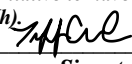




DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|--------------------------------|----------------------------|----------------------------|-------------------|
| PROVIDER | TIFFANI CANCEL | | | LICENSE NUMBER | DCFH.58189 | DATE OF INSPECTION | 05/04/2026 |
| | | | | EXPIRATION DATE | 4/30/2029 | TIME OF INSPECTION | 10:17 AM |
| ADDRESS | 18 GLENMOOR DR EAST HAVEN CT 06512-1209 | | | TELEPHONE | (203) 393-6372 | REGULAR CAPACITY | 6 |
| | | | | HOURS OF OPERATION | 8:00 AM - 5:00 PM | 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 | UNANNOUNCED INSPECTION - FULL | | | INSPECTOR'S NAME | Melissa Lohr | | |
| PROVIDER'S EMAIL | tiffanicancl@yahoo.com | | | INSPECTOR'S EMAIL | melissa.lohr@ct.gov | | |
| KEY: | <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 = X |  _____ <i>Signature of Provider/Substitute/Applicant</i> | | | | | | |
| NON-COMPLIANT = O | | | | | | | |

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: | 07/17/2027 |

| | | |
|----------|------------------------------------------------|--|
| X | 14. 6(c)(1) FIRST AID CERTIFICATE | |
| | EXPIRATION DATE: 08/05/2026 | |
| X | 15. 6(c)(2) CPR CERTIFICATE | |
| | EXPIRATION DATE: 08/05/2026 | |
| 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) | |
|----------|------------------------------------------------|--|

PHYSICAL ENVIRONMENT 19a-87b-9

| | | |
|----------|---------------------------------------------------------------------------|--|
| X | 22. 9(a) CLEAN/SANITARY ENVIRONMENT | |
| X | 23. 9(b) FREEDOM OF HAZARDS | |
| X | 24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE | |
| 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) | Y/N | |
| | BASEMENT 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 | | |
| X | 36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED | | |
| X | 37. 9(d)(9) N/A? Y | TYPE: | APPROVED? |
| | AUXILIARY HEATING SYSTEM | | |
| X | 38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION | | |
| X | 39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT | | |
| | INDOORS OUTDOORS Yes Yes | | |
| X | 40. 9(f)(2) N/A? Y | TYPE: | BARRIER: |
| | BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED | | |
| 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: Public Water | | |
| 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: 1 dog & 1 cat |
| | PETS? Y/N Y | |
| | RABIES CERTS? Y/N Y | |
| X | 52. 9(p) Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

| | | |
|----------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| X | 53. 10(b)(1) ENROLLMENT FORM | |
| O | 54. 10(b)(2) CHILD HEALTH RECORD | Provider not in compliance with maintaining current child health record(s) when 1 child's health assessment record was not current. |
| 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(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT | |
| X | 87. 10(j)(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 | |
| X | 107. (d) POTASSIUM IODIDE (KI) | |
| | N/A | |

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: | 1 out of 110 |
|------------------------------------------------------------|------------|--------------------------------------------|---------------------|

DISCUSSIONS/COMMENTS

Provider stated that they recently used the last instant ice pack from the first aid kit. Provider showed proof of an online order for instant ice packs that should arrive tomorrow morning. Supplied provider with an updated infant sleep policy. Also, provided BCIS support.

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 | Melissa Lohr | TIFFANI CANCEL | Printed Name |
| 2 nd OEC Representative | | APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and 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:
05/18/2026

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OEC Representative's Email: **melissa.lohr@ct.gov**

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