

# Connecticut Office of Early Childhood

## Division of Licensing

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

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL   
  UNANNOUNCED FULL/PARTIAL   
  FOLLOW UP   
  LOCATION CHANGE   
  OTHER

|   |  |   |
|---|--|---|
| <b>Provider:</b><br><span style="font-size: 1.2em; color: blue;">CINTHIA GALUNDO</span> | <b>License Number:</b> <span style="color: blue;">57333</span>       | <b>Date of Inspection:</b> <span style="color: blue;">12.28.23</span> |
|   | <b>Expiration Date:</b> <span style="color: blue;">3.31.24</span>    | <b>Time of Inspection:</b> <span style="color: blue;">10AM</span>     |
| <b>Address:</b> <span style="color: blue;">74 PURCELL DR.</span>                        | <b>Capacity:</b> <span style="color: blue;">6+3</span>               | <b>Days/Hours:</b> <span style="color: blue;">M-F 6AM-6PM</span>      |
| <b>Town:</b> <span style="color: blue;">DANBURY</span>                                  | <b>Telephone:</b> <span style="color: blue;">2035015782</span>       | <b>Summer:</b> <span style="color: blue;">Open/Closed</span>          |
| <b>State/Zip Code:</b> <span style="color: blue;">06810-7025</span>                     | <b>Email:</b> <span style="color: blue;">lemuscnt90@gmail.com</span> |   |

Instructions:  = Compliance/No violation found     
  = Non-compliance/Violation found     
  = 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: 6
- 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 10.21.24
- 14. First Aid Certificate-Exp. Date 7.10.23
- 15. CPR Certificate- Exp. Date 7.10.23
- 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)
- 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: STREAM 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.*

|   |  |   |
|---|--|---|
| <b>(Signature of OEC Representative)</b><br>                                  | <b>Date Corrections Due By:</b><br><span style="font-size: 1.2em; color: blue;">1-11-23</span> | <b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b><br> |
| <b>(Printed Name)</b><br><span style="color: blue;">Patricia A. Nybush</span> |  | <b>(Printed Name)</b><br><span style="color: blue;">Cynthia Galundo</span>  |

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**



|  |   |  |
|--|---|--|
| <b>Provider:</b> <u>CINTHIA GALINDO</u>  | <b>License Number:</b> <u>57333</u>   | <b>Date of Inspection:</b> <u>12.28.22</u> |
| <u><b>Responsibilities of Provider 19a-87b-10 (continued)</b></u><br><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles<br><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs<br><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)<br><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities<br><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings<br><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping<br><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet<br><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards<br><input checked="" type="checkbox"/> 75. Infants not Swaddled<br><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes<br><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed<br><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.<br><input checked="" type="checkbox"/> 79. Parent Information and Access<br><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted<br><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors<br><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention<br><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization<br><input checked="" type="checkbox"/> 84. Immediate Attention<br><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present<br><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management<br><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents<br><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect<br><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury<br><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF<br><br><u><b>Sick Child Care 19a-87b-11</b></u><br><input checked="" type="checkbox"/> 91. Sick Child Care<br><br><u><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b></u><br><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear | <u><b>Office Access, Inspections and Investigations 19a-87b-13</b></u><br><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records<br><br><u><b>Administration of Medications 19a-87b-17</b></u><br><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds<br><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds<br><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)<br><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds<br><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff<br><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission<br><input checked="" type="checkbox"/> 101. MAR Maintained<br><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled<br><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds<br><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current<br><input checked="" type="checkbox"/> 105. Self-Administration of Meds<br><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization<br><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained<br><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing<br><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed<br><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records<br><input checked="" type="checkbox"/> 113. Parent Notification of Test Results<br><br><u><b>Additional Violations</b></u><br><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan |  |

**Discussions/Comments:**

(31) did not observe gate for stairs accessible from play area  
 (48) did not observe Emergency Numbers Posted

Discussed - All Regulations  
 - Safe Sleep  
 - Keeping Paperwork on file for Drop in Children and after child disenrolls for 2 years  
 level of home - Adding Smoke : Carbon Monoxide Detector to Garage  
 - NOTIFICATION OF CHANGE

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|   |  |  |
|---|--|--|
| (Signature of OEC Representative)<br><br>(Printed Name)<br><u>Patricia A. Zyborzski</u> | Date Corrections Due By:<br><u>1.11.23</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><br>(Printed Name)<br><u>Cynthia Galindo</u> |
|---|--|--|