

# 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> <u>Carmen Pallo</u>	License Number: <u>57521</u>	Date of Inspection: <u>6/29/23</u>
<b>Address:</b> <u>36 Vernon St</u>	Expiration Date: <u>7-31-2025</u>	Time of Inspection: <u>10:30</u>
	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 6am 6pm</u>
<b>Town:</b> <u>New Haven</u>	Telephone: <u>203-806-5164</u>	Summer: <input checked="" type="checkbox"/> Open/Closed
<b>State/Zip Code:</b> <u>CT</u>	Email:	

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).*

Kristhian Vdez  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 8
- 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 4-27-26
- 14. First Aid Certificate-Exp. Date 7-30-24
- 15. CPR Certificate- Exp. Date 7-30-24
- 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: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor 0
- 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 128°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> <u>Silvana Carreon</u>	<b>Date Corrections Due By:</b> <u>7/13/23</u>	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <u>Carmen Pallo P</u>
<b>(Printed Name)</b> <u>Silvana Carreon</u>		<b>(Printed Name)</b> <u>Carmen Pallo</u>

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

Provider: <u>Carmen Pallo</u>	License Number: <u>577521</u>	Date of Inspection: <u>6/29/23</u>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</b></p> <p><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</p> <p><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</p> <p><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</p> <p><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</p> <p><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</p> <p><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</p> <p><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 75. Infants not Swaddled</p> <p><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</p> <p><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</p> <p><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</p> <p><input checked="" type="checkbox"/> 79. Parent Information and Access</p> <p><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</p> <p><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</p> <p><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</p> <p><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</p> <p><input checked="" type="checkbox"/> 84. Immediate Attention</p> <p><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</p> <p><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</p> <p><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</p> <p><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</p> <p><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</p> <p><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</p> <p><b>Sick Child Care 19a-87b-11</b></p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b></p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p><b>Office Access, Inspections and Investigations 19a-87b-13</b></p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p><b>Administration of Medications 19a-87b-17</b></p> <p><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</p> <p><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</p> <p><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</p> <p><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled</p> <p><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</p> <p><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</p> <p><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 101. MAR Maintained</p> <p><input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled</p> <p><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</p> <p><input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current</p> <p><input checked="" type="checkbox"/> 105. Self-Administration of Meds</p> <p><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</p> <p><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained</p> <p><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</p> <p><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</p> <p><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</p> <p><b>Additional Violations</b></p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>	
<p><b>Discussions/Comments:</b></p> <p>#12. Awareness of Understanding of Regulation; Provider left substitute over ratio (8 children)</p> <p>#16 Judgment; Provider lack of judgment leaving the substitute over ratio putting in risk supervision and safety for children.</p> <p>#24 Harmful substances/Materials Inaccessible: Observed cleaning materials accessible to children in bathroom</p>		
<p><b>APPLICANTS- PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>		
(Signature of OEC Representative) <u>Silvana Carreon</u>	Date Corrections Due By: <u>7/13/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Carmen Pallo</u>
(Printed Name) <u>Silvana Carreon</u>	(Printed Name) <u>Carmen Pallo</u>	(Printed Name) <u>Carmen Pallo</u>

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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Carmen Pallo License # 577521 Date: 6/29/23

Observations/Corrections needed:

- # 28 Electrical Safety: Observed uncovered outlet corrected during the visit.
- # 39 Safe space-outdoor: Observed string trimmer on the children playground area. accessible to children
- # 46 Water Temperature. 60-120°F: Observed water Temperature over 120°F (128°F)
- # 54 Child Health Record. Observed missing 2 children's health records
- # 97 Non prescription Topical Meds - Stored / Labeled: Observed two diaper creams without label.
- # 102 Prescription Meds - Stored / Labeled. Observed one prescribed Medication without label and without original container.
- # 102 Emergency Med. without label for a child with asthma was observed during the visit.
- # 4 Capacity. Provider is over the amount of children that she can care for.. there was a substitute with 8 children alone. "Capacity was explained during the visit."

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)Print Name: Silvana Garren

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)OEC BY: 7/13/23Print Name: Carmen PalloMaryKene Jugla