



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	ZORAIDA HERNANDEZ				License Number	DCFH.52681	Date of Inspection	12/17/2025
					Expiration Date	11/30/2028	Time of Inspection	01:30 PM
Address	89 COLEMAN ST APT 316 WEST HAVEN CT 06516-7410				Telephone	(203) 999-5818	Regular Capacity	6
					Hours of Operation	6:30 AM - 4:00 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	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	ANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	zoraidah03@gmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		

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).
Zoraida Hernandez

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	
O	7. License Posted	Provider not in compliance with ensuring the license is posted in a conspicuous location when observed th license not 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	
O	13. Medical statement Expiration date: 09/20/2026	Provider not in compliance with maintaining evidence of a current medical statement when no medical statement was available.
O	14. First Aid Certificate Expiration date: 12/31/2024	Provider not in compliance with maintaining a current first aid certificate when certificate had expired.

O	15. CPR Certificate	Provider not in compliance with maintaining a current CPR certificate when Certificate had expired.
	Expiration date:	
	12/31/2024	
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

O	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when provider's background checks had already expired since 2/26/25.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment					
X	23. Freedom of Hazards					
O	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when laundry detergent was observed in unlocked closet, and in closet behind bathroom door, there was alcohol, and various toiletries items.				
X	25. Bio-contaminants Disposed Safely					
X	26. Safe Storage of Flammables					
X	27. Safe Door Fasteners					
X	28. Electrical Safety					
X	29. Safe Exits					
X	30. Basement Supervision	Y/N				
		N				
	Used for Care ?	Y/N				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills. The provider does not have evidence or records of emergency evacuation drills.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors Outdoors Y Y		
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input type="radio"/>	46. Water Temperature- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees. During the inspection, the water temperature was 123.4 F. D.	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Provider not in compliance with maintaining at least one portable, readily accessible first aid kit. The provider stated that she does not have access to her First Aid kit, as it is in the back o a closet.	
<input type="radio"/>	51. Pet protection	Type: 3 dogs, one dog. Two of the dogs belong to her daughter.	
<input type="radio"/>	Pets? Rabies Certs?	Y	Provider not in compliance with maintaining current rabies vaccination certificate(s). The OEC representatives observed three dogs and one cat. Two dogs and cat were missing the rabies certificates.
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input checked="" type="checkbox"/>	53. Enrollment Form		
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X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
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	The OEC representatives observed materials' boxes in the closet.
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	
X	69. Individual Plan for Care (Written if Applicable)	
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	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	

SICK CHILD CARE 19a-87b-11

X	91. Sick Child Care	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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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? N****X**94. Policies and
Procedures for
Admin of Meds

The OEC representatives left the sample of administration of medication policy

X95. 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**X**101. MAR
Maintained**X**102. Prescription
Meds -
Stored/Labeled**X**103.
Unused/Expired
Prescription Meds**X**104. Emergency
Meds- Equip.
Labeled/Current**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

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

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




WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	10 out of 109
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DISCUSSIONS/COMMENTS

The specialist reviewed with the provider the regulations. The provider received information about different forms, including sample forms as the emergency plan, emergency form, enrollment, permissions, as well as the Infant Sleep Policy and Notification of Change. Discussed provider to inform to OEC when she starts enrolling children, before provide care.

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)
Silvana Carreon Zegarra (Printed Name)	Carmen Valenzuela (Printed Name)	12/31/2025	ZORAIDA HERNANDEZ (Printed Name)