

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: Raquel Saboga	License Number: 57438	Date of Inspection: 3/30/23
Address: 226 Saybroke St.	Expiration Date: 12/31/24	Time of Inspection: 8:08 am
	Capacity: 4+2	Days/Hours: 8:50am - 7:30pm
Town: Hartford	Telephone: 860 728 9214	Summer: <input checked="" type="radio"/> Open <input type="radio"/> Closed
State/Zip Code: CT Hartford 06106	Email: raquel101825@hotmail.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).

Ricardo Saboga
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 0
- 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 10/19/23
- 14. First Aid Certificate-Exp. Date 7/9/24
- 15. CPR Certificate- Exp. Date 7/9/24
- 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: gas Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
 - Indoor
 - Outdoor
- 40. Body of Water (Y/N) Type: neighbor - 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: _____ 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) <i>Carmen Elisa Hernandez</i>	Date Corrections Due By: 4/13/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Ricardo Saboga</i>
(Printed Name) Carmen Elisa Hernandez		(Printed Name) Ricardo Saboga

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Raquel Sabogal</u>	License Number: <u>57438</u>	Date of Inspection: <u>5/30/23</u>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></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 checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p><u>Sick Child Care 19a-87b-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p><u>Night Care 19a-87b-12 (Y/N)</u> (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p><u>Administration of Medications 19a-87b-17</u></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><u>Additional Violations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

#11 Provider failed to notify the office of renovation, construction and change of location dedicated to child care at home, when it was observed that the care was being provided in the basement now, not in the 1st floor. Substituted in journal they changed/renovated and converted the garage to child care are last year between porch and play.

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) <u>Carmen E Valencia</u>	Date Corrections Due By: <u>4/13/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Ricardo Sabogal</u>
(Printed Name) <u>Carmen E Valencia</u>	(Printed Name) <u>RICARDO SABOGAL</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raquel Saboga License # 5788 Date: 3/30/23

Observations/Corrections needed:

#11 (continuation)

Provider failed to notify the office of addition of a new household member.

#17 Provider failed to maintain current medical statement for a new household member.

#21 Provider failed to maintain evidence of compliance for provider and one household member, and failed to ensure comprehensive background checks have been conducted for new household member.

#23 Provider failed to maintain the facility free of hazard when access from the child care area to the heating equipment in basement was accessible. Observed pipes very hot to touch.

#28 Provider failed to maintain electrical cords secured.

#33 Provider failed to maintain a written log of the practices drill.

#34 Provider failed to maintain operable smoke detectors on each level of the home. None observed on 2nd floor.

#35 Provider failed to maintain operable carbon

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: Rosanna Elva Calazumbe
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ricardo Lopez
(Person in Charge)OEC BY: 4/13/23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raquel Subagal License # 57438 Date: 3/30/23

Observations/Corrections needed:

- Monoxide detectors on each level of the home, when no detector was observed at basement level.
- #95 Provider failed to maintain written permission from parent for non prescription topical, for a child with. Positin, Baby Oil, and Honey Shea Butter, that substitute indicate was used for the child.
- #97 Provider failed to maintain proper labelling of non prescription topical for two products.
- #100 Provider failed to maintain written order from prescriber and permission for parent for medication: Acetaminophen an. Hircudo's antiinflammatory medication for one child
- #101 Provider failed to maintain compliance for written medication administration record for two medications for one child.
- #102 Provider failed to maintain proper labelling of medication for two medications for one child.

Provider moved child care area to basement. Change Inspection completed today. Provider may start using the basement for care now.

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Signature: Raquel Subagal
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ricardo Lopez
(Person in Charge)OEC BY: 4/13/23

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Raquel Subagal License # 57438 Date: 3/13/23

Observations/Corrections needed:

Capacity increased to 6+3

Reviewed basement supervision, in detail with substitute and provided a copy of the translation to Spanish of the Regulations.

Reviewed Infant/Toddler Restriction with an approved assistance/substitute.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Elena Obregon
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ricardo Lopez
(Person in Charge)

OEC BY: 4/13/23