

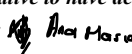


Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	LORENA MEDINA				<b>License Number</b>	DCFH.57612	<b>Date of Inspection</b>	04/05/2024
					<b>Expiration Date</b>	2/28/2026	<b>Time of Inspection</b>	08:44 AM
<b>Address</b>	83 HUNTINGTON RD NEW HAVEN CT 06512-2661				<b>Telephone</b>	(203) 710-1313	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	Mon-Fri 7:00am-5:30pm	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	4	<b># of Total Children Present</b>	10	<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	narelomedina@gmail.com				<b>Inspector's Email</b>	silvana.carreon-zegarra@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

O	<b>4. Capacity</b>	Failed to maintain licensed capacity. Upon arrival the substitute was observed with ten (10) children	
X	<b>5. Non-transferability of license</b>	Pending?	
O	<b>6. Infant/Toddler Restriction</b>	Failed to maintain infant/toddler restriction. Upon arrival, specialist observed the substitute caring 4 infants/toddler	
X	<b>7. License Posted</b>		
X	<b>8. Parent Access to OEC Phone Number</b>		
X	<b>9. Photo ID</b>		
X	<b>10. Requests for Information</b>		
X	<b>11. Notification of Change</b>		

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

X	<b>12. Awareness of, Understanding of Regulations</b>	
X	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	09/28/2024
X	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	08/11/2025

X	15. CPR Certificate	
	Expiration date: 08/11/2025	
O	16. Judgment	Failed to demonstrate good judgment about supervision and safety of children. The provider left her substitute with seven children including 4 infants/toddlers.

### 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	Y/N	
	Type of Staff :		
	Substitute	Y	
X	20. Emergency Caregiver		

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

X	21. Background Check(s)	
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### 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	Y/N	
		N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills. Observed one record date 8/2023	
<input checked="" type="checkbox"/>	<b>34. Smoke Detectors</b>		
<input checked="" type="checkbox"/>	<b>35. Carbon Monoxide Detector</b>		
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input checked="" type="checkbox"/>	<b>39. Safe Space-Sufficient</b>		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input type="radio"/>	<b>46. Water Temperature- 60°-120°</b>	Failed to maintain safe water temperature between 60-120 degrees. 130.5F	
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input checked="" type="checkbox"/>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input checked="" type="checkbox"/>	<b>50. First Aid supplies</b>		
<input checked="" type="checkbox"/>	<b>51. Pet protection</b>	Type: 3 dogs	
	Pets?	Y	
	Rabies Certs?	Y	
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input type="radio"/>	<b>53. Enrollment Form</b>	Failed to maintain child enrollment forms for 2 children. Upon reviewing eleven children's files, specialist observed two children missing enrollment forms	

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain immunization records. Upon reviewing eleven children's files, specialist observed two children missing Flu vaccine records.
O	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for four children. Upon reviewing eleven children's files, specialist observed four children missing emergency permission information.
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of children. Upon reviewing eleven children's files, specialist observed two children missing authorized release informations
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	
X	66. Flexible and Balanced Written Schedule	
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	
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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
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>	
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### Are Medications Administered? **Y**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<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>	

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

<b>X</b>	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?
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**YES or NO?****Yes****WERE VIOLATIONS CITED DURING THIS VISIT?****DISCUSSIONS:**

Upon arrival, the specialist observed an approved substitute, #92157, caring for ten children, including four infants/toddlers and one school-age child. The substitute called and spoke with the provider, who let her know that she would be arriving in twenty-five minutes. The substitute stated that it was the first time that she left the premises and left her by herself.

The provider arrived at 9:22 am, explaining her doctor's appointment.

The provider reviewed all the regulations, especially the importance of maintaining license capacity and exercising good judgment; also we discussed the importance of complying with all the regulations.

We review safe sleep regulation.

The provider during the visit added paper towels to the bathroom, cleared the pathway of the emergency exit, and printed the Rabies certification for the three dog



**COMMENTS:**

The provider comment that she is applying the EHS.

**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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	04/19/2024	LORENA MEDINA (Printed Name)