

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>Norma Reyes</i>	License Number: <i>56611</i>	Date of Inspection: <i>9.18.2023</i>
Address: <i>615 Washington Av.</i>	Expiration Date: <i>4-30-2027</i>	Time of Inspection: <i>10:12 AM</i>
	Capacity: <i>6-3</i>	Days/Hours: <i>M-Sat - 5:00 AM - 11:00 PM</i>
Town: <i>New Haven</i>	Telephone: <i>203 508 0754</i>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
State/Zip Code: <i>CT 06519</i>	Email: <i>norma.socorro58@yahoo.com</i>	

Instructions: = Compliance/No violation found = Non-compliance/Violation found = 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).

Norma Reyes
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 1
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 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 12-6-2024
- 14. First Aid Certificate-Exp. Date -
- 15. CPR Certificate-Exp. Date -
- 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 137.7°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: dogs (2) Rabies Certificate(s) 1/10
- 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.

<i>Silvana Curran / Donna B Zawerton</i> (Signature of OEC Representative)	Date Corrections Due By: <i>10.2.2023</i>	<i>Norma Reyes</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Silvana Curran / Donna B Zawerton (Printed Name)		Norma Reyes (Printed Name)

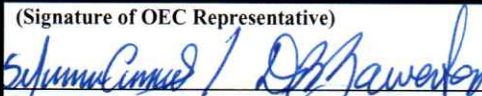

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Norma Reyes</u>	License Number: <u>56611</u>	Date of Inspection: <u>9.18.2023</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>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>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" 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>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

Discussions/Comments:
 # 11: Provider failed to submit notification of change for a new household members.
 # 14 Provider failed to maintain her First Aid certification updated
 # 15 Provider failed to maintain her CPR certification updated.
 # 17 Observed two Medical Statements for adults were missing.

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)  (Printed Name) <u>Silvana Purcon / Donna B Zawerton</u>	Date Corrections Due By: <u>10.2.2023</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Norma Reyes</u>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Norma Reyes License # 56611 Date: 9.18.2023

Observations/Corrections needed:

- # 21 The provider failed to maintain background checks updated for household members and her own. New household members need background checks.
- # 22 Cleanliness: Observed mouse droppings on kitchen rack, dead mouse on basement stairs, foam mattress on ground in yard.
- # 23 Hazards: Observed broom, swifter mop leaning in kitchen, not secured, toy basketball net in playroom not secured, outside house spread on ground, shovel, broom, wood pieces leaning not secure, weed wacker on ground.
- # 24 Observed prescription medication, perfume, deodorant ointment accessible to children (on desk)
Listerine mouth wash., Pepto-bismol medication on the bathroom sink. accessible to children
- # 29 Observed second emergency exit with materials, doors are not able to open completely.
From back yard to front was covered with miscellaneous items (wood pieces, bucket, shroubery, wires, car part.)

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: Silvana Canon / D. Mawellen
(OEC Representative)
Print Name: Silvana Canon / D. Mawellen

Signature: Norma Reyes
(Person in Charge)
Print Name: Norma Reyes

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: October 2, 2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Norma Reyes License # 56611 Date: 9.18.2023

Observations/Corrections needed:

- # 31 Observed basement door has not lock or gate (stair is not protected)
- # 32 Observed Emergency Plan posted during inspection not complete.
- # 33 Emergency Evacuation Drill no practice or documented quarterly.
- # 46 Water temperature above 120°F (137.7°F)
- # 48 Emergency Number not posted. - available.
- # 50 First Aid kit missing mouth barrier and ice pack
- # 51 Rabies certificate not available for one dog
- # 53 One of four enrollment form is not available
- # 54-55 child Health Records and Immunizations not available for three of four children
- # 56-57-60 Authorized Release, Emergency Permission and Incident Logs not available for any of the children.
- # 63 Play equipment not available outside and more needed indoors
- # 66 Written schedule not available during the inspection
- # 67 Observed paper towel not available for children
- # 68 Observed pack-n-play being used with a replacement pad, which is not alignment with the manufacturer

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Signature: [Signature]
 (OEC Representative)
 Print Name: Silvana Carron / Donna B Zawadzki
 Signature: Norma Reyes
 (Person in Charge)
 Print Name: Norma Reyes

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: October 20, 2023

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Norma Reyes License # 56611 Date: 9.18.2023

Observations/Corrections needed:

guidelines

#94 Policies and Procedures for Admin of Med. not available at the time of inspection

#99 Provider failed to maintain her EPI-PEN certificate current.

#100 Written Authorized Permit Prescriber form missing Parent Permission and signature.

Discussion.

* Notification of Change must submit to OEC if change of service hours is be provided.

* Regulation of Night Care was provided to the provider.

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Signature: Maria Concepcion / DIB Zamora
(OEC Representative)
Print Name: Silvana Carreon / Donna B Zamora

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: October 2, 2023

Signature: Norma Reyes
(Person in Charge)
Print Name: Norma Reyes