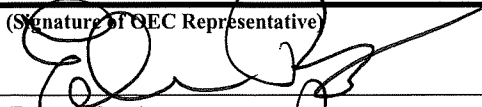




**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Heidy Canela</u>	License Number: <u>50437</u>	Date of Inspection: <u>10/20/23</u>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></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><u>Sick Child Care 19a-87b-11</u></b></p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <p><input type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p><b><u>Administration of Medications 19a-87b-17</u></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><u>Additional Violations</u></b></p> <p><input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>	
<p><b><u>Discussions/Comments:</u></b> #34 Smoke detector does not ring in basement.          #33 Evacuation drills have not been documented.          #48 Emergency numbers are incomplete, missing current children enrolled.          #56 One child missing emergency medical permissions.          #57 One child missing authorized release permissions          #58 Transportation permissions missing one child.          #60 Incident logs missing in children's files. (all)</p>		
<p><b><u>APPLICANTS- PLEASE NOTE:</u></b> You <b><u>MAY NOT OPERATE</u></b> until all requirements have been met and a license has been issued by the Agency.</p>		
(Signature of OEC Representative)  (Printed Name) <u>Elean Ruiz</u>	Date Corrections Due By: <u>11/3/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Heidy Canela</u> (Printed Name) <u>Heidy Canela</u>