




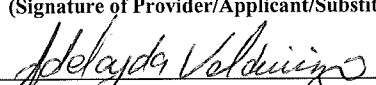
**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Adelayda Valdivieso</u>	License Number: <u>57276</u>	Date of Inspection: <u>9/13/2021</u>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 87. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 88. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 89. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 90. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 91. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 92. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 93. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 94. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 95. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 96. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 97. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 98. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 99. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 100. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 101. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 102. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 103. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 104. Immediate Attention</li> <li><input checked="" type="checkbox"/> 105. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 106. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 107. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 108. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 109. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 110. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b><u>Sick Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b><u>Administration of Medications 19a-87b-17</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds -- Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds -- Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds -- Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 107. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 108. Finger Stick Blood Glucose Testing -- Staff Trained</li> <li><input checked="" type="checkbox"/> 109. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 110. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 111. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 112. Parent Notification of Test Results</li> </ul> <p><b><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li> </ul>	

**Discussions/Comments:**

Discussed and reviewed new changes effective 3/19/2021.  
 Discussed Flu shots for children under 5.  
 There was Appt for her physical. She will send copy immediately is completed.  
 Discussed new requirement of Covid 19- vaccine effective 9/12/21  
 No plan de correcciones at the time of my visit.

**APPLICANTS- PLEASE NOTE:** You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) 	Date Corrections Due By: <u>NCCAP</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>M. R. Gomez</u>	(Printed Name) <u>Adelayda Valdivieso</u>	(Printed Name) <u>Adelayda Valdivieso</u>