)</b> FIRST AID KIT and SUPPLIES	
<b>X</b>	<b>51. 9(o)</b> PET PROTECTION PETS?	TYPE of PETS: 1 dog
		Y/N Y
	RABIES CERTS?	Y/N Y
<b>X</b>	<b>52. 9(p)</b> <u>Smoking Prohibited</u>	

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

<b>O</b>	<b>53. 10(b)(1)</b> ENROLLMENT FORM	The Provider is not in compliance with maintaining child enrollment form(s) when, 3 children do not have complete enrollment forms on site.
<b>O</b>	<b>54. 10(b)(2)</b> CHILD HEALTH RECORD	The Provider is not in compliance with maintaining complete child health record(s) when, 1 child does not have a current medical, and 1 child does not have a medical record.
<b>X</b>	<b>55. 10(b)(2)(v)/(l)</b> IMMUNIZATIONS	
<b>X</b>	<b>56. 10(b)(3)(B)</b> EMERGENCY PERMISSION	
<b>X</b>	<b>57. 10(b)(3)(A)</b> AUTHORIZED RELEASE	
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
<b>X</b>	<b>59. 10(b)(3)(E)</b> SWIMMING PERMISSION	
<b>X</b>	<b>60.10(b)(4)</b> INCIDENT LOG	
<b>X</b>	<b>61. 10(b)(5)</b> CONFIDENTIALITY	
<b>X</b>	<b>62. 10(c)</b> MEETING THE CHILD'S NEEDS	
<b>X</b>	<b>63.10(c)(1)</b> SUFFICIENT PLAY EQUIPMENT	

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

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

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

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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### OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	<b>94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS</b>	
<b>X</b>	<b>95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS</b>	
<b>X</b>	<b>96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)</b>	
<b>X</b>	<b>97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED</b>	
<b>X</b>	<b>98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS</b>	
<b>X</b>	<b>99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF</b>	
<b>X</b>	<b>100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</b>	
<b>X</b>	<b>101. (b)(4)(A-B) MAR MAINTAINED</b>	
<b>X</b>	<b>102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED</b>	
<b>X</b>	<b>103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS</b>	
<b>X</b>	<b>104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT</b>	
<b>X</b>	<b>105. (b)(6) SELF - ADMIN. OF MEDS</b>	
<b>X</b>	<b>106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION</b>	
<b>X</b>	<b>107. (d) POTASSIUM IODIDE (KI)</b>	<b>Provider not in compliance with maintaining KI pills when</b>
	N/A	

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

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

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

**ADDITIONAL VIOLATIONS**

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


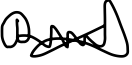
<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>4 out of 110</b>
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**DISCUSSIONS/COMMENTS**

Discussed all regulations during the full Inspections. Discussed flu vaccines required for all children enrolled under 59 months from 8/26.

**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	<b>Stefanie Russo</b>	<b>RUTH FAURILIEN</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	



Written Corrective Action Plan due by:  
**05/01/2026**

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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>