

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: <i>Glenda Medina</i>	License Number: <i>52956</i>	Date of Inspection: <i>2/23/22</i>
Address: <i>1995 Broad St FL2</i>	Expiration Date: <i>12/31/24</i>	Time of Inspection: <i>8:37 a.m.</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 7:00am-5:00pm</i>
Town: <i>Hartford</i>	Telephone: <i>860 956 1758</i>	Summer: <input checked="" type="radio"/> Open/Closed
State/Zip Code: <i>CT</i>	Email: <i>Glenda.Medina@hrtfmail.com</i>	

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).

Glenda Medina
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

4. Capacity: Total # Children Present: *0*

5. Nontransferability of License

6. Infant/Toddler Restriction- # Present: *0*

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 *2/2/2025*

14. First Aid Certificate-Exp. Date *12/1/2023*

15. CPR Certificate- Exp. Date *12/1/2023*

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)

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)

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

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) <i>Carmen E. Valenzuela</i>	Date Corrections Due By: <i>N/A</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Glenda Medina</i>
(Printed Name) <i>Carmen E. Valenzuela</i>		(Printed Name) <i>Glenda Medina</i>

