



**DIVISION OF LICENSING**

**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	MARIA MERCADO				<b>License Number</b>	DCFH.57758	<b>Date of Inspection</b>	12/06/2023
					<b>Expiration Date</b>	11/30/2026	<b>Time of Inspection</b>	09:50 AM
<b>Address</b>	176 BEECHER AVE WATERBURY CT 06705-2007				<b>Telephone</b>	(929) 990-8440	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	M-F 6AM - 12AM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<input checked="" type="checkbox"/>			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	3	<b># of Total Children Present</b>	4	<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	magiclearningdaycare@gmail.com				<b>Inspector's Email</b>	alexandra.rodriguez@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<i>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).</i>							
	<i>Signature of Provider/Substitute/Applicant</i>							

**TERMS OF REGISTRATION 19a-87b-5**

<input checked="" type="checkbox"/>	<b>4. Capacity</b>	
<input checked="" type="checkbox"/>	<b>5. Non-transferability of license</b>	Pending?
<input checked="" type="checkbox"/>	<b>6. Infant/Toddler Restriction</b>	
<input checked="" type="checkbox"/>	<b>7. License Posted</b>	
<input checked="" type="checkbox"/>	<b>8. Parent Access to OEC Phone Number</b>	
<input checked="" type="checkbox"/>	<b>9. Photo ID</b>	
<input checked="" type="checkbox"/>	<b>10. Requests for Information</b>	
<input type="checkbox"/>	<b>11. Notification of Change</b>	Provider failed to notify agency of new household member, tenant living in basement.

**QUALIFICATION OF PROVIDER 19a-87b-6**

<input checked="" type="checkbox"/>	<b>12. Awareness of, Understanding of Regulations</b>	
<input checked="" type="checkbox"/>	<b>13. Medical statement</b>	
	Expiration date:	03/23/2025
<input checked="" type="checkbox"/>	<b>14. First Aid Certificate</b>	
	Expiration date:	01/12/2024

X	15. CPR Certificate	
	Expiration date: 01/12/2024	
X	16. Judgment	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

O	17. Medical Statement	New Household member does not have current medical statement.
X	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

X	19. Substitute or Assistant	Y/N	
	Type of Staff : Substitute	Y	
X	20. Emergency Caregiver		

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

O	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for new household member.
---	-------------------------	--

**PHYSICAL ENVIRONMENT 19a-87b-9**

X	22. Clean/Sanitary Environment		
O	23. Freedom of Hazards	The following hazards were observed on the outdoor back patio where children play: recycled glass bottles and cans in open bin accessible to children. Observed drop near basement window unprotected causing hazard to children.. Observed ladder, mattress frame and table leaning against house and shed accessible to children . Observed grill uncovered outside. Observed table legs leaning against house with protruding screws. In kitchen unlocked drawer contained sharp knives and	
O	24. Harmful Substances/Materials Inaccessible	Observed antifreeze, ice melt and cleaning liquid accessible to children. Hand sanitizer liquid and hand sanitizer wipes in bathroom accessible to children. Febreze spray in bathroom accessible to children. In kitchen unlocked kitchen cabinet with cleaning spray accessible to children. Hand sanitizer on desk in daycare area accessible to children.	
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to practice and maintain a written log of the practices drills.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	40. Body of Water-Type:	Y/N	
	Barrier?		
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water -		
	Type of System:		
	Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	53. Enrollment Form		

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain current child health record(s) of one child.
<input checked="" type="checkbox"/>	<b>55. Immunizations</b>	
<input type="radio"/>	<b>56. Emergency Permission</b>	Failed to maintain complete emergency care information of three children.
<input type="radio"/>	<b>57. Authorized Release</b>	Failed to maintain written parent permission to authorize removal of three child(ren).
<input type="radio"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	Failed to maintain written parent permission for transportation of one child(ren).
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input checked="" type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input checked="" type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input checked="" type="checkbox"/>	<b>65. Handwashing</b>	
<input checked="" type="checkbox"/>	<b>66. Flexible and Balanced Written Schedule</b>	
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input checked="" type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input checked="" type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	

**SICK CHILD CARE 19a-87b-11**

X	91. Sick Child Care	
---	---------------------	--

**IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12  
(10pm to 5am)**

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
---	---	--

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
----------	--	--

**Are Medications Administered? N ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>○</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	Failed to maintain current written permission from parents of one diaper cream.
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>○</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	Failed to maintain proper storage and labeling of nonprescription topical medication of one diaper cream.
<b>X</b>	<b>98. Unused - Expired Nonprescription Meds</b>	
<b>X</b>	<b>99. Documented Medication Trained Staff</b>	
<b>X</b>	<b>100. Written Auth Prescriber/Parent Permission</b>	
<b>X</b>	<b>101. MAR Maintained</b>	
<b>X</b>	<b>102. Prescription Meds – Stored/Labeled</b>	
<b>X</b>	<b>103. Unused/Expired Prescription Meds</b>	
<b>X</b>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<b>X</b>	<b>105. Self-Admin. Of Meds</b>	
<b>X</b>	<b>106. Petition for Special Medication Authorization</b>	

**Child with diabetes enrolled? N MONITORING OF DIABETES 19a-87b-18**

<b>X</b>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<b>X</b>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	

X	113. Parent Notification of Test Results	
---	--	--

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		X

<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
--------------------------	---


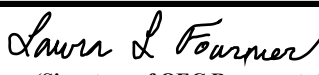

**DISCUSSIONS:**

Discussed with the provider the following, front porch may be used for play only if it has a gate securely installed. Full access is always required even if a tenant is living in basement. Safe sleep requirements were reviewed. Fire safety concerning radiators around the home. All radiators should be free from anything on top or directly next to them. First aid kit missing instant ice packs.

**COMMENTS:**

**NOTE:** Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

**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)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
Alexandra Rodriguez (Printed Name)	Laura L Fournier (Printed Name)	12/20/2023	MARIA MERCADO (Printed Name)