

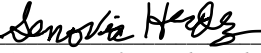


Connecticut Office of
Early Childhood

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 | SENOVIA HERNANDEZ | | | | License Number | DCFH.53047 | Date of Inspection | 08/08/2024 |
| | | | | | Expiration Date | 10/31/2028 | Time of Inspection | 09:28 AM |
| Address | 232 HILLSIDE AVE WATERBURY CT 06710-1813 | | | | Telephone | (860) 459-8118 | Regular Capacity | 6 |
| | | | | | Days and Hours | MON-SAT 6:00 AM -12:00AM | 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 | Alexandra Rodriguez | | |
| Provider's Email | Senovia.daycare@gmail.com | | | | Inspector's Email | alexandra.rodriguez@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 | |
| 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: | 09/29/2024 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 10/14/2025 |

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|--|--|---|--|
| X | 15. CPR Certificate | | |
| | Expiration date: 10/14/2025 | | |
| 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 | | | |
| X | 21. Background Check(s) | | |
| PHYSICAL ENVIRONMENT 19a-87b-9 | | | |
| X | 22. Clean/Sanitary Environment | | |
| ○ | 23. Freedom of Hazards | Observed large empty glass bottle of alcohol outside and cleaning spray (Kaboom) accessible to children. | |
| 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 Y | |
| | Used for Care ? | Y/N N | |
| X | 31. Stairways - Protected, Handrails | | |
| X | 32. Emergency Plan | | |

| | | | |
|--|---|--|--|
| O | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to maintain a written log of the drills for one year. | |
| 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: | Y/N | |
| | Barrier? | 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 | Type: | |
| | Pets? | N | |
| | Rabies Certs? | | |
| X | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| X | 53. Enrollment Form | | |

| | | |
|----------------------------------|--|--|
| <input type="radio"/> | 54. Child Health Record | Observed one child's health assessment record missing date of exam. |
| <input checked="" type="radio"/> | 55. Immunizations | |
| <input checked="" type="radio"/> | 56. Emergency Permission | |
| <input checked="" type="radio"/> | 57. Authorized Release | |
| <input checked="" type="radio"/> | 58. Field Trip and Transportation Permission-To/From School | |
| <input checked="" type="radio"/> | 59. Swimming Permission | |
| <input checked="" type="radio"/> | 60. Incident Log | |
| <input checked="" type="radio"/> | 61. Confidentiality | |
| <input checked="" type="radio"/> | 62. Meeting the Child's Needs | |
| <input type="radio"/> | 63. Sufficient Play Equipment | Failed to provide sufficient indoor play equipment. Observed television on during entire inspection. Children idling with a couple of toys available. |
| <input checked="" type="radio"/> | 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. Observed provider give children snack. Provider nor children washed hands prior to snack. |
| <input type="radio"/> | 66. Flexible and Balanced Written Schedule | Failed to develop and implement a written schedule. |
| <input checked="" type="radio"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles | |
| <input type="radio"/> | 68. Proper Rest Provisions – Safe Cribs | Failed to ensure cribs comply with current CPSC standards. Observed one crib manufactured in 2010. |
| <input checked="" type="radio"/> | 69. Individual Plan for Care (Written if Applicable) | |
| <input checked="" type="radio"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities | |
| <input checked="" type="radio"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | |
| <input type="radio"/> | 72. Infants Placed on Back for Sleeping | Failed to ensure infants are placed on their back for sleeping. Observed three month old sleeping on tummy in crib. |
| <input checked="" type="radio"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | |

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|--|--|---|
| <input checked="" type="radio"/> | 74. Crib or Other Provision Free from Observable Hazards | Observed two mattresses, and two thick blankets under and on top of 3 month old sleeping in crib. |
| <input checked="" type="radio"/> | 75. Infants not Swaddled | |
| <input checked="" type="radio"/> | 76. Infants Supervised – minimum every 15 minutes | |
| <input checked="" type="radio"/> | 77. Req. for Sleep Arrangements Posted/Discussed | Failed to post in a conspicuous place the requirements for sleep arrangements. |
| <input checked="" type="radio"/> | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal | |
| <input checked="" type="radio"/> | 79. Parent Information and Access | |
| <input checked="" type="radio"/> | 80. Developmental Milestones – Posted | |
| <input checked="" type="radio"/> | 81. Supervision- at all Times, Indoors, Outdoors | |
| <input checked="" type="radio"/> | 82. Personal Schedule- Alert, Competent Attention | |
| <input checked="" type="radio"/> | 83. Full Attention - Distractions, Employment, Socialization | |
| <input checked="" type="radio"/> | 84. Immediate Attention | |
| <input checked="" type="radio"/> | 85. Substitute – Emergency Caregiver Present | |
| <input checked="" type="radio"/> | 86. Appr. Discipline, Behavior Management | |
| <input checked="" type="radio"/> | 87. Discuss Beh. Management Methods w/Staff and Parents | |
| <input checked="" type="radio"/> | 88. Child Protection- Abuse/Neglect | |
| <input checked="" type="radio"/> | 89. Notify OEC within 24 hrs. - Death or Serious Injury | |
| <input checked="" type="radio"/> | 90. Mandated Reporting Abuse or Neglect to DCF | |
| SICK CHILD CARE 19a-87b-11 | | |
| <input checked="" type="radio"/> | 91. Sick Child Care | |
| IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am) | | |
| <input checked="" type="radio"/> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

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| 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 | |
| O | 95. Parent Permission for Nonprescription Topical Meds | Failed to maintain written permission from the parents prior to the administration of one nonprescription topical medication. |
| X | 96. Notification - Documentation of Med Error(s) | |
| O | 97. Nonprescription Topical Meds- Stored/Labeled | Failed to maintain proper labeling of nonprescription topical medications. |
| X | 98. Unused - Expired Nonprescription Meds | |
| X | 99. Documented Medication Trained Staff | |
| X | 100. Written Auth Prescriber/Parent Permission | |
| X | 101. MAR Maintained | |
| X | 102. Prescription Meds – Stored/Labeled | |
| X | 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 | |
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ADDITIONAL VIOLATIONS

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



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

DISCUSSIONS/COMMENTS

Discussed with provider importance of safe sleep regulations/requirements.
 Discussed with provider importance of planning engaging activities with children not limited to art, music, reading books etc while limiting tv time.

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) |
| Alexandra Rodriguez (Printed Name) | (Printed Name) | 08/22/2024 | SENOVIA HERNANDEZ (Printed Name) |