



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	MICHELLE LUGO				License Number	DCFH.55036	Date of Inspection	07/09/2024
					Expiration Date	3/31/2025	Time of Inspection	11:18 AM
Address	190 QUINNIAC AVE NEW HAVEN CT 06513-4542				Telephone	(203) 410-9387	Regular Capacity	6
					Days and Hours	MON- FRI 7:00AM. - 5:00 PM	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	Silvana Carreon Zegarra		
Provider's Email	michellemtl@aol.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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></p> <p style="text-align: right;"><i>Michelle Lugo</i> Signature of Provider/Substitute/Applicant</p>							

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	
O	13. Medical statement	Failed to maintain current medical statement. Observed an Adult Medical Statement for Child Car expired on 3/4/24.
	Expiration date: 03/24/2024	
O	14. First Aid Certificate	Failed to maintain current certificate. Observed certificate completed on 2/19/22.
	Expiration date: 02/19/2024	

<input type="radio"/>	15. CPR Certificate Expiration date: 02/19/2024	Failed to maintain current certificate. Observed certificate completed on 2/19/22.	
<input checked="" type="checkbox"/>	16. Judgment		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
<input checked="" type="checkbox"/>	19. Substitute or Assistant Type of Staff :	Y/N N	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
<input checked="" type="checkbox"/>	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input checked="" type="checkbox"/>	23. Freedom of Hazards		
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible		
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely		
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables		
<input checked="" type="checkbox"/>	27. Safe Door Fasteners		
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input type="radio"/>	29. Safe Exits	Failed to keep exits free from obstruction(s)	
<input checked="" type="checkbox"/>	30. Basement Supervision Used for Care ?	Y/N N Y/N	
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails		
<input checked="" type="checkbox"/>	32. Emergency Plan		

○	33. Emergency Evacuation Drills - Quarterly/Log	Failed to practice quarterly emergency evacuation drills, and the written log of the drills for one year. The specialist observed an Emergency Evacuation Log with the days that the provider wrote last year during the last inspection, but she did not practice the evacuation.	
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		
○	44. Washing Toileting, Sewage Garbage Facilities	Failed to keep trash covered when the children's bathroom was observed without garbage can. By the kitchen was observed a trash can without lid.	
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		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain complete/current child health records when upon reviewed six children's files, the specialist observed 2 children's physical exam were missing and 1 physical exam expired on February.
O	55. Immunizations	Failed to maintain complete immunization record when upon reviewed six children's files, the specialist observed 2 children's immunization records were missing and 2 flu vaccination were missing.
O	56. Emergency Permission	Failed to maintain complete emergency care information when one of the six children's file did not have complete emergency care information
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	

O	74. Crib or Other Provision Free from Observable Hazards	Failed to ensure no items are placed with an infant in a crib or other piece of equipment designed for sleeping. The specialist observed a nine-month-old baby sleeping in the playpen on a blanket and with a light blanket around his waist.
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



X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **Y** 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	
○	99. Documented Medication Trained Staff	Failed to maintain current or complete documentation of training in the administration of medication when the provider can't find her certificate.
○	100. Written Auth Prescriber/Parent Permission	Failed to maintain written parent permission for three medication of the same child.
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
	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? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
<p>The provider reviewed the information of the enrollment and Permission forms to ensure parents complete them correctly. Reviewed Safe Sleep Regulation using visual cues. The provider removed the blankets of the playpen during the inspection.</p>			
<p>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.</p>			
<p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)	(Signature of OEC Representative)	07/23/2024	MICHELLE LUGO (Printed Name)