



Connecticut Office of
Early Childhood


DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|--|---|------------------------------------|------------|---|---------------------------|-------------------------------|----------------------------|------------|
| Provider | KARINA PLAZA | | | | License Number | DCFH.56860 | Date of Inspection | 02/01/2024 |
| Address | 431 POPLAR ST. FL 1 BRIDGEPORT CT 06605-1645 | | | | Expiration Date | 10/31/2024 | Time of Inspection | 10:20 AM |
| Is this a Change of Address? | Yes? | | No? | X | Telephone | (475) 731-3054 | Regular Capacity | 6 |
| New Address | | | | | Days and Hours | MONDAY-FRIDAY 6AM-4:00PM | School Age Capacity | 3 |
| Inspector's Name | | | | | Inspector's Email | eileen.ruiz@ct.gov | | |
| Inspector's Email | karinaplaza87@gmail.com | | | | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |
| # of Infants - Toddlers Present | 1 | # of Total Children Present | 9 | | Summer Care | Open | | |

Key:
Compliant = X
Non-Compliant = O

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). 

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

| | | |
|---|--------------------------------------|----------|
| X | 4. Capacity | |
| X | 5. Non-transferability of license | Pending? |
| X | 6. Infant/Toddler Restriction | |
| X | 7. License Posted | |
| X | 8. Parent Access to OEC Phone Number | |
| X | 9. Photo ID | |
| X | 10. Requests for Information | |
| X | 11. Notification of Change | |

QUALIFICATION OF PROVIDER 19a-87b-6

| | | |
|---|---|---|
| O | 12. Awareness of Understanding of Regulations | Failed to demonstrate an awareness and/or understanding of the regulations based on today's repeat violations on the program's records. |
| X | 13. Medical statement Expiration date: 02/05/2025 | |
| X | 14. First Aid Certificate Expiration date: 12/01/2025 | |

| | | |
|---|--------------------------------|---|
| X | 15. CPR Certificate | |
| | Expiration date: 12/01/2025 | |
| O | 16. Judgment | Failed to demonstrate good judgment about supervision and safety when she or her substitute frequently leave the basement to the upstairs floor for items needed in the program (paperwork upstairs and to step outside to grab food during mealtime) |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|---|---------------------------|--|
| O | 17. Medical Statement | Failed to maintain current medical statement(s) for her daughter enrolled in the program. No adult medical were observed for three tenants living in the home. |
| X | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | | |
|---|-----------------------------|-----|------------------------------|
| X | 19. Substitute or Assistant | Y/N | Present today was DCFS 91849 |
| | Type of Staff : | Y | |
| | Substitute | | |
| X | 20. Emergency Caregiver | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

| | | |
|---|-------------------------|---|
| O | 21. Background Check(s) | Failed to maintain evidence of compliance when she didn't list her substitute DCFS.92061 that she regularly uses on Friday. |
|---|-------------------------|---|

PHYSICAL ENVIRONMENT 19a-87b-9

| | | | |
|---|---|---|---|
| X | 22. Clean/Sanitary Environment | | |
| X | 23. Freedom of Hazards | | |
| X | 24. Harmful Substances/Materials Inaccessible | | |
| 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 | | |
| O | 30. Basement Supervision | Y/N | Failed to remain with children in space below ground level at all times when she has to retrieve paperwork upstairs for the inspection and when the substitute left during mealtime to retrieve food items from a person outside. |
| | Used for Care ? | Y | |
| X | 31. Stairways - Protected, Handrails | | |
| O | 32. Emergency Plan | Failed to maintain a written emergency plan, still using a map. | |

| | | | |
|--|--|---|--|
| <input type="radio"/> | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to 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 N | 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? | N | |
| <input checked="" type="checkbox"/> | 41. Hot Tubs-Locked - Inaccessible | Y/N | |
| | | 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 | Remove children no longer enrolled as it reflects 21 children total. | |
| <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 | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| <input type="radio"/> | 53. Enrollment Form | Failed to maintain complete child enrollment form(s) accessible for children no longer attending. Provider states they are upstairs. Continue in discussions... | |

| | | |
|-------------------------------------|---|---|
| <input type="radio"/> | 54. Child Health Record | Failed to maintain current child health record(s), one child has one from 9/2022 on file. Continue in discussions... |
| <input type="radio"/> | 55. Immunizations | Failed to maintain current immunization record(s), see discussion. |
| <input type="radio"/> | 56. Emergency Permission | Failed to maintain complete emergency care information for six children. |
| <input type="radio"/> | 57. Authorized Release | Failed to maintain complete written parent permission to authorize removal of child(ren) for six children. |
| <input type="radio"/> | 58. Field Trip and Transportation Permission-To/From School | Failed to maintain written parent permission for transportation of child(ren) for six children. |
| <input checked="" type="checkbox"/> | 59. Swimming Permission | |
| <input type="radio"/> | 60. Incident Log | Failed to maintain an incident log for each child. Did not observe the log for 9 children enrolled. |
| <input checked="" type="checkbox"/> | 61. Confidentiality | |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs | |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment | |
| <input checked="" type="checkbox"/> | 64. Good Nutrition- Meals/Snacks, Water Available | |
| <input checked="" type="checkbox"/> | 65. Handwashing | |
| <input type="radio"/> | 66. Flexible and Balanced Written Schedule | Failed to demonstrate a written schedule at visit. Provider states it was upstairs. |
| <input checked="" type="checkbox"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles | |
| <input checked="" type="checkbox"/> | 68. Proper Rest Provisions – Safe Cribs | |
| <input type="radio"/> | 69. Individual Plan for Care (Written if Applicable) | Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs. One child is receiving birth to three services everyday. |
| <input checked="" type="checkbox"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities | |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping | |
| <input checked="" type="checkbox"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | |

| | | |
|--|--|--|
| 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

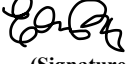

| | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | 93. Access- Immediate, Entire or Part of Facility and Records | |
|-------------------------------------|---|--|

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

| | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> | 94. Policies and Procedures for Admin of Meds | Failed to maintain complete written policies on the administration of medication. Specialist will email it. |
| <input checked="" type="checkbox"/> | 95. Parent Permission for Nonprescription Topical Meds | |
| <input checked="" type="checkbox"/> | 96. Notification - Documentation of Med 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 | Provider took epi pen course yesterday 1/31/1023 and is awaiting certificate. This will be pending until evidence is seen. |
| <input type="checkbox"/> | 100. Written Auth Prescriber/Parent Permission | Failed to maintain written order from prescriber for medication. The one on file is expired 2023. |
| <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-Admin. Of Meds | |
| <input checked="" type="checkbox"/> | 106. Petition for Special Medication Authorization | |

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

| | | |
|-------------------------------------|---|--|
| <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 | |

| | | | |
|--|--|--------------------------------|---|
| X | 113. Parent Notification of Test Results | | |
| ADDITIONAL VIOLATIONS | | | |
| | 114. Consent Order - Negotiated Corrective Action Plan | N/A? | |
| | | X | |
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? | | |
| <p><u>DISCUSSIONS:</u></p> <p>#53 enrollment form was blank or one child. For another 6 children the form was missing days and/or hours of attendance. 8 children missing enrollment forms entirely.</p> <p>#54 one child has no record as provider believed they no longer count in capacity due to age. Explained that only applies to capacity with her own children living in the home once they turn 12. Another child was unable to be observed as all documents were upstairs.</p> <p>#55 one child has no records as provider believed they no longer count in capacity due to age. Flu shots not observed for four children.</p> | | | |
| <p><u>COMMENTS:</u></p> <p>Reviews BCIS list and provider must update roster to reflect current staff. Remove staff no longer working. Discussed watching OEC maintains compliance video online to refresh knowledge on the statutes and regulations. Discussed how many of today's violations are repeat offenses and must come into compliance immediately. Discussed having paperwork accessible in the daycare for easy retrieval at inspections.</p> | | | |
| <p><u>NOTE:</u> 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.</p> | | | |
| <p><u>APPLICANTS- PLEASE NOTE:</u> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p> | | | |
|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Applicant/Substitute) |
| Eileen Ruiz (Printed Name) | (Printed Name) | 02/15/2024 | KARINA PLAZA (Printed Name) |