

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: Luz Maria Hernando Quezada	License Number: 57383 Expiration Date: 10/31/24	Date of Inspection: 6/30/23 Time of Inspection: 10:02 Am
Address: 80 Colonial RD	Capacity: 6+3	Days/Hours: 8:00-6:00pm M-F
Town: Stamford	Telephone: 203.832.4880	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: CT, 06906	Email: luzmariahernando@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).

x Luz Maria H.
 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: 3
- 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 2/11/2025
- 14. First Aid Certificate-Exp. Date 6/2/2024
- 15. CPR Certificate- Exp. Date 6/2/2024
- 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) Y
- 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) Y
- 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

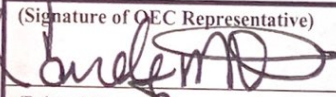

Responsibilities of Provider 19a-87b-10

- 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) 	Date Corrections Due By: 7/14/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name) Candy Vargas	(Printed Name) Luz Maria Hernando	(Printed Name) Luz Maria Hernando

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>LUZ M. Hernandez Quezada</u>		License Number: <u>57383</u>	Date of Inspection: <u>6/30/23</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <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		<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <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	
<u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		<u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Discussions/Comments:</u> Provider was informed that Denial of access could result in immediate suspension of license. # 6 - Provider was caring for 3 Children under 18 months. No substitute or Assistant observed. # 21 - Provider is not able to access BCIS, or Provide program's roster. # 24 - Cleaning supplies under kitchen sink observed accessible to Children. Cabinets not observed locked in the kitchen. Children observed eating in the kitchen.			
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
(Signature of OEC Representative) 	Date Corrections Due By: <u>7/14/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 	
(Printed Name) <u>Candy M. Vargas</u>		(Printed Name) <u>Luz Maria Hernandez</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Luz M. Hernandez Quezada License # 57383 Date: 6/30/23

Observations/Corrections needed:

#32 Emergency plan observed missing evacuation location.

#33 Emergency evacuation drills log not observed.

#46 Water temperature exceeds 120° Fahrenheit.

#54 One Child missing updated medical

#55 One child missing updated immunizations

#66 Written schedule not observed.

#73 Loose-fitting ^{CV} crib sheets observed in playpens used by children under 12 months old.

#74 Additional mattresses not designed for ~~playpen~~ ^{CV} equipments were observed placed in playpens used by children under 12 months old.

#77 Req. sleep arrangements not observed.

#93- Provider did not grant immediate access to the facility when children could be heard inside, even after several calls were made, a voice mail was left and a text was sent. Provider finally granted access after approximately 45 minutes when police were called to the home to check on the health and safety of the children.

#71 Two infants (under 12 months) were observed holding bottles and feeding themselves.

- Discussion: ~~Access~~ ^{CV} immediate access, and capacity were discussed. Entered program at 10:54 Am

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: Candy M. Vargas
(OEC Representative)

Print Name: Candy M. Vargas

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Luz M. Hernandez
(Person in Charge)

OEC BY: 7/14/2023

Print Name: Luz Maria Hernandez