



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME INSPECTION**

|  |   |   |     |   |   |                       |                     |            |
|--|---|---|-----|---|---|-----------------------|---------------------|------------|
| Provider                                   | HOPE GARCIA                                 |   |     |   | License Number  | DCFH                  | Date of Inspection  | 05/14/2025 |
|  |   |   |     |   | Expiration Date   |                       | Time of Inspection  | 08:56 AM   |
| Address                                    | 65 STONYBROOK RD<br>STRATFORD CT 06614-3715 |   |     |   | Telephone   | (203) 218-8694        | Regular Capacity    | 6          |
|  |   |   |     |   | Hours of Operation  | 8:00 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  | 2                     | Night Hours         | No         |
| Type of Inspection                         | INITIAL CREDENTIAL INSPECTION               |   |     |   | Inspector's Name  | Jenny Ferreira        |                     |            |
| Provider's Email                           | garciahope951@icloud.com                    |   |     |   | Inspector's Email   | jenny.ferreira@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). |     |   |   |                       |                     |            |
|  |   |   |     |   | <br>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:                               | 12/05/2026 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 06/18/2025 |

|   |                     |  |
|---|---------------------|--|
| X | 15. CPR Certificate |  |
|   | Expiration date:    |  |
|   | 06/18/2025          |  |
| X | 16. Judgment        |  |

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

|   |                           |  |
|---|---------------------------|--|
| X | 17. Medical Statement     |  |
| X | 18. Household Environment |  |

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

|   |                         |     |       |  |         |  |
|---|-------------------------|-----|-------|--|---------|--|
| X | 19. Sub/Assistant       | Y/N | Name: |  | Appvl # |  |
|   | Type of Staff :         | N   |       |  |         |  |
| X | 20. Emergency Caregiver |     |       |  |         |  |

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

|   |                         |  |
|---|-------------------------|--|
| X | 21. Background Check(s) |  |
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### PHYSICAL ENVIRONMENT 19a-87b-9

|   |   |  |
|---|---|--|
| X | 22. Clean/Sanitary Environment                |  |
| O | 23. Freedom of Hazards                        | Regulation was not in compliance when the facility and/or equipment in good repair and free of hazards observed when multiple items such as metals, rug, container, wood panel etc in the backyard are accessible to children. Observed open septic system accessible to children. Provider to install a door  |
| X | 24. Harmful Substances/Materials Inaccessible |  |
| X | 25. Bio-contaminants Disposed Safely          |  |
| X | 26. Safe Storage of Flammables                |  |
| O | 27. Safe Door Fasteners                       | Regulation was not in compliance when safe door fasteners were not observed.   |
| X | 28. Electrical Safety                         |  |
| X | 29. Safe Exits                                |  |
| X | 30. Basement Supervision                      | Y/N  |
|   |   | Y  |
|   | Used for Care ?                               | Y/N  |
| O | 31. Stairways - Protected, Handrails          | Regulation was not in compliance when a sturdy handrail with no areas in which a child may fall through was not observed on the stairway to the basement accessible to children. Regulation was not in compliance when a gate or other structure is in place at the entry of stairways accessible to children. |
| X | 32. Emergency Plan                            |  |

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| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |
| <b>X</b>                                       | 34. Smoke Detectors  |  |
| <b>X</b>                                       | 35. Carbon Monoxide Detector                                     |  |
| <b>O</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       | <b>Regulation was not in compliance when an accessible fire extinguisher available for immediate access was observed but not installed and secured to the wall as recommended by the manufacturer.</b> |
| <b>X</b>                                       | 37. Auxiliary Heating System<br>Type?                            | Appvd?   |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |  |
| <b>X</b>                                       | 39. Safe Space- Sufficient<br>Indoors   Outdoors                 |  |
| <b>X</b>                                       | 40. Body of Water- Type:<br>Barrier?                             | Y/N<br>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 -<br>Type of System:<br>Public Water |  |
| <b>O</b>                                       | 46. Water Temperature- 60°-120°                                  | <b>Regulation was not in compliance when a safe water temperature between 60-120 degrees was not observed. Water temperature is 150 degrees at the time of this inspection.</b>                        |
| <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: Dog (1)<br>Y   |
| <b>X</b>                                       | 52. Smoking Prohibited   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |
| <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                       |  |
| <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**

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| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
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**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 |  |
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| <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 |  |
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**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

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| <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 |  |
|----------|--|--|

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|---|--|---|
| <b>X</b>  | 112. Finger Stick Blood Glucose Testing Records        |   |
| <b>X</b>  | 113. Parent Notification of Test Results               |   |
| <b>ADDITIONAL VIOLATIONS</b>  |  |   |
|   | 114. Consent Order - Negotiated Corrective Action Plan | N/A?<br><br><b>X</b>  |
| <b>YES or NO?</b><br><b>Yes</b>   | <b>Were Violations Cited during this visit?</b>        | <b>Total Number of Violations this visit:</b> <b>5</b>  |
| <b>DISCUSSIONS/COMMENTS</b>   |  |   |
| <p>1- Policy and procedure for medication administration. Sample provided.<br/> 2- Technical assistance offered<br/> Full inspection and exit interview were conducted in Spanish. Provider is fluent in English and Spanish.</p>   |  |   |
| <b>IMPORTANT NOTES</b>  |  |   |
| <ul style="list-style-type: none"> <li>○ It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</li> <li>○ Only the regulations marked as compliant or non-compliant were monitored or discussed.</li> <li>○ <b>APPLICANTS</b> –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</li> </ul> |  |   |
| <br>(Signature of OEC Representative)   |  | DATE<br>CORRECTIONS<br>DUE BY:  |
| Jenny Ferreira<br>(Printed Name)  | (Signature of OEC Representative)                      | <br>(Signature of Provider/Applicant/Substitute) |
|   | (Printed Name)   | HOPE GARCIA<br>(Printed Name)   |

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