

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)283-6063 www.ctdhs.gov Fax (860)326-8552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED/FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Blanca Cardone-Garcia	License Number: Pending Expiration Date: _____	Date of Inspection: 8/25/22 Time of Inspection: 9:00A
Address: 12 Friendly Road	Capacity: 6+3	Days/Hours: 7:00 - 6:00p M-F 8:00a - 5:00pm
Town: Norwalk	Telephone: 914-550-7005	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: CT 06851	Email: blanca.garcia@osdvd@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).

Blanca Cardone
Signature of Provider/Applicant/Substitute Emergency Caregiver

Terms of License 19a-87b-5

- 1. Capacity: Total # Children Present: 0
- 2. Nontransferability of License
- 3. Infant/Toddler Restriction- # Present: 0
- 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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 4/29/24
- 14. First Aid Certificate-Exp. Date 4/29/24
- 15. CPR Certificate-Exp. Date 4/29/24
- 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) [Signature]	Date Corrections Due By: _____	(Signature of Provider/Applicant/Substitute Emergency Caregiver) Blanca Cardone-Garcia
(Printed Name) Carlos Albizu		(Printed Name) Blanca Cardone-Garcia

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <u>Blaire Cardona - Garcia</u></p> <p>License Number: <u>ending</u> Date of Inspection: <u>8/25/22</u></p> <p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Personal Articles, Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 93. Proper Rest Provisions Safe C/Toys <input checked="" type="checkbox"/> 94. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 95. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 96. Infant Care- Individual Attention/hold for Bottle Feedings <input checked="" type="checkbox"/> 97. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 98. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 99. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 100. Infants not Smoked <input checked="" type="checkbox"/> 101. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 102. Resp. for Sleep Arrangements Posted/ Discussed <input checked="" type="checkbox"/> 103. Diaper Changing: Frequent/Sanitary/ Hand Washing/ Waste Disp. <input checked="" type="checkbox"/> 104. Potty Instruction and Access <input checked="" type="checkbox"/> 105. Developmental Milestones/Posted <input checked="" type="checkbox"/> 106. Supervision- At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 107. Personal Schedule- Adeq/Competent Attention <input checked="" type="checkbox"/> 108. Full Attention- Distractions/ Employment/ Socialization <input checked="" type="checkbox"/> 109. Immediate Attention <input checked="" type="checkbox"/> 110. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 111. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 112. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 113. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 114. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 115. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <p><input checked="" type="checkbox"/> 116. Sick Child Care</p> <p>Night Care 19a-87b-12 () (Open to State)</p> <p><input checked="" type="checkbox"/> 117. Separate Bed Location of Bed/ Appropriate Sleepwear</p>	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <p><input checked="" type="checkbox"/> 118. Access- Immediate/Entire or Part of Facility/Records</p> <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 119. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 120. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 121. Notification and Documentation of Medication Errors <input checked="" type="checkbox"/> 122. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 123. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 124. Documented Medication Trained Staff <input checked="" type="checkbox"/> 125. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 126. MAR Maintained <input checked="" type="checkbox"/> 127. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 128. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 129. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 130. Self-Administration of Meds <input checked="" type="checkbox"/> 131. Permit for Special Medication Authorization <input checked="" type="checkbox"/> 132. Policy for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 133. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 134. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 135. Testing Equip & Supplies-Maintain Labeled/Locked/Disposed <input checked="" type="checkbox"/> 136. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 137. Parent Notification of Test Results <p>Additional Violations</p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>
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Discussions/Comments:

Observed no violations at this time

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(Signature of OEC Representative)  (Printed Name) <u>Carlos Albizu</u>	Date Corrective Due By: 	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Blaire Cardona Garcia</u>
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