



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	LERY GONZALEZ				License Number	DCFH.56889	Date of Inspection	08/13/2024
					Expiration Date	1/31/2025	Time of Inspection	01:53 PM
Address	370 LONG HILL AVE SHELTON CT 06484-5501				Telephone	(646) 688-9233	Regular Capacity	6
					Days and Hours	M-F 7:30AM-5:30PM	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	0	# of Total Children Present	2	Inspector's Name	Eileen Ruiz		
Provider's Email	lerygonzalez26@gmail.com				Inspector's Email	eileen.ruiz@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). *Ery Gonzalez*
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

	12. Awareness of, Understanding of Regulations	
	13. Medical statement	
	Expiration date:	11/30/2023
	14. First Aid Certificate	
	Expiration date:	12/04/2024

	15. CPR Certificate	
	Expiration date:	
	12/04/2024	
	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

	17. Medical Statement	
	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
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	
		N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
	32. Emergency Plan		

	33. Emergency Evacuation Drills - Quarterly/Log		
	34. Smoke Detectors		
	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors		
X	40. Body of Water- Type: Pool Barrier?	Y/N Y	
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		
	46. Water Temperature- 60°-120°		
	47. Pasteurization of Milk Supply		
	48. Working Phone, Emergency Numbers Posted		
	49. Safe Transportation Registered, Insured, Restraints		
	50. First Aid supplies		
	51. Pet protection Pets? Rabies Certs?	Type: Cat Y N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain complete child health record(s) for one child enrolled.
X	55. Immunizations	
X	56. Emergency Permission	
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	
	65. Handwashing	
	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
	72. Infants Placed on Back for Sleeping	
	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

	74. Crib or Other Provision Free from Observable Hazards	
	75. Infants not Swaddled	
	76. Infants Supervised – minimum every 15 minutes	
	77. Req. for Sleep Arrangements Posted/Discussed	
	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
	79. Parent Information and Access	
	80. Developmental Milestones – Posted	
	81. Supervision- at all Times, Indoors, Outdoors	
	82. Personal Schedule- Alert, Competent Attention	
	83. Full Attention - Distractions, Employment, Socialization	
	84. Immediate Attention	
	85. Substitute – Emergency Caregiver Present	
	86. Appr. Discipline, Behavior Management	
	87. Discuss Beh. Management Methods w/Staff and Parents	
	88. Child Protection- Abuse/Neglect	
	89. Notify OEC within 24 hrs. - Death or Serious Injury	
	90. Mandated Reporting Abuse or Neglect to DCF	

SICK CHILD CARE 19a-87b-11

	91. Sick Child Care	
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IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X

93. Access-
Immediate, Entire
or Part of Facility
and Records

Are Medications Administered? **N**

ADMINISTRATION OF MEDICATIONS 19a-87b-17

94. Policies and
Procedures for
Admin of Meds

95. Parent
Permission for
Nonprescription
Topical Meds

96. Notification -
Documentation of
Med Error(s)

97.
Nonprescription
Topical Meds-
Stored/Labeled

98. Unused -
Expired
Nonprescription
Meds

99. Documented
Medication
Trained Staff

100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

102. Prescription
Meds -
Stored/Labeled

103.
Unused/Expired
Prescription Meds

104. Emergency
Meds- Equip.
Labeled/Current

105. Self-Admin.
Of Meds

106. Petition for
Special Medication
Authorization

Child with diabetes enrolled? **N**

MONITORING OF DIABETES 19a-87b-18


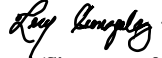
108. Policies for
Finger Stick Blood
Glucose Testing

109. Finger Stick
Blood Glucose
Testing - Staff
Trained

110. Self Admin of
Finger Stick Blood
Glucose Testing

111. Testing
Equip. & Supplies-
Maintain, Labeled,
Locked, Disposed

112. Finger Stick
Blood Glucose
Testing Records

	113. Parent Notification of Test Results		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A? X	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
<p>All items not observed at today's visit will be observed in Day 2 inspection. Only two children enrolled. Brief walkthrough conducted. Specialist Took enrollment of the two children.</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)
Eileen Ruiz (Printed Name)	 (Printed Name)	08/27/2024	LERY GONZALEZ (Printed Name)