

## 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> Leonidas Padilla	License Number: 57105	Date of Inspection: 6/26/23
	Expiration Date: 10/31/26	Time of Inspection: 1245 pm
<b>Address:</b> 51 Lexington Ave Flr 1	Capacity: 6+3	Days/Hours: M-F 6am - 4pm
<b>Town:</b> Waterbury	Telephone: 475-235-4116	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> 06710	Email: germany1421@gmail.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).

Leonidas Padilla  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4 Capacity: Total # Children Present: 7
- 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 11/20/21
- 14 First Aid Certificate-Exp. Date 1/23/24
- 15 CPR Certificate- Exp. Date 1/23/24
- 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
- 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
- 58.3 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>Alexandra Rodriguez / Evelyn V. Quinones</u>	<b>Date Corrections Due By:</b> 7/10/23	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <u>Leonidas Padilla</u>
<b>(Printed Name)</b> Alexandra Rodriguez / Evelyn V. Quinones		<b>(Printed Name)</b> Leonidas Padilla

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

<p><b>Provider:</b> <u>Leonidas Padilla</u></p>	<p><b>License Number:</b> <u>57105</u></p>	<p><b>Date of Inspection:</b> <u>6/26/23</u></p>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" 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</li> <li><input checked="" type="checkbox"/> 84. Immediate Attention</li> <li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b>Sick Child Care 19a-87b-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</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>Office Access, Inspections and Investigations 19a-87b-13</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>Administration of Medications 19a-87b-17</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 checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" 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 checked="" 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>Additional Violations</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> T14. Consent Order/Negotiated Corrective Action Plan</li> </ul>	
<p><b>Discussions/Comments:</b> #4) Provider incmpliant with capacity.                  #7) Expired license posted. Provider presented specialist with current license.                  #21) Provider and household member has expired background check.                  #23) Observed broken furniture in outdoor space.                  #24) Cleaning products observed in bathroom lower cabinet (unlocked).                  #33) Provider failed to conduct/document Quarterly drills.                  #53) 3 children's enrollment forms are incomplete, 1 additional child no enrollment docs.                  #54) 1 child missing health record.                  #56) 3 children missing emergency permissions.                  #57) 3 children missing authorization release                  #58) 3 children missing field trips/transportation permission                  #14) Provider failed to present written schedule.</p> <p><small>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</small></p>		
<p>(Signature of OEC Representative)</p> <p><u>Amadora Rodriguez / Evelyn Y. Quiñones</u></p> <p>(Printed Name)</p> <p><u>Amadora Rodriguez / Evelyn Y. Quiñones</u></p>	<p>Date Corrections Due By:</p> <p><u>7/10/23</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>Leonidas Padilla</u></p> <p>(Printed Name)</p> <p><u>Leonidas Padilla</u></p>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Leonidas Padilla License # 57105 Date: 6/26/23

Observations/Corrections needed:

- # 67) Children's nap items are ~~stored in same bin~~ <sup>insufficient for children present and enrolled.</sup> (AR)
- # 69) One child is missing individual care plan.
- # 73) observed two pack-n-play with tipped netting.
- # 78) Provider changed child in pack-n-play, did not disinfect after change or wash hands or child's hands.
- # 63) Observed there were not any toys outside for children to play with.

Discussion → Spoke with provider about taking children to play outside at least <sup>daily</sup> ~~2 times a day~~ (AR)

Spoke with provider about limiting screen time to no more than an hour.

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: Alexandra Rodriguez Erclyn V. Quinones  
(OEC Representative)  
Print Name: Alexandra Rodriguez Erclyn V. Quinones

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 7/10/23

Signature: [Signature]  
(Person in Charge)  
Print Name: Leonidas Padilla