

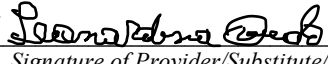


Connecticut Office of
Early Childhood

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	LEONARDINA QUEVEDO GARCIA				License Number	DCFH.57127	Date of Inspection	04/11/2024
					Expiration Date	12/31/2026	Time of Inspection	09:23 AM
Address	27 SPRING ST NEW LONDON CT 06320-3510				Telephone	(860) 857-0362	Regular Capacity	6
					Days and Hours	MONDAY - FRIDAY 24 HOURS	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	1	# of Total Children Present	3	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	morelgregorio@live.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	
O	11. Notification of Change	Failed to notify the Office of the addition of any household member that is residing in the lower level of home where child care takes place.

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of Understanding of Regulations	Failed to have a copy of the regulations and Failed to demonstrate an awareness and/or understanding of the regulations when OEC inquired questions regarding required documents, regulations on inspection list.
X	13. Medical statement Expiration date: 03/12/2025	
O	14. First Aid Certificate Expiration date: 01/08/2024	Failed to maintain current certificate; expired in January 2024; per provider she has not scheduled renewal course

○	15. CPR Certificate	Failed to maintain current certificate; expired in January 2024; per provider she has not scheduled renewal course
	Expiration date: 01/08/2024	
○	16. Judgment	Failed to demonstrate good judgment about supervision and safety when provider&staff left 3 children alone in basement level with OEC and son to go upstairs;did not allow access to adjacent room/bathroom/kitchenette on child care level for 28 minutes & took infant to upper level of home left with a female

MEMBERS OF THE HOUSEHOLD 19a-87b-7

○	17. Medical Statement	Failed to maintain medical statement(s) for new household members (grandchild and son in law); per provider additional household member has only been in the home for approximately a week.
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

○	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for new household member
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
○	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards when OEC observed numerous tools accessible to children in the outdoor area and a car parked with hood open and car jacket under car	
○	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when OEC observed 2 - WD-40, brake fluid, wood glue, plumbing cement, bondo fiberglass filler and R-134A refrigerant	
X	25. Bio-contaminants Disposed Safely		
○	26. Safe Storage of Flammables	Failed to keep flammable material(s) inaccessible to children when OEC observed 2 small red containers labeled gasoline with gasoline in it and a propane torch on picnic table outdoors	
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
○	30. Basement Supervision	Y/N	Failed to remain with children in space below ground level at all times when provider and substitute when upstairs at the same time and left children in the basement with OEC specialist.
	Used for Care ?	Y/N	
○	31. Stairways - Protected, Handrails		Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children when outdoor stairs to upper level of home is accessible to children
○	32. Emergency Plan		Failed to maintain a written emergency plan; provider and staff were unable to locate during visit.

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to practice quarterly emergency evacuation drills. Failed to maintain a written log of the practices drills. Failed to maintain a written log of the drills for one year. No documentation available during visit.	
<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 type="radio"/>	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided for all children enrolled (only 2 current children listed)	
<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) for 5 children enrolled	

<input type="radio"/>	54. Child Health Record	Failed to maintain child health record(s) for 3 children enrolled
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s) for 5 children enrolled
<input type="radio"/>	56. Emergency Permission	Failed to maintain complete emergency care information 5 children enrolled
<input type="radio"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of child(ren) for 4 children enrolled
<input type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input type="checkbox"/>	59. Swimming Permission	
<input type="radio"/>	60. Incident Log	Failed to maintain an incident log for each child for 6 children enrolled
<input type="checkbox"/>	61. Confidentiality	
<input type="radio"/>	62. Meeting the Child's Needs	Failed to meet the physical needs of children when observed 2 children on iPads throughout entire visit.
<input type="checkbox"/>	63. Sufficient Play Equipment	
<input type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input type="radio"/>	65. Handwashing	Failed to ensure the provider's, staff and children's hands are washed with soap and water before eating or handling food when provider gave children snack (banana) to eat
<input type="radio"/>	66. Flexible and Balanced Written Schedule	Failed to develop and implement a written schedule; schedule not available during today's visit. Failed to ensure the schedule is flexible, with time for free choice play, outdoor play, snacks, meals and a rest period when 2 children were observed using iPads throughout visit.
<input type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Failed to ensure children nap or rest on cribs, beds, cots, mats or other provisions when both cribs have 2 mattresses in them.
<input type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Failed to maintain a snug fitting mattress covered with a tightly-fitted sheet when top crib mattress has a loose sheet.

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
○	77. Req. for Sleep Arrangements Posted/Discussed	Failed to post in a conspicuous place the requirements for sleep arrangements
X	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
○	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet
○	81. Supervision-at all Times, Indoors, Outdoors	Failed to provide supervision at all times when provider and substitute left 3 children in basement level with OEC specialist. Provider failed to maintain supervision of infant when she took infant to upper level of home, left him with a female visitor and came down to child care area.
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 type="radio"/>	93. Access- Immediate, Entire or Part of Facility and Records	Failed to allow OEC staff immediate access to any part of the facility during customary business hours; access was allowed 28 minutes after OEC arrival. Household member came and opened door.
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Are Medications Administered?

N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

<input checked="" type="checkbox"/>	94. Policies and Procedures for Admin of Meds	
<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	
<input checked="" type="checkbox"/>	100. Written Auth Prescriber/Parent Permission	
<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	
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ADDITIONAL VIOLATIONS

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

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

DISCUSSIONS:

~ Discussed regulations with provider, OEC approved substitute (husband) and son at time of visit. Provided link to access copy of regulations; provider and staff are required to read, have an awareness and understand regulations as well as have a copy of the regulations on hand.

~ Provider stated she cannot find the developmental milestones, sleep arrangements for infants, emergency plans and evacuation drills documentation she previously had posted on bulletin board on orange section of wall. OEC provided all documents at today's visit.

~ Discussed tutorial videos previously provided via email; provider and staff are encouraged to view in its entirety.

~ Provided BCIS information to have household member conduct background check if he will continue to reside in home.

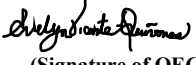


~ Additional female adult was observed during OEC visit, provider stated she has only been staying at home for a few days.

~ Notification of Change must be submitted within 5 working days for any changes in home including but not limited to new household members residing in home

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 (Printed Name)		04/25/2024	LEONARDINA QUEVEDO GARCIA (Printed Name)