

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: <i>Glenda Medina</i>	License Number: <i>52956</i>	Date of Inspection: <i>4/27/23</i>
Address: <i>1995 Broad St FL 2</i>	Expiration Date: <i>12/31/24</i>	Time of Inspection: <i>8:22am</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 7:00am-5:00pm.</i>
Town: <i>Hartford</i>	Telephone: <i>860-9561758</i>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: <i>CT 06114</i>	Email: <i>ymedina1995@hotmail.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).

Glenda Medina
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: 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 2/21/25
- 14. First Aid Certificate-Exp. Date 12/1/23
- 15. CPR Certificate- Exp. Date 12/1/23
- 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: _____ 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 Elena Salazar</i>	Date Corrections Due By: <i>5/11/23</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Glenda Medina</i>
(Printed Name) <i>Carmen E. Salazar</i>		(Printed Name) <i>Glenda Medina</i>

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

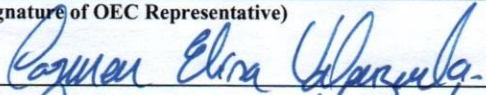
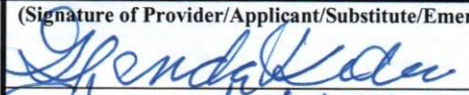
Provider: <u>Glenda Medina.</u>	License Number: <u>52956</u>	Date of Inspection: <u>4/27/23</u>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" 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) (10pm to 5am)</u></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 checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

-# 13 Provider failed to maintain^{ed} current Medical statement
 The form presented expired on 2021.

-# 21 Provider failed to maintain evidence at the family child care home of her compliance and compliance of one household member, with background checks, provider
 For one household member failed to maintain compliance with background check.

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(Signature of OEC Representative) 	Date Corrections Due By: <u>5/11/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Carmen E. Valenzuela.</u>	(Printed Name) <u>Glenda Medina.</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Glenda Medina License # 52956 Date: 4/27/23

Observations/Corrections needed:

- # 22 Provider failed to maintain in clean, sanitary condition part of the facility, observed in one of the child care rooms, a window's bottom part and blinds, unclean. Provider stated she will clean them later.
- # 23 Observed a shovel next to playground on the ground accessible to children; and several pieces of wood, unsecured, and leaning against a storage unit, by the play ground area.
- # 28 Observed cords hanging on child care area, accessible to children.
- # 32 Observed no emergency plan available
- # 33 Observed no log of emergency evacuation drills.
- # 35 Observed no Carbon Monoxide alarm on 3rd floor of house, 2nd floor of provider's unit.
- # 40 Observed no list of emergency contact for children enrolled. A form posted was not completed, no names of children/parents on form.
- # 50 Observed incomplete first aid kit, no thermometer in working condition, and no instant cold packs.
- # 53. Observed no appropriate enrollment form for one child. Form presented was for another program and named another provider as the child's provider. The

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 Elena Calvezada
(OEC Representative)

Print Name: Carmen E. Calvezada

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Glenda Medina
(Person in Charge)

OEC BY: 5/11/23

Print Name: Glenda Medina

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Glenda Medina License # 52956 Date: 4/27/23

Observations/Corrections needed:

provider indicated the child had started yesterday, today was second day for the child, the form was signed on 9/2/22 with an enrollment date of 9/19
- # 57 Observed two children with no adult indicated for provider to contact in emergencies and to who children can be release.

Observed four children with incomplete authorized release; one child form has no phone number or address for the authorized person and three have no addresses for the person authorized.

Discussed: ensuring the Developmental Milestones document, as well as the experiments for sleep arrangement are posted in a conspicuous place, not covered with anything.

Discussed: ensuring all children between 6 and 59 months present and maintain appropriate, complete influenza vaccine documentation prior to enrollment and during enrollment.

Sample of enrollment package left with provider today.

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Signature: Carmen Elena Valenzuela
(OEC Representative)

Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Sherry
(Person in Charge)

OEC BY: 5/11/23

Print Name: Sherry