

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: Luz Serina	License Number: 52602	Date of Inspection: 3/30/20
Address: 32 Altan St FL1	Expiration Date: 4/30/26	Time of Inspection: 12:45P
Town: New Haven	Capacity: 6+3	Days/Hours: M-F 7A-5P
State/Zip Code: CT 06513	Telephone: 203-675-4447	Summer: Open/Closed
Email: LUZSERINA835@gmail.com		

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).

Luz Serina
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 1. Capacity: Total # Children Present: 6
- 2. Nontransferability of License
- 3. Infant/Toddler Restriction- # Present: 1
- 4. License Posted
- 5. Parent Access to OEC Phone Number
- 6. Photo ID
- 7. Requests for Information
- 8. Notification of Change

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

- 9. Awareness of/Understanding of Regulations
- 10. Medical Statement-Exp. Date 8/18/23
- 11. First Aid Certificate-Exp. Date 9/1/23
- 12. CPR Certificate- Exp. Date 9/1/23
- 13. Judgment

Members of the Household 19a-87b-7

- 14. Medical Statement
- 15. Household Environment

Qualifications of Staff 19a-87b-8

- 16. Substitute/Assistant (Y/N) (Y)
- 17. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 18. Background Check(s)

Physical Environment 19a-87b-9

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

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

Responsibilities of Provider 19a-87b-10

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

Date Corrections Due By:

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)

(Printed Name)

(Printed Name)

Carlos Albizu

Luz H Serina

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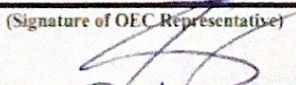
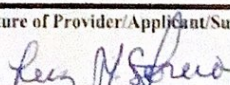
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Provider: <u>Luz Serna</u>	License Number: <u>52602</u>	Date of Inspection: <u>3/30/22</u>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet 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 type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</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>Additional Violations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

— Observed no violations at time.

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(Signature of OEC Representative) 	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Carlos Albizu</u>		(Printed Name) <u>Luz H. SERNA</u>