

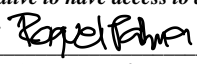


Connecticut Office of
Early Childhood

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 | RAQUEL PALMA-PAZ | | | | License Number | DCFH.57923 | Date of Inspection | 08/19/2024 |
| | | | | | Expiration Date | 11/30/2027 | Time of Inspection | 09:38 AM |
| Address | 30 PERRY RD HAMDEN CT 06514-3228 | | | | Telephone | (475) 777-0406 | Regular Capacity | 6 |
| | | | | | Days and Hours | Monday-Friday 7AM-5PM | 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 | 3 | Inspector's Name | Melina Perez | | |
| Provider's Email | raquel_palma85@outlook.es | | | | Inspector's Email | melina.perez@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: | 07/10/2026 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 06/16/2025 |

| | | | |
|--|---|---|--|
| X | 15. CPR Certificate | | |
| | Expiration date: | | |
| | 06/16/2025 | | |
| 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 | | |
| X | 23. Freedom of Hazards | | |
| ○ | 24. Harmful Substances/Materials Inaccessible | Failed to ensure harmful substances and materials are inaccessible to children when Clorox Bleach Cleaner, Eyewash, and Shampoo Cleanser were observed in the unlocked bathroom cabinet under the sink. All Purpose Cleaner and Bleach After Shower Cleaner were also observed in an unlocked cabinet | |
| 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 | |
| ○ | 31. Stairways - Protected, Handrails | Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children when the basement door that leads directly to the stairs and is next to the bathroom the children are using was observed without an additional lock on it. | |
| X | 32. Emergency Plan | | |

| | | | |
|--|--|-----------------------|--|
| X | 33. Emergency Evacuation Drills - Quarterly/Log | | |
| 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 | | |
| 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 Pets? Rabies Certs? | Type: 1 Dog Y Y | |
| X | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| X | 53. Enrollment Form | | |

| | | |
|----------|--|--|
| X | 54. Child Health Record | |
| 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 | |
| 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 | |

| | | |
|--|--|---|
| 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 | |
| O | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal | Failed to wash the child's hands after diapering when it was observed that the provider did not wash a child's hands with soap and water after changing their diaper. |
| 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 | |
|----------|---|--|

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 | |
| 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 | |
|----------|---|--|

ADDITIONAL VIOLATIONS

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

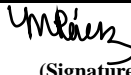

| | |
|--------------------------|---|
| YES or NO? Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|

DISCUSSIONS/COMMENTS

-EpiPen Training expiring 12/13/2024
 -Reminder to complete fire drills a minimum of 4 times per year
 -Notification of Change
 -Flu vaccines needed by 12/31/2024
 -Have parents/guardians review enrollment/written permissions annually for any changes

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: 09/02/2024 |  (Signature of Provider/Applicant/Substitute) |
| Melina Perez (Printed Name) | (Printed Name) | | RAQUEL PALMA-PAZ (Printed Name) |