




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	JAHAIRA I ORTIZ				License Number	DCFH.55719	Date of Inspection	06/18/2024
					Expiration Date	7/31/2026	Time of Inspection	11:37 AM
Address	196 DOVER ST NEW HAVEN CT 06513-4817				Telephone	(203) 690-9032	Regular Capacity	6
					Days and Hours	MON- FRI 6:00AM-6:00PM	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	6	Inspector's Name	Linda Johnson Moylan		
Provider's Email	jahairaortiz8519@hotmail.com				Inspector's Email	linda.moylan@ct.gov		
Key: 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>							
					 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	
	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:	04/05/2025
	14. First Aid Certificate	
	Expiration date:	04/20/2026

X	15. CPR Certificate		
	Expiration date: 04/20/2026		
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	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
○	21. Background Check(s)	Failed to maintain evidence of compliance with background checks	
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 gas stove knobs were observed accessible to children when using the bathroom and outside door.	
○	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when various personal care items were observed in the bathroom including deodorant and Bear Drops. RX medication and over the counter meds were observed on the kitchen cabinet.	
X	25. Bio-contaminants Disposed Safely		
○	26. Safe Storage of Flammables	Failed to keep flammable material(s) inaccessible to children when lighter fluid was observed on a hallway step used to go outside.	
○	27. Safe Door Fasteners	Observed bedroom door and basement door not locked.	
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
X	31. Stairways - Protected, Handrails		
○	32. Emergency Plan	Failed to maintain a written emergency plan	

<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 type="radio"/>	38. Safe Storage of Weapons and Ammunition	Observed gun case in same drawer as ammunition in bureau drawer of unlocked bedroom. Failed to store gun unloaded per provider. Failed to store ammunition separately and locked. Failed to utilize locks with a key, combination, or other similar locking mechanism.	
<input type="radio"/>	39. Safe Space-Sufficient	Failed to ensure sufficient indoor space. Failed to protect outdoor play area from hazards when one fence area is broken with rusty nail heads and hook accessible.	
	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 type="radio"/>	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees when bathroom sink measured at 137 degrees.	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<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)when child's current address was nor on form.	

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record(s) for one child.
<input type="radio"/>	55. Immunizations	Failed to maintain immunization record(s) for one child.
<input type="radio"/>	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for one child.
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<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 checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Failed to ensure mattress position in crib met the manufacturer's guidelines forage.
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<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	
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Are Medications Administered? 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 checked="" type="checkbox"/>	98. Unused - Expired Nonprescription Meds	
<input checked="" type="checkbox"/>	99. Documented Medication Trained Staff	
<input type="checkbox"/>	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication for one inhaler .
<input checked="" type="checkbox"/>	101. MAR Maintained	
<input type="checkbox"/>	102. Prescription Meds – Stored/Labeled	Failed to maintain proper labeling of medication which was also not stored in a locked area.
<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? 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	




<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed daughter cannot do direct care while assisting. Emergency caregiver.

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)
Linda Johnson Moylan (Printed Name)	(Printed Name)	07/02/2024	JAHAIRA I ORTIZ (Printed Name)