


**DIVISION OF LICENSING**

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

**FAMILY CHILD CARE HOME INSPECTION**

|  |  |  |     |   |                         |                                |                     |            |
|--|--|--|-----|---|-------------------------|--------------------------------|---------------------|------------|
| Provider                                   | MARIA AMADO-LASTRA   |  |     |   | License Number          | DCFH.56808                     | Date of Inspection  | 05/09/2025 |
|  |  |  |     |   | Expiration Date         | 5/31/2028                      | Time of Inspection  | 10:25 AM   |
| Address                                    | 110 GRANDVIEW TER<br>HARTFORD CT 06114-1728  |  |     |   | Telephone               | (860) 817-4580                 | Regular Capacity    | 6          |
|  |  |  |     |   | Hours of Operation      | 6:30 AM 5:00 PM                | School Age Capacity | 3          |
| Is this a Change of Address?               | Yes?   |  | No? | X | Days of Operation       | Mon-Fri                        | Summer Hours        | Open       |
| New Address                                |  |  |     |   | # Under 18 mths present | 1                              | Weekend Hours       | No         |
|  |  |  |     |   | Total children present  | 6                              | Night Hours         | No         |
| Type of Inspection                         | UNANNOUNCED INSPECTION - FULL  |  |     |   | Inspector's Name        | Silvana Carreon Zegarra        |                     |            |
| Provider's Email                           | greenworldchildcare@icloud.com   |  |     |   | Inspector's Email       | silvana.carreon-zegarra@ct.gov |                     |            |
| Key:<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). <i>[Signature]</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:<br>09/26/2026                 |  |
| X | 14. First Aid Certificate                      |  |
|   | Expiration date:<br>09/15/2025                 |  |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 09/15/2025          |  |
| <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: | NILDA AMADO-LASTRA | Appvl # | 91557 |
|          | Type of Staff :         | Y   |       |                    |         |       |
|          | Substitute              |     |       |                    |         |       |
| <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>O</b> | 24. Harmful Substances/Materials Inaccessible | Regulation was not in compliance when harmful substances and materials are inaccessible to children. Observed disinfectant spray and odor spray in the bathroom accessible to children. |  |  |  |  |
| <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 Type?                             | Appvd?<br>N |  |
| <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 |  |  |
|----------|---------------------|--|--|

|   |  |  |
|---|--|--|
| X | 54. Child Health Record  |  |
| O | 55. Immunizations  | Regulation was not in compliance when immunization records for two children were missing flu vaccinations.   |
| O | 56. Emergency Permission   | Regulation was not in compliance when written parent permission for emergency medical care was missing for one child.  |
| 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                                  |  |
| O | 69. Individual Plan for Care (Written if Applicable)                     | Regulation was not in compliance when a written individual plan of care for each child with special health care needs. The OEC representative observed that a child with asthma, and allergies was missing individual plan of care for asthma and allergies. |
| 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 |  |

|   |  |  |
|---|--|--|
| <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>O</b>  | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal | Regulation was not in compliance when the provider did not disinfect the changing surface after diapering. |
| <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>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b> |  |  |
| <b>X</b>  | 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

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

**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

**O** 101. MAR  
Maintained **Regulation was not in compliance when accurate medication administration records. The form used was missing essential information for Medication Administration Record, such as the child's date of**

**X** 102. Prescription  
Meds -  
Stored/Labeled

**X** 103.  
Unused/Expired  
Prescription Meds

**O** 104. Emergency  
Meds- Equip.  
Labeled/Current **The regulation was not compliant when emergency medications, such as EPI-PEN or Benadryl, were unavailable in the family childcare home. However, the OEC representative observed that the forms**

**X** 105. Self-Admin.  
Of Meds

**X** 106. Petition for  
Special  
Medication  
Authorization

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

**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

|          |   |  |
|----------|---|--|
| <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> |  |


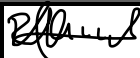
|                   |   |   |          |
|-------------------|---|---|----------|
| <b>YES or NO?</b> | <b>Were Violations Cited during this visit?</b> | <b>Total Number of Violations this visit:</b> | <b>7</b> |
| <b>Yes</b>        |   |   |          |

**DISCUSSIONS/COMMENTS**

The provider reviewed OEC Regulations including medication safe sleep, diaper changing, administration of medication, supervision, and more. She received safe sleep in day care flyer, CT immunization requirements for daycare, Discussion Review enrollment forms.

**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>05/23/2025</b>              | <b>MARIA AMADO-LASTRA</b><br>(Printed Name)   |

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