

# 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> <i>Maritza Garcia</i>	License Number: <i>57341</i>	Date of Inspection: <i>2/16/23</i>
<b>Address:</b> <i>37 Kensington St</i>	Expiration Date: <i>5/31/24</i>	Time of Inspection: <i>1:50 pm</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>H-F 9:00am-5:00 pm.</i>
<b>Town:</b> <i>Hartford</i>	Telephone: <i>860 985 7601</i>	Summer: <input checked="" type="checkbox"/> Open/Closed
<b>State/Zip Code:</b> <i>CT 06120</i>	Email: <i>maritza.garcia.2578@gmail.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).*

*Maritza Garcia*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 4
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: \_\_\_\_\_
- 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 2/18/24
- 14. First Aid Certificate-Exp. Date 10/5/23
- 15. CPR Certificate- Exp. Date 10/5/23
- 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)
- 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: 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: 1 dog 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> <i>Carmen Elena Valencuela</i>	<b>Date Corrections Due By:</b> <i>3/2/23</i>	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Maritza Garcia</i>
<b>(Printed Name)</b> <i>Carmen E. Valencuela</i>		<b>(Printed Name):</b> <i>Maritza Garcia</i>

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

<p><b>Provider:</b> <i>Maritza Garcia</i></p>	<p><b>License Number:</b> <i>57341</i></p>	<p><b>Date of Inspection:</b> <i>2/16/23</i></p>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization Immediate Attention</li> <li><input checked="" type="checkbox"/> 84. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 85. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 86. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 87. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 88. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 89. Mandated Reporting of Abuse/Neglect to DCF</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b><u>Sick Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b><u>Administration of Medications 19a-87b-17</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li> </ul>	

**Discussions/Comments:**

#13 Medical statement for provider was not observed today, not available.

#33 Observed no log of emergency evacuation drills for the last twelve (12) months.

#50 Observed one ice pack missing from first aid kit.

#54. Observed one physical not current.

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<p>(Signature of OEC Representative) <i>Carmen E. Valenzuela</i></p>	<p>Date Corrections Due By: <i>3/2/23</i></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Maritza Garcia</i></p>
<p>(Printed Name) <i>Carmen E. Valenzuela</i></p>	<p>(Printed Name) <i>Maritza Garcia</i></p>	

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Paritaa Garcia License # 57341 Date: 2/16/23

## Observations/Corrections needed:

# 55 Observed two immunizations records not current.

# 57 Observed one child missing authorized release for emergencies.

egd. # 66 ~~Observed no written schedule~~

# 69 Observed no individual plan of care for two children with chronic conditions according to last physical forms.

# 99 Observed certificate for administration of medication by a premeasured commercially prepared auto-injector expired on 11/10/22. Provider has one child enrolled with epipen required during childcare and history/risk of anaphylaxis checked also on physical form. Child was not present today.

# 100 Observed two written prescriber authorization for emergency medication with no parent permission

# 104 Observed no medication for a child present today with authorization for asthma medication from doctor and indicated on physical that medication is needed during child care hours.

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:

Carmen Elva Valenzuela  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

Paritaa Garcia  
(Person in Charge)

OEC BY: 3/2/23

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Maritza Garcia License # 57341 Date: 2/16/23

Observations/Corrections needed:

- Discussed: Transition from pack-n-play to a cot or mat for older children able to climb in and out of pack-n-play. Sleeping mats observed available.
- Samples of individual care plan and asthma action plans provided to provider during visit.

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Signature: Carmen Elena Valenzuela  
(OEC Representative)  
Print Name: Carmen E Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/2/23

Signature: Maritza Garcia  
(Person in Charge)  
Print Name: Maritza Garcia