



## 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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

|   |  |   |            |          |                                |                              |                            |                   |
|---|--|---|------------|----------|--------------------------------|------------------------------|----------------------------|-------------------|
| <b>Provider</b>                                   | <b>LUZ A IDARRAGA</b>                          |   |            |          | <b>License Number</b>          | <b>DCFH.55318</b>            | <b>Date of Inspection</b>  | <b>02/25/2025</b> |
|   |  |   |            |          | <b>Expiration Date</b>         | <b>4/30/2026</b>             | <b>Time of Inspection</b>  | <b>09:15 AM</b>   |
| <b>Address</b>                                    | <b>25 DOVER ST<br/>STRATFORD CT 06615-6633</b> |   |            |          | <b>Telephone</b>               | <b>(203) 572-0838</b>        | <b>Regular Capacity</b>    | <b>6</b>          |
|   |  |   |            |          | <b>Hours of Operation</b>      | <b>7:30 AM 5:30 PM</b>       | <b>School Age Capacity</b> | <b>3</b>          |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>                                    |   | <b>No?</b> | <b>X</b> | <b>Days of Operation</b>       | <b>Mon-Fri</b>               | <b>Summer Hours</b>        | <b>Open</b>       |
| <b>New Address</b>                                |  |   |            |          | <b># Under 18 mths present</b> | <b>1</b>                     | <b>Weekend Hours</b>       | <b>No</b>         |
|   |  |   |            |          | <b>Total children present</b>  | <b>3</b>                     | <b>Night Hours</b>         | <b>No</b>         |
| <b>Type of Inspection</b>                         | <b>UNANNOUNCED INSPECTION - FULL</b>           |   |            |          | <b>Inspector's Name</b>        | <b>Stefanie Russo</b>        |                            |                   |
| <b>Provider's Email</b>                           | <b>yiyausa@hotmail.com</b>                     |   |            |          | <b>Inspector's Email</b>       | <b>stefanie.russo@ct.gov</b> |                            |                   |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O |  | <u>Consent to Inspect:</u> 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). |            |          |                                |                              |                            |                   |
|   |  | <br>_____<br><i>Signature of Provider/Substitute/Applicant</i>  |            |          |                                |                              |                            |                   |

### TERMS OF REGISTRATION 19a-87b-5

|          |                                      |          |  |
|----------|--------------------------------------|----------|--|
| <b>X</b> | 4. Capacity                          |          |  |
| <b>X</b> | 5. Non-transferability of license    | Pending? |  |
| <b>X</b> | 6. Infant/Toddler Restriction        |          |  |
| <b>X</b> | 7. License Posted                    |          |  |
| <b>X</b> | 8. Parent Access to OEC Phone Number |          |  |
| <b>X</b> | 9. Photo ID                          |          |  |
| <b>X</b> | 10. Requests for Information         |          |  |
| <b>X</b> | 11. Notification of Change           |          |  |

### QUALIFICATION OF PROVIDER 19a-87b-6

|          |  |            |  |
|----------|--|------------|--|
| <b>X</b> | 12. Awareness of, Understanding of Regulations |            |  |
| <b>X</b> | 13. Medical statement                          |            |  |
|          | Expiration date:                               | 08/24/2025 |  |
| <b>X</b> | 14. First Aid Certificate                      |            |  |
|          | Expiration date:                               | 03/31/2025 |  |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 03/31/2025          |  |
| <b>X</b> | 16. Judgment        |  |

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

|          |                           |  |
|----------|---------------------------|--|
| <b>X</b> | 17. Medical Statement     |  |
| <b>X</b> | 18. Household Environment |  |

### QUALIFICATIONS OF STAFF 19a-87b-8

|          |                         |     |       |                              |         |       |
|----------|-------------------------|-----|-------|------------------------------|---------|-------|
| <b>X</b> | 19. Sub/Assistant       | Y/N | Name: | Claudia Pilar Malagon Gamboa | Appvl # | 90975 |
|          | Type of Staff :         |     |       |                              |         |       |
|          | Substitute              | Y   |       |                              |         |       |
| <b>X</b> | 20. Emergency Caregiver |     |       |                              |         |       |

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

|          |                         |  |
|----------|-------------------------|--|
| <b>X</b> | 21. Background Check(s) |  |
|----------|-------------------------|--|

### PHYSICAL ENVIRONMENT 19a-87b-9

|          |   |     |  |
|----------|---|-----|--|
| <b>X</b> | 22. Clean/Sanitary Environment                |     |  |
| <b>X</b> | 23. Freedom of Hazards                        |     |  |
| <b>X</b> | 24. Harmful Substances/Materials Inaccessible |     |  |
| <b>X</b> | 25. Bio-contaminants Disposed Safely          |     |  |
| <b>X</b> | 26. Safe Storage of Flammables                |     |  |
| <b>X</b> | 27. Safe Door Fasteners                       |     |  |
| <b>X</b> | 28. Electrical Safety                         |     |  |
| <b>X</b> | 29. Safe Exits                                |     |  |
| <b>X</b> | 30. Basement Supervision                      | Y/N |  |
|          |   | Y   |  |
|          | Used for Care ?                               | Y/N |  |
| <b>X</b> | 31. Stairways - Protected, Handrails          |     |  |
| <b>X</b> | 32. Emergency Plan                            |     |  |

|          |  |             |  |
|----------|--|-------------|--|
| <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 Y<br>Type? Wood stove               | Appvd?<br>Y |  |
| <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   |             |  |

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

|          |                     |  |  |
|----------|---------------------|--|--|
| <b>X</b> | 53. Enrollment Form |  |  |
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|----------|--|--|
| <b>X</b> | 54. Child Health Record  |  |
| <b>X</b> | 55. Immunizations  |  |
| <b>X</b> | 56. Emergency Permission   |  |
| <b>X</b> | 57. Authorized Release   |  |
| <b>X</b> | 58. Field Trip and Transportation Permission-To/From School              |  |
| <b>X</b> | 59. Swimming Permission  |  |
| <b>X</b> | 60. Incident Log   |  |
| <b>X</b> | 61. Confidentiality  |  |
| <b>X</b> | 62. Meeting the Child's Needs  |  |
| <b>X</b> | 63. Sufficient Play Equipment  |  |
| <b>X</b> | 64. Good Nutrition- Meals/Snacks, Water Available                        |  |
| <b>X</b> | 65. Handwashing  |  |
| <b>X</b> | 66. Flexible and Balanced Written Schedule                               |  |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |  |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |  |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |  |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |  |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |  |
| <b>X</b> | 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                       |  |

**SICK CHILD CARE 19a-87b-11**

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 91. Sick Child Care |  |
|----------|---------------------|--|

**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

|          |   |  |
|----------|---|--|
| <b>X</b> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

|          |  |  |
|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
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| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
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|----------|--|--|
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
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| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
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| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
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| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
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| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

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| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
|----------|---|--|

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|----------|---|--|
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

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|----------|-----------------------------|--|
| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|

**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
|----------|--|--|

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| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

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|----------|---|--|
| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

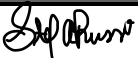

|          |   |  |
|----------|---|--|
| <b>X</b> | 112. Finger Stick Blood Glucose Testing Records |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

**ADDITIONAL VIOLATIONS**

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

**YES or NO?****No****Were Violations Cited during this visit?****Total Number of Violations this visit:****0****DISCUSSIONS/COMMENTS****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) | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Stefanie Russo</b><br>(Printed Name)   | <br>(Printed Name)                    |   | <b>LUZ A IDARRAGA</b><br>(Printed Name)   |

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