

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

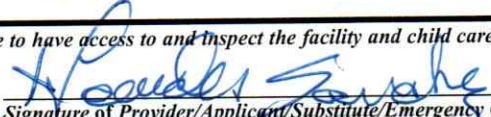
FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL
 UNANNOUNCED FULL/PARTIAL
 FOLLOW UP
 LOCATION CHANGE
 OTHER

Provider: Lourdes Sanchez	License Number: 51866	Date of Inspection: 11/18/22
	Expiration Date: 10/30/26	Time of Inspection: 9:15a
Address: 58 Norwell St	Capacity: 6+3	Days/Hours: M-F 7a-6p
Town: West Haven	Telephone: 475-298-2034	Summer: Open/Closed
State/Zip Code: CT 06516	Email: 104x1058@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).


 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 2
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 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 10/18/24
- 14. First Aid Certificate-Exp. Date 10/16/23
- 15. CPR Certificate- Exp. Date 10/16/23
- 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: (N) Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor (N) Outdoor (N)
- 40. Body of Water (Y/N) Type: pool 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: no 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) 	Date Corrections Due By: 12/2/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Eileen Kimz		(Printed Name) LOURDES SANCHEZ

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Lourdes Sanchez</u>	License Number: <u>51846</u>	Date of Inspection: <u>11/18/22</u>
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- Responsibilities of Provider 19a-87b-10 (continued)**
- 67. Personal Articles: Blanket/Towel/Toilet Articles
 - 68. Proper Rest Provisions/Safe Cribs
 - 69. Individual Plan for Care (Written if Applicable)
 - 70. Cultural Differences/Special Needs/Dev. Appr. Activities
 - 71. Infant Care- Individual Attention/Held for Bottle Feedings
 - 72. Infants Placed on Back for Sleeping
 - 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
 - 74. Crib or other Provision Free from Observable Hazards
 - 75. Infants not Swaddled
 - 76. Infants Supervised- observed minimum every 15 minutes
 - 77. Req. for Sleep Arrangements Posted/Discussed
 - 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
 - 79. Parent Information and Access
 - 80. Developmental Milestones-Posted
 - 81. Supervision-At all Times- Indoors/Outdoors
 - 82. Personal Schedule-Alert/Competent Attention
 - 83. Full Attention-Distractions/Employment/Socialization
 - 84. Immediate Attention
 - 85. Substitute/Emergency Caregiver Present
 - 86. Appropriate Discipline/Behavior Management
 - 87. Discuss Behavior Management Methods w/Staff/Parents
 - 88. Child Protection: Abuse/Neglect
 - 89. Notify OEC within 24 hrs.: Death/Serious Injury
 - 90. Mandated Reporting of Abuse/Neglect to DCF
- Sick Child Care 19a-87b-11**
- 91. Sick Child Care
- Night Care 19a-87b-12 (Y/N) (10pm to 5am)**
- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

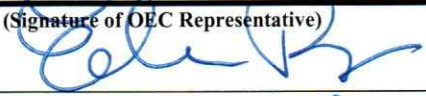
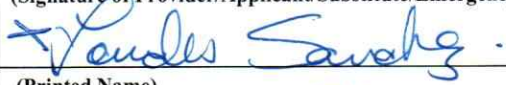
- Office Access, Inspections and Investigations 19a-87b-13**
- 93. Access- Immediate/Entire or Part of Facility/Records
- Administration of Medications 19a-87b-17**
- 94. Policies and Procedures for Admin of Meds
 - 95. Parent Permission for Nonprescription Topical Meds
 - 96. Notification and Documentation of Medication Error(s)
 - 97. Nonprescription Topical Meds – Stored/Labeled
 - 98. Unused/Expired Nonprescription Meds
 - 99. Documented Medication Trained Staff
 - 100. Written Authorized Prescriber/Parent Permission
 - 101. MAR Maintained
 - 102. Prescription Meds – Stored/Labeled
 - 103. Unused/Expired Prescription Meds
 - 104. Emergency Meds – Equip Labeled/Current
 - 105. Self-Administration of Meds
 - 106. Petition for Special Medication Authorization
 - 108. Policies for Finger Stick Blood Glucose Testing
 - 109. Finger Stick Blood Glucose Testing – Staff Trained
 - 110. Self Admin of Finger Stick Blood Glucose Testing
 - 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
 - 112. Finger Stick Blood Glucose Testing Records
 - 113. Parent Notification of Test Results
- Additional Violations**
- 114. Consent Order/Negotiated Corrective Action Plan

Discussions/Comments:

#11 Provider did not send a notification of change for new grandchild living in home. Filled one out at inspection.
 (Proveedora no mando notificación alertando llegada de nuevo nieto viviendo en la casa. Se llenó en la inspección)

#23 Observed glass beer bottles on deck outdoors in a box and in a bag. (Botellas de cristal de cerveza afuera se observaron)

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(Signature of OEC Representative) 	Date Corrections Due By: <u>12/2/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Eileen Ruiz</u>		(Printed Name) <u>LOURDES SANCHEZ</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lourdes Sanchez License # 51866 Date: 11/18/22

Observations/Corrections needed:

#28 Observed extension cords accessible where children play on deck. (Se observo cables de electricidad donde niños juegan en el deck)

#34 Smoke detector missing in basement (Detector de humo faltó en sótano)

#35 Carbon monoxide detector missing in basement and first floor. (Detector de monóxido de carbono faltó en sótano y primer piso.)

#36 Fire extinguisher was behind a toaster oven on kitchen counter inaccessible (Extintor de incendio de tras de la tostadora)

#40 Observed pool stairs accessible in outdoor space, making pool accessible. (Se observo escaleras de piscina puestas y accesible.)

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)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Lourdes Sanchez
(Person in Charge)

OEC BY: 12/2/22