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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	CARMEN FIORE	**License Number**	DCFH.57186	**Date of Inspection**	02/06/2024
		Expiration Date	4/30/2027	**Time of Inspection**	10:25 AM
Address	589 PLAINFIELD PIKE PLAINFIELD CT 06374	**Telephone**	(860) 634-8402	**Regular Capacity**	6
		Days and Hours	M-F 7:30AM-4:30PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**	**No?** X		**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	2	**# of Total Children Present**	5	**Inspector's Name**	Evelyn Vicente-Quinones
Provider's Email	lilimelcare@yahoo.com			**Inspector's Email**	evelyn.vicente-quinones@ct.gov

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

X	**12. Awareness of, Understanding of Regulations**	
X	**13. Medical statement** **Expiration date:** **04/12/2026**	
X	**14. First Aid Certificate** **Expiration date:** 02/27/2024	

X	15. CPR Certificate Expiration date: 02/27/2024		
X	16. Judgment		

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement		
X	18. Household Environment		

QUALIFICATIONS OF STAFF 19a-87b-8

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

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)		

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		
X	30. Basement Supervision Used for Care ?	Y/N Y Y/N Y	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills practiced within the last year; practice and send documentation of drill practiced with your corrective action plan; OEC Specialist provided sample copy of emergency plan with section to document quarterly drills
X	**34. Smoke Detectors**	
X	**35. Carbon Monoxide Detector**	
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**	
X	**37. Auxiliary Heating System** N **Type?**	**Appvd?**
X	**38. Safe Storage of Weapons and Ammunition**	
X	**39. Safe Space- Sufficient** **Indoors** Y / **Outdoors**	
X	**40. Body of Water-** **Type:** Small metal frame **Barrier?**	**Y/N** Y Y
X	**41. Hot Tubs- Locked - Inaccessible**	**Y/N** N
X	**42. Ventilation, Light and Temperature- 65°**	
X	**43. Window Safety**	
X	**44. Washing Toileting, Sewage Garbage Facilities**	
X	**45. Adequate and Safe Water -** **Type of System:** Private Well	
X	**46. Water Temperature- 60°-120°**	
X	**47. Pasteurization of Milk Supply**	
X	**48. Working Phone, Emergency Numbers Posted**	
X	**49. Safe Transportation** **Registered, Insured, Restraints**	
O	**50. First Aid supplies**	Failed to maintain a complete first aid kit; missing tweezers and scissors.
O	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** 2 dogs Y N Failed to maintain current rabies vaccination certificate(s) for 1 of 2 dogs; provider stated dog has appointment in the next few days. Send copy of current rabies vaccination along with your corrective action plan
X	**52. Smoking Prohibited**	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	**53. Enrollment Form**	

X	**54. Child Health Record**	
X	**55. Immunizations**	
X	**56. Emergency Permission**	
X	**57. Authorized Release**	
X	**58. Field Trip and Transportation Permission- To/From School**	
X	**59. Swimming Permission**	
X	**60. Incident Log**	
X	**61. Confidentiality**	
X	**62. Meeting the Child's Needs**	
X	**63. Sufficient Play Equipment**	
X	**64. Good Nutrition- Meals/Snacks, Water Available**	
X	**65. Handwashing**	
O	**66. Flexible and Balanced Written Schedule**	Failed to develop and implement a written schedule; send copy of flexible and balanced schedule with your corrective action plan
X	**67. Personal Articles- Blanket, Towel, Toilet Articles**	
X	**68. Proper Rest Provisions – Safe Cribs**	
X	**69. Individual Plan for Care (Written if Applicable)**	
X	**70. Cultural Differences, Sp. Needs, Dev. Appr. Activities**	
X	**71. Infant Care, Indiv Attention, Held for Bottle Feedings**	
X	**72. Infants Placed on Back for Sleeping**	
X	**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**	
O	**77. Req. for Sleep Arrangements Posted/Discussed**	Failed to post requirements for sleep arrangements. OEC specialist provided copy to post
X	**78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal**	
X	**79. Parent Information and Access**	
O	**80. Developmental Milestones – Posted**	Failed to post a copy of the developmental milestones information sheet; OEC specialist provided copy to post.
O	**81. Supervision- at all Times, Indoors, Outdoors**	Failed to provide supervision at all times when provider left teenage daughter with children while she went to get a child off the bus.
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

X	93. Access- Immediate, Entire or Part of Facility and Records	

Are Medications Administered? N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
O	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication of prescribed infant formula. OEC specialist emailed provider authorization to administer medication form to be completed by health care provider, parent and provider.
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? N

MONITORING OF DIABETES 19a-87b-18

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	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	

YES or NO?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

DISCUSSIONS:

~ Notification of change and inspection if converting office space in child care area to additional child care space prior to child care use.
~ Submit supporting documentation of items cited with your corrective action plan (CAP) response.
~ OEC specialist provided via email documents required to be posted.
~ Provider stated daughter is in process of becoming OEC approved staff; OEC specialist emailed family staff application as provider is going to ask a friend to become approved.
~ Discussed capacity requirements with and without OEC approved staff.

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)**	**DATE CORRECTIONS DUE BY:**	**(Signature of Provider/Applicant/Substitute)**
Evelyn Vicente-Quinones		02/20/2024	CARMEN FIORE
(Printed Name)	**(Printed Name)**		**(Printed Name)**