

**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: Teresa Camarena	License Number: 53049	Date of Inspection: 10/19/23
Address: 142 Fremont St Apt 1	Expiration Date: 2/28/27	Time of Inspection: 8:55a
Town: New Britain	Capacity: 6/3	Days/Hours: M-F 7a-5p
State/Zip Code: CT 06051	Telephone: 800 218 7880	Summer: Open/Closed
Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		Email: teresa_camarena@yahoo.com

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).

Teresa Camarena
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 5+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 11/21/24
- 14. First Aid Certificate-Exp. Date 11/21/24
- 15. CPR Certificate- Exp. Date 11/21/24
- 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

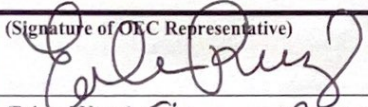
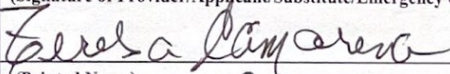
- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play 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>Eileen Ruiz</i>	Date Corrections Due By: 11/02/2023	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Teresa Camarena</i>
(Printed Name) Eileen Ruiz		(Printed Name) Teresa Camarena

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Teresa Camarena</u>		License Number: <u>53049</u>	Date of Inspection: <u>10/19/23</u>
Responsibilities of Provider 19a-87b-10 (continued) <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		Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <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	
Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care		Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
Night Care 19a-87b-12 (Y/N) (Y) 10pm to 5am <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear			
Discussions/Comments: <ul style="list-style-type: none"> • Diaper changing station should be clean and ready for use. It was observed with debris of rice and it was discussed to wipe area down after each use. • Emergency plan and Developmental milestones were emailed to provider during inspection. • Provider must access her BCIS account to start a new background check. Email ocb.ec@ct.gov for help. 			
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: <u>11/02/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 	
(Printed Name) <u>Eileen Ruiz</u>		(Printed Name) <u>TERESA CAMARENA</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Teresa Camarena License # 53049 Date: 10/19/23

Observations/Corrections needed:

#13 Provider failed to have adult medical statement on file.

#21 Provider failed to have access to her BCIS account and maintain up to date background check (Every 5 years)

#32 Emergency plan is missing. Map of escape route does not count as a written plan.

#54 ~~Five~~ ^{Four} children missing child medical evaluations up to date. (4 children)

#54 ~~Three~~ children missing Emergency medical provider information (3 children)

#58 One child missing transportation permissions.

#80 Developmental milestones form is not posted or available in program.

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: *Eileen Ruiz*
(OEC Representative)

Print Name: Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Teresa Camarena*
(Person in Charge)

OEC BY: 11/02/2023

Print Name: Teresa Camarena