



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	NATALIA M GALAN				<b>License Number</b>	DCFH.57313	<b>Date of Inspection</b>	04/30/2024
					<b>Expiration Date</b>	1/31/2028	<b>Time of Inspection</b>	01:09 PM
<b>Address</b>	576 CENTRAL AVE APT 1B NEW HAVEN CT 06515-2151				<b>Telephone</b>	(347) 337-4767	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MON- FRI 7:00AM-5:00PM	<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>	0	<b># of Total Children Present</b>	4	<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	laudalia1@gmail.com				<b>Inspector's Email</b>	silvana.carreon-zegarra@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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>Natalia</i> _____ 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:	08/24/2026
X	14. First Aid Certificate	
	Expiration date:	07/14/2025

X	15. CPR Certificate		
	Expiration date: 07/14/2025		
X	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
X	17. Medical Statement		
X	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
X	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
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		

X	33. Emergency Evacuation Drills - Quarterly/Log		
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   Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
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: Public Water		
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		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
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	
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

<input checked="" type="checkbox"/>	93. Access- Immediate, Entire or Part of Facility and Records	
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### 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
<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 type="checkbox"/>	98. Unused - Expired Nonprescription Meds	Failed to ensure that expired medication is destroyed or returned to the parent Specialist observed A+D nonprescription topical medication expired
<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	

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

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

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

**DISCUSSIONS:**



Safe Sleep.  
Documentation for prescription and nonprescription meds.  
Enrollment and Permission documentation.

**COMMENTS:**

The communication with the provider was in Spanish.

**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)	05/14/2024	NATALIA M GALAN (Printed Name)