



## 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>ANA MARIA HERNANDEZ</b>				<b>License Number</b>	<b>DCFH.58118</b>	<b>Date of Inspection</b>	<b>05/12/2025</b>
					<b>Expiration Date</b>	<b>12/31/2028</b>	<b>Time of Inspection</b>	<b>09:38 AM</b>
<b>Address</b>	<b>227 NEW HAVEN AVE WATERBURY CT 06708-4530</b>				<b>Telephone</b>	<b>(203) 982-3831</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>6:30 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>0</b>	<b>Weekend Hours</b>	<b>No</b>
					<b>Total children present</b>	<b>0</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Alexandra Rodriguez</b>		
<b>Provider's Email</b>	<b>Emelis072002@gmail.com</b>				<b>Inspector's Email</b>	<b>alexandra.rodriguez@ct.gov</b>		

**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).

*Ana Hernandez*

\_\_\_\_\_  
 Signature of Provider/Substitute/Applicant

### 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:	05/04/2027	
<b>X</b>	14. First Aid Certificate		
	Expiration date:	06/15/2026	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	06/15/2026	
<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:		Appvl #	
	Type of Staff :	N				
<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 N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/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 - Type of System: 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 Pets? Rabies Certs?	Type: N	
<b>X</b>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<b>X</b>	53. Enrollment Form		

<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	
<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**

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

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

<b>X</b>	94. Policies and Procedures for Admin of Meds	
----------	---	--

<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	
----------	---	--

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

<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	
----------	--	--

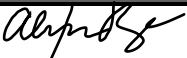
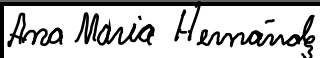
<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

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

**YES or NO?****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.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>ANA MARIA HERNANDEZ</b> (Printed Name)

**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)