

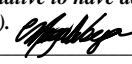


Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

Provider	MAGALI L VEGA				License Number	DCFH.57913	Date of Inspection	08/13/2024
					Expiration Date	10/31/2027	Time of Inspection	09:27 AM
Address	704 W WOODS RD HAMDEN CT 06518-1857				Telephone	(203) 444-4641	Regular Capacity	6
					Days and Hours	M-F 7-6pm	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	3	# of Total Children Present	4	Inspector's Name	Patty Tyburski		
Provider's Email	littlebobcats704@gmail.com				Inspector's Email	patricia.tyburski@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:	02/22/2026
X	14. First Aid Certificate	
	Expiration date:	05/31/2026

<b>X</b>	<b>15. CPR Certificate</b>		
	Expiration date:		
	<b>05/31/2026</b>		
<b>X</b>	<b>16. Judgment</b>		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<b>X</b>	<b>17. Medical Statement</b>		
<b>X</b>	<b>18. Household Environment</b>		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<b>X</b>	<b>19. Substitute or Assistant</b>	<b>Y/N</b>	
	Type of Staff :	<b>Y</b>	
	Assistant		
<b>X</b>	<b>20. Emergency Caregiver</b>		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<b>X</b>	<b>21. Background Check(s)</b>		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<b>X</b>	<b>22. Clean/Sanitary Environment</b>		
<b>X</b>	<b>23. Freedom of Hazards</b>		
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>		
<b>X</b>	<b>26. Safe Storage of Flammables</b>		
<b>X</b>	<b>27. Safe Door Fasteners</b>		
<b>X</b>	<b>28. Electrical Safety</b>		
<b>X</b>	<b>29. Safe Exits</b>		
<b>X</b>	<b>30. Basement Supervision</b>	<b>Y/N</b>	
		<b>Y</b>	
	Used for Care ?	<b>Y/N</b>	
		<b>N</b>	
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>		
<b>X</b>	<b>32. Emergency Plan</b>		

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>O</b>	44. Washing Toileting, Sewage Garbage Facilities	<b>Failed to keep trash covered when second trash can in the bathroom was observed without a lid and accessible to children.</b>	
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>O</b>	48. Working Phone, Emergency Numbers Posted	<b>Failed to maintain complete emergency phone numbers when it was observed that not enrolled children were on the list.</b>	
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: Dog Y Y	
<b>X</b>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<b>X</b>	53. Enrollment Form		

<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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

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



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

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>X</b>	100. Written Auth Prescriber/Parent Permission	
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds - Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

### Child with diabetes enrolled? **N** MONITORING OF DIABETES 19a-87b-18

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
<b>X</b>	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
YES or NO? Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p><b>Discussed:</b>          Having parents review enrollment and permission forms yearly to ensure all information is current. Parents can initial and date the form when completed reviewing.          Make sure alternate shelter on the emergency plan is outside of the neighborhood. It's meant to be a separate location in case you must evacuate home and neighborhood.          Building in the back being zoned as a separate address prior to renting if you do not want tenants to have to receive background checks and adult medicals.          Having an incident log on file for all enrolled children.          Written quarterly log for fire drills.          Prior to using the basement for child care specialist must come out to approve.          Have enrollment and permission forms for providers own children on file.</p>			
<p><b>NOTE:</b> 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><b>APPLICANTS- PLEASE NOTE:</b> 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)
<b>Patty Tyburski</b> (Printed Name)	 (Printed Name)	<b>08/27/2024</b>	<b>MAGALI L VEGA</b> (Printed Name)