



FAMILY CHILD CARE HOME – INVESTIGATION

Provider	LUZ MARIA HERNANDO QUEZADA		License Number	DCFH.57383	Date of Inspection	01/28/2025
			Expiration Date	10/31/2028	Time of Inspection	11:16 AM
Address	80 COLONIAL RD STAMFORD CT 06906-1621		Telephone	(203) 832-4880	Regular Capacity	6
			Days and Hours	MONDAY - FRIDAY 8:00AM - 6:00PM	School Age Capacity	3
# Children Present	2	# Under 18 months present	1	Summer Care	Open	
Purpose of Investigation	Investigation 2025-45		Name of Inspector	Candy Vargas		
Provider's Email	luzmariahernando@gmail.com		Inspector's Email	candy.vargas@ct.gov		

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/Applicant/Substitute/Emergency Caregiver

SUBSTANTIATED VIOLATIONS OF REGULATIONS

VIOLATION	Statute - Regulation [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
Failed to maintain complete immunization record for one child, influenza vaccine also observed missing.		
VIOLATION	Statute - Regulation [19a-87b-10(b)(3)(B)]	Description: 056-Emergency Permission Form
Failed to maintain complete emergency care information.		
VIOLATION	Statute - Regulation [19a-87b-10(b)(3)(C) and/or 19a-87b-10(b)(3)(D)]	Description: 058-Field Trip and Transportation Permission
Failed to maintain written parent permission for transportation of one child.		
VIOLATION	Statute - Regulation [19a-87b-10(d)(3)]	Description: 069-Individual Plan of Care
Failed to develop and implement a written individual plan of care for one child with disabilities.		
VIOLATION	Statute - Regulation	Description:

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VIOLATION	Statute - Regulation	Description:
NOT SUBSTANTIATED AND/OR PENDING VIOLATIONS OF REGULATIONS		
STATUS: Not Substantiated	Statute - Regulation [19a-87b-6(b)]	Description: 013-Medical Statement
STATUS: Not Substantiated	Statute - Regulation [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
STATUS:	Statute - Regulation	Description:

STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:
STATUS:	Statute - Regulation	Description:




YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Provider's medical statement and CPR/FA certification were updated at the time of inspection. It was discussed with the provider that medical forms for children enrolled in the program must be completed using a Connecticut form.

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 regulations marked as pending, substantiated or non-substantiated were monitored or discussed.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 02/11/2025	 (Signature of Person in Charge)
Candy Vargas (Printed Name)	 (Printed Name)		LUZ MARIA HERNANDO QUEZADA (Printed Name)