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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	GLADYS Y PORTILLO PALMA	**License Number**	DCFH.57099	**Date of Inspection**	01/16/2025
		Expiration Date	9/30/2026	**Time of Inspection**	08:57 AM
Address	28 LESLIE ST UNIT B STAMFORD CT 06902-4611	**Telephone**	(203) 554-4537	**Regular Capacity**	6
		Days and Hours	MONDAY-FRIDAY 8:00 A.M.-5:00 P.M.	**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** 7	**Inspector's Name**	Candy Vargas		
Provider's Email	gyportillo.117@gmail.com	**Inspector's Email**	candy.vargas@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).*

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

O	4. Capacity	**Failed to maintain licensed capacity, when substitute was caring for 7 children with an unapproved caregiver.**
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	
O	11. Notification of Change	**Failed to notify the Office of the addition of two new household member.**

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement Expiration date: 05/18/2026	
X	14. First Aid Certificate Expiration date: 01/12/2026	

X	15. CPR Certificate Expiration date: 01/12/2026					
O	16. Judgment	Failed to demonstrate good judgement when two unapproved persons were observed in the program. One of them is in the process of becoming a DCFA and the other one is the emergency caregiver. Approved substitute was caring for 7 children, and provider was not present until 9:30 am.				
MEMBERS OF THE HOUSEHOLD 19a-87b-7						
O	17. Medical Statement	Failed to maintain complete medical statements for two new household members.				
X	18. Household Environment					
QUALIFICATIONS OF STAFF 19a-87b-8						
O	19. Sub/Assistant Type of Staff : Substitute	Y/N Y	Name:		Appvl #	
		Failed to utilize agency approved substitute, when unapproved person was observed assisting with the children in care.				
X	20. Emergency Caregiver					
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a						
O	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for two new household members.				
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					
O	28. Electrical Safety	Failed to maintain protective covers.				
X	29. Safe Exits					
X	30. Basement Supervision Used for Care ?	Y/N Y Y/N				
X	31. Stairways - Protected, Handrails					
O	32. Emergency Plan	Failed to maintain a complete written emergency plan. Plan was observed missing evacuation addresses and safe location within the home.				

O	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills.
O	34. Smoke Detectors	Failed to maintain operable smoke detectors on the first level of the home.
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on the first level of the home.
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: Y / Outdoors: Y	
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: N
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	

O	54. Child Health Record	Failed to maintain current child health record for 6 children.
O	55. Immunizations	Failed to maintain current immunization record for 6 children. 4 children are missing the influenza vaccine.
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	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
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

O	93. Access-Immediate, Entire or Part of Facility and Records	Failed to allow OEC staff immediate access to any part of the facility during customary business hours, when a bedroom door where a new household member stays was locked. The provider did not have a key, and the door was opened and access was granted at 10:18 am.

Are Medications Administered? N

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

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

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

DISCUSSIONS/COMMENTS

The provider was not observed in the program upon specialist arrival. There was an approved substitute, and two unapproved persons caring for the children. One is the emergency caregiver the other one is the providers cousin who is currently in process to become an Assistant.
Influenza vaccine requirements were explained to the provider.
Access was not immediately given to a locked bedroom on the first floor of the dwelling. Access was given after approximately one hour and 15 minutes as there was no key on premises for the room.
Access regulation discussed.
The provider, husband, and children moved out of the residency.

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.*

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Candy Vargas		01/30/2025	GLADYS Y PORTILLO PALMA
(Printed Name)	(Printed Name)		(Printed Name)