



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	LUCY C AMARO				License Number	DCFH.54533	Date of Inspection	07/22/2024
					Expiration Date	3/31/2026	Time of Inspection	09:45 AM
Address	113 BOULANGER AVE WEST HARTFORD CT 06110-1178				Telephone	(860) 816-0778	Regular Capacity	6
					Days and Hours	7:00AM - 4:30PM MONDAY - FRIDAY	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	5	Inspector's Name	Patty Tyburski		
Provider's Email	lucyamaro58@gmail.com				Inspector's Email	patricia.tyburski@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). Lucy Amaro
 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	
O	13. Medical statement	Failed to maintain current medical statement(s) when provider was unable to find her most recent physical form from March 2024.
	Expiration date: 07/20/2024	
X	14. First Aid Certificate	
	Expiration date: 01/14/2026	

X	15. CPR Certificate	
	Expiration date:	
	01/14/2026	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Failed to maintain medical statement(s) for 1 household members.
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

O	21. Background Check(s)	Failed to maintain evidence of compliance with background checks when provider was unable to access her roster during the inspection.. Failed to ensure comprehensive background check(s) have been conducted for Great Granddaughter who has been in the home for at least 30 days.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment	
X	23. Freedom of Hazards	
O	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when cleaning solution was observed in an open bucket in the bathroom and locks on cabinets in the kitchen were not engaged with cleaning chemicals accessible underneath.
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 Y
	Used for Care ?	Y/N N
O	31. Stairways - Protected, Handrails	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children, observed stairs to upper level accessible to children at front door entry and as they pass between the living room and playroom.
O	32. Emergency Plan	Failed to maintain a written emergency plan, provider was unable to find the document during the inspection.

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills, provider was unable to find the written log during the inspection.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input type="radio"/>	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home when not observed on the upstairs top level of the home.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<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 checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Failed to maintain a complete first aid kit when first aid kit was observed to be missing tweezers and thermometer.	
<input type="radio"/>	51. Pet protection	Type: 1 cat and 1 dog	
	Pets?	Y	
	Rabies Certs?	N	Failed to maintain current rabies vaccination certificate(s) observed expired Rabies vaccinations for both animals.
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
<input checked="" type="checkbox"/>	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record(s) when 3 enrolled children physicals were observed to be expired.
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s) when 3 enrolled children's physicals did not have proof of flu vaccine for 2023-2024 flu season. Failed to maintain current immunization record(s) when 3 enrolled children's health records did not
<input checked="" type="checkbox"/>	56. Emergency Permission	
<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 checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<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


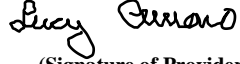
X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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 training in the administration of injectable medications when enrolled child requires an Epi Pen.
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	Failed to maintain proper storage of medication.
X	103. Unused/Expired Prescription Meds	
○	104. Emergency Meds- Equip. Labeled/Current	Failed to maintain emergency medication and/or equipment when the Diphenhydramine medication that doctors authorization form calls for is not on site.
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>Discussion: Reminder to limit screen time, tv should not be running in the back throughout the day. Handwashing with soap and water of child after diaper changes. Children must wash hands prior to eating as well as after using the toilet. Keep newer pack and play to be used for infants and ensure sheets fit properly as changed during the inspection. Follow daily schedule as much as possible during inspections so children can follow normal routine. Parents need to update enrollment and permission documents for current information so provider always has the most current information at all times.</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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Patty Tyburski (Printed Name)	 (Printed Name)	08/05/2024	LUCY C AMARO (Printed Name)