




Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|  |   |   |                             |   |                    |                                |                     |            |
|--|---|---|-----------------------------|---|--------------------|--------------------------------|---------------------|------------|
| Provider                                   | JULIA SOLIS   |   |                             |   | License Number     | DCFH.57950                     | Date of Inspection  | 10/11/2024 |
|  |   |   |                             |   | Expiration Date    | 1/31/2028                      | Time of Inspection  | 08:48 AM   |
| Address                                    | 157 FARREN AVE<br>NEW HAVEN CT 06513-4528   |   |                             |   | Telephone          | (203) 508-0461                 | Regular Capacity    | 6          |
|  |   |   |                             |   | Days and Hours     | Monday-Friday 6:00AM - 6:00PM  | 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   | Silvana Carreon Zegarra        |                     |            |
| Provider's Email                           | santi.sx98@gmail.com  |   |                             |   | Inspector's Email  | silvana.carreon-zegarra@ct.gov |                     |            |
| Key:<br>Compliant = X<br>Non-Compliant = O | <p><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></p> <p style="text-align: right;"><br/>Signature of Provider/Substitute/Applicant</p> |   |                             |   |                    |                                |                     |            |

### 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:                               | 09/07/2026 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 08/18/2025 |

|  |   |  |       |         |  |
|--|---|--|-------|---------|--|
| X  | 15. CPR Certificate                           |  |       |         |  |
|  | Expiration date:<br>08/18/2025                |  |       |         |  |
| X  | 16. Judgment                                  |  |       |         |  |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |  |       |         |  |
| X  | 17. Medical Statement                         |  |       |         |  |
| X  | 18. Household Environment                     |  |       |         |  |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |  |       |         |  |
| X  | 19. Sub/Assistant                             | Y/N  | Name: | Appvl # |  |
|  | Type of Staff :                               | N  |       |         |  |
| X  | 20. Emergency Caregiver                       |  |       |         |  |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |  |       |         |  |
| X  | 21. Background Check(s)                       |  |       |         |  |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |  |       |         |  |
| 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  |       |         |  |
|  | Used for Care ?                               | Y  |       |         |  |
| X  | 31. Stairways - Protected, Handrails          | Y/N  |       |         |  |
| O  | 32. Emergency Plan                            | Failed to maintain a written emergency plan. No observed an Emergency Plan Form. The provider completed one during the inspection. |       |         |  |

|  |  |   |  |
|--|--|---|--|
| <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<br>Type?                          | Appvd?  |  |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |   |  |
| <b>X</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y         |   |  |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N  |  |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N  |  |
| <b>X</b>                                       | 42. Ventilation, Light and Temperature- 65°                      |   |  |
| <b>X</b>                                       | 43. Window Safety  |   |  |
| <b>X</b>                                       | 44. Washing Toileting, Sewage Garbage Facilities                 |   |  |
| <b>X</b>                                       | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |   |  |
| <b>X</b>                                       | 46. Water Temperature- 60°-120°                                  |   |  |
| <b>X</b>                                       | 47. Pasteurization of Milk Supply                                |   |  |
| <b>X</b>                                       | 48. Working Phone, Emergency Numbers Posted                      |   |  |
| <b>X</b>                                       | 49. Safe Transportation Registered, Insured, Restraints          |   |  |
| <b>X</b>                                       | 50. First Aid supplies   |   |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N  |  |
| <b>X</b>                                       | 52. Smoking Prohibited   |   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |   |  |
| <b>O</b>                                       | 53. Enrollment Form  | Failed to maintain child enrollment form. The provider mentioned having three children enrolled in the program, but no enrollment forms were found. Four enrollment forms were missig |  |

|                                  |  |   |
|----------------------------------|--|---|
| <input type="radio"/>            | 54. Child Health Record  | Failed to maintain child health record when one health record was missing   |
| <input type="radio"/>            | 55. Immunizations  | Failed to maintain immunization record when one record was missing.   |
| <input type="radio"/>            | 56. Emergency Permission   | Failed to maintain written parent permission for emergency medical care when four children did not have emergency permissions in the family home care.                |
| <input type="radio"/>            | 57. Authorized Release   | Failed to maintain written parent permission to authorize removal of children when four children did not have authorized release information in the family home care. |
| <input type="radio"/>            | 58. Field Trip and Transportation Permission-To/From School              | Failed to maintain written parent permission for transportation of children when four children did not have a written permission forms.                               |
| <input checked="" type="radio"/> | 59. Swimming Permission  |   |
| <input type="radio"/>            | 60. Incident Log   | Failed to maintain an incident log for each child. Incident log were missing for three children   |
| <input checked="" type="radio"/> | 61. Confidentiality  |   |
| <input checked="" type="radio"/> | 62. Meeting the Child's Needs  |   |
| <input checked="" type="radio"/> | 63. Sufficient Play Equipment  |   |
| <input checked="" type="radio"/> | 64. Good Nutrition- Meals/Snacks, Water Available                        |   |
| <input checked="" type="radio"/> | 65. Handwashing  |   |
| <input checked="" type="radio"/> | 66. Flexible and Balanced Written Schedule                               |   |
| <input checked="" type="radio"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| <input checked="" type="radio"/> | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| <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 checked="" type="radio"/> | 72. Infants Placed on Back for Sleeping                                  |   |
| <input checked="" type="radio"/> | 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<br/>(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 |  |
|----------|---|--|

Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

|          |  |  |
|----------|--|--|
| <b>O</b> | 94. Policies and Procedures for Admin of Meds          | Failed to maintain complete written policies on the administration of medication |
| <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 |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

**ADDITIONAL VIOLATIONS**

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

**YES or NO?**  
**Yes**

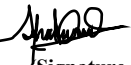


**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

The provider reviewed Complete OEC Regulations highlighting safe sleep, medication, documentation (notification of change) and capacity. Also she received information regarding Flu vaccination and the requirements. The provider received the complete enrollment packet, authorization for the administration of medication, individual plan care, which were explained in detail. During the initial inspection, the patio was approved as an outdoor area. However, during the full inspection, the area was observed as a parking lot with three cars. The provider stated that she does not use the patio; instead, she uses the porch as an outdoor area. After a conversation, the provider decided to create another outdoor area in the grass, but she needs to clean and add stairs to have better access to the area.

**IMPORTANT NOTES**

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

|   |  |                                |   |
|---|--|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Silvana Carreon Zegarra</b><br>(Printed Name)  | <br>(Printed Name)   | <b>10/25/2024</b>              | <b>JULIA SOLIS</b><br>(Printed Name)  |