



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

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>JANET MAKSZIN</b>			<b>LICENSE NUMBER</b>	<b>DCFH.18786</b>	<b>DATE OF INSPECTION</b>	<b>06/03/2026</b>
				<b>EXPIRATION DATE</b>	<b>10/31/2028</b>	<b>TIME OF INSPECTION</b>	<b>10:42 AM</b>
<b>ADDRESS</b>	<b>3 DAPHNE DR NORWALK  CT 06851-3101</b>			<b>TELEPHONE</b>	<b>(203) 979-0964</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:00 AM - 6:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</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>0</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>2</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Melissa Lohr</b>		
<b>PROVIDER'S EMAIL</b>	<b>jmakszin@me.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>melissa.lohr@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>	<i>Janet Makszin</i>						
<b>NON-COMPLIANT = O</b>							
<i>Signature of Provider/Substitute/Applicant</i>							

**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>03/04/2029</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 04/13/2028	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 04/13/2028	
<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:	David Samuel Makszin	Appvl #	90441
		Y	NAME:		Appvl #	
	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>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<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	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION	Y/N	
	USED FOR CARE ?	Y	
O	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when a staircase in the living room and a staircase in the hallway were accessible.	
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 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 Yes   Yes		
X	40. 9(f)(2) N/A? 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: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

<b>X</b>	<b>47. 9(j)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>O</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	<b>Provider not in compliance with maintaining a complete first aid kit when a CPR mouth barrier was not on site.</b>
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	<b>TYPE of PETS:</b> 4 cats
	<b>PETS?</b> Y/N Y	
	<b>RABIES CERTS?</b> Y/N Y	
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

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

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

<b>X</b>	<b>64. 10(c)(2)</b> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>O</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	<b>Provider not in compliance with ensuring the staff and children's hands are washed with soap and water before eating or handling food when staff and children were observed to eat lunch without washing hands beforehand.</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(i)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(i)(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>O</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	Provider not in compliance with allowing OEC staff immediate access to any part of the facility during customary business hours when access was denied to the shed on the side of the house due to the key not being on site.
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

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

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

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

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


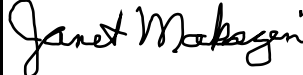
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	5 out of 110
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**DISCUSSIONS/COMMENTS**

Discussed with provider that children should only be playing in the completely fenced in outdoor space that is designated for the child care. The area of the yard that has the in-ground pool construction should be off limits to children. The covered back patio may not be used while construction is ongoing. Also discussed that smoking is not permitted on the premises during daycare hours. In addition, we discussed that children's enrollment and permission forms should be kept current with up to date information. Adult medical statements should be on file for all adult household members. Provided BCIS support. Explained to provider that if enrolled child's health assessment record is completed and returned by the physician and states that the child needs rescue medication while in care, an authorization of medication form needs to be completed by the medical professional along with parent permission and an attached MAR. A care plan is also required and unexpired rescue medication should be on site at all times when the child is in care.

**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	JANET MAKSZIN	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		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: <b>06/17/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
OEC Representative's Email: <a href="mailto:melissa.lohr@ct.gov">melissa.lohr@ct.gov</a>		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>