

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL
 UNANNOUNCED/FULL/PARTIAL
 FOLLOW UP
 LOCATION CHANGE
 OTHER

Provider: <u>Awilda Lopez de Perez</u> Address: <u>108 Mill Ridge Rd</u> Town: <u>Danbury</u> State/Zip Code: <u>CT 06811</u>	License Number: <u>57435</u> Expiration Date: <u>12/31/2024</u> Capacity: <u>4/1</u> Telephone: <u>1-46-821-0454</u> Email: <u>loper-awilda87@gmail.com</u>	Date of Inspection: <u>12/6/2021</u> Time of Inspection: <u>1:00 pm</u> Days/Hours: <u>Mon Fri 8am-6pm</u> Summer: <u>Open</u> Closed
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Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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).

Awilda Lopez de Perez
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 4
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: _____
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 12/19/2021
- 14. First Aid Certificate-Exp. Date 1/25/2022
- 15. CPR Certificate- Exp. Date 1/25/2022
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N) (N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N) (N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 Indoor: Outdoor: reviewed
- 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N)-Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

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) <u>[Signature]</u> (Printed Name) <u>Tris R. Gonzalez</u>	Date Corrections Due By: <u>12/21/2021</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Awilda Lopez de Perez</u> (Printed Name) <u>Awilda Lopez de Perez</u>
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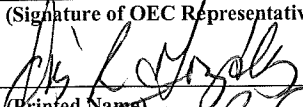
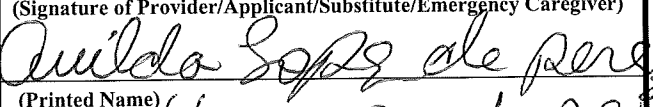
FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Awilda Lopez de Perez</u>	License Number: <u>57435</u>	Date of Inspection: <u>10/16/2021</u>
<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 checked="" 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: 19a-87b 10(C) Provider failed to comply with the vaccine requirement in accordance with Governor's Executive Procedure followed on mandatory vaccine to prueba negativa Comodoro requisito por el gobernador orden.

- #33 observed NO Evacuation Drills log available/reviewed.
- #36 observed fire Extinguisher not installed.
- #53 observed an enrollment form needed for 4 children.
- #54 observed Child health record missing for 4 children.
- #55 observed no Immunization records for 4 children.
- #56 observed Emergency form needed for 4 children.

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)  (Printed Name) R. Comuel	Date Corrections Due By: 10/27/2021	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Awilda Lopez de Perez
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Awilda Lopez de Perez License # 51435 Date: 12/6/2021

Observations/Corrections needed:

- #35 Observed No Mowicide detectors
- #66 Observed No flexible/balanced written schedule
- #60 Observed No Incidents log available (discussed)
- #58 Observed no information available, no form. Reviewed all changes effective 3/19/2021.

Se le informo de los nuevos Cambios efectivo 3/19/2021. Necesita corregir inmediatamente las siguientes violaciones:

- * Prueba de vacuna o un test negativo semanalmente
- #33 Forma de plan de escape /4 veces al año.
- #36 Instalar Extintidos de fuego
- #53 Obtener hojas de Matricular Computos para 4 niños
- #54 Obtener físicos de Salud para (4) niños
- #55 Obtener vacunar al día para todos /4 niños.
- #56 Obtener formas de Emergencia Completas /4 niños.
- #35 Instalar monoxidador de Carbonos en todos los pisos.
- #66 Reparar plan flexible y balanceado escrito
- #60 Añadir formas de Incidentes por cada niño/4 niños

La proveedora entiende la importancia de mantener las regulaciones en todo momento. Hana tiempo si necesita ayuda con el entendimiento de las regulaciones.

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: [Signature] (OEC Representative) Print Name: In R. Conza

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/27/2021

Signature: Awilda Lopez de Perez (Person in Charge) Print Name: Awilda Lopez de Perez