

Connecticut Office of Early Childhood

Division of Licensing

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <i>Maritza Garcia</i></p>	<p>License Number: <i>57341</i></p>	<p>Date of Inspection: <i>12/1/2021</i></p>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p><u>Sick Child Care 19a-87b-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p><u>Administration of Medications 19a-87b-17</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p><u>Additional Violations</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

During visit provider left and came back after appointment. Appared substitute remained with children. Both present at beginning/end of visit.

Discussed: ensure all non prescription topical are labeled.

46 Water temperature was above 120° F. submit new reading after correction.

48 Emergency numbers not posted, not current. Send updated form.

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

<p>(Signature of OEC Representative) <i>Carmen Elena Valenzuela</i></p>	<p>Date Corrections Due By: <i>Dec 15, 2021</i></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Maritza Garcia</i></p>
<p>(Printed Name) <i>Carmen E. Valenzuela</i></p>	<p><i>Dec 15, 2021</i></p>	<p>(Printed Name) <i>Maritza Garcia</i></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Paritza Garcia License # 57341 Date: Dec 1, 2021

Observations/Corrections needed:

- # 50 Incomplete first aid supplies, missing two instant cold packs, 3" or 4" individually wrapped gauze squares.
- # 53 No enrollment form for one child.
- # 54 Incomplete health record for one child.
Send form updated to oec
- # 66 No flexible and balance written schedule available during visit.
- # 95 No parent permission available during visit for two children with non-prescription topical cream.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen E. Valenzuela
(OEC Representative)
Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Paritza Garcia
(Person in Charge)
Print Name: Paritza Garcia

OEC BY: Dec 15, 2021