



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 | IDA CAREY | | | | License Number | DCFH.55443 | Date of Inspection | 01/15/2026 |
| | | | | | Expiration Date | 6/30/2026 | Time of Inspection | 12:35 PM |
| Address | 80 FREEMAN AVE STRATFORD CT 06614-4042 | | | | Telephone | (203) 377-1799 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 7:00 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 | 2 | Weekend Hours | No |
| | | | | | Total children present | 5 | Night Hours | No |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Silvana Carreon Zegarra | | |
| Provider's Email | tcarey01@snet.net | | | | 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). *[Signature]*

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: 12/01/2028 | |
| X | 14. First Aid Certificate | |
| | Expiration date: 01/09/2027 | |

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| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 01/09/2025 | |
| X | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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| 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

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

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| X | 22. Clean/Sanitary Environment | | | | | |
| X | 23. Freedom of Hazards | | | | | |
| X | 24. Harmful Substances/Materials Inaccessible | | | | | |
| 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 | | | | |
| | | Y | | | | |
| | Used for Care ? | Y/N | | | | |
| X | 31. Stairways - Protected, Handrails | | | | | |
| X | 32. Emergency Plan | The form was provided during the visit and provider filled out the form. | | | | |

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|----------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input checked="" type="radio"/> | 33. Emergency Evacuation Drills - Quarterly/Log | Provider not in compliance with maintaining a complete written log of the practice drills. The provider stated that she did not know that she needed to document the evacuation drills, | |
| <input checked="" type="radio"/> | 34. Smoke Detectors | | |
| <input checked="" type="radio"/> | 35. Carbon Monoxide Detector | | |
| <input checked="" type="radio"/> | 36. Fire Extinguisher- 5 lb. ABC/Installed | | |
| <input checked="" type="radio"/> | 37. Auxiliary Heating System N Type? | Appvd? | |
| <input checked="" type="radio"/> | 38. Safe Storage of Weapons and Ammunition | | |
| <input checked="" type="radio"/> | 39. Safe Space- Sufficient | | |
| | Indoors | Y | |
| | Outdoors | Y | |
| <input checked="" type="radio"/> | 40. Body of Water- Type: | Y/N | |
| | Barrier? | N | |
| <input checked="" type="radio"/> | 41. Hot Tubs- Locked - Inaccessible | Y/N | |
| | | N | |
| <input checked="" type="radio"/> | 42. Ventilation, Light and Temperature- 65° | | |
| <input checked="" type="radio"/> | 43. Window Safety | | |
| <input checked="" type="radio"/> | 44. Washing Toileting, Sewage Garbage Facilities | | |
| <input checked="" type="radio"/> | 45. Adequate and Safe Water - Type of System: | | |
| | Public Water | | |
| <input checked="" type="radio"/> | 46. Water Temperature- 60°-120° | | |
| <input checked="" type="radio"/> | 47. Pasteurization of Milk Supply | | |
| <input checked="" type="radio"/> | 48. Working Phone, Emergency Numbers Posted | | |
| <input checked="" type="radio"/> | 49. Safe Transportation Registered, Insured, Restraints | | |
| <input checked="" type="radio"/> | 50. First Aid supplies | Provider not in compliance with maintaining a complete first aid kit when a cardiopulmonary resuscitation mouth barrier was missing. | |
| <input checked="" type="radio"/> | 51. Pet protection | Type: 3 dogs | |
| | Pets? | Y | |
| | Rabies Certs? | Y | |
| <input checked="" type="radio"/> | 52. Smoking Prohibited | | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| <input checked="" type="radio"/> | 53. Enrollment Form | | |
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| <input type="radio"/> | 54. Child Health Record | Provider not in compliance with maintaining child health record(s). After reviewing five children's files, the OEC representative observed that one child health record was missing. |
| <input type="radio"/> | 55. Immunizations | Provider not in compliance with maintaining complete immunization records(s). After reviewing five children's files, the OEC representative observed three children's immunization records were missing Flu vaccines |
| <input checked="" type="checkbox"/> | 56. Emergency Permission | |
| <input checked="" type="checkbox"/> | 57. Authorized Release | |
| <input checked="" type="checkbox"/> | 58. Field Trip and Transportation Permission-To/From School | |
| <input checked="" type="checkbox"/> | 59. Swimming Permission | |
| <input checked="" type="checkbox"/> | 60. Incident Log | |
| <input checked="" type="checkbox"/> | 61. Confidentiality | |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs | |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment | |
| <input checked="" type="checkbox"/> | 64. Good Nutrition-Meals/Snacks, Water Available | |
| <input checked="" type="checkbox"/> | 65. Handwashing | |
| <input checked="" type="checkbox"/> | 66. Flexible and Balanced Written Schedule | |
| <input checked="" type="checkbox"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles | |
| <input checked="" type="checkbox"/> | 68. Proper Rest Provisions – Safe Cribs | |
| <input checked="" type="checkbox"/> | 69. Individual Plan for Care (Written if Applicable) | |
| <input checked="" type="checkbox"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities | |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings | |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping | |
| <input checked="" type="checkbox"/> | 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 | The OEC representative gave the document to the provider during the inspection. She posted it. |
| X | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal | |
| X | 79. Parent Information and Access | |
| X | 80. Developmental Milestones – Posted | The OEC representative gave the document to the provider, she posted during the visit. |
| 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 | |
| NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N | | |
| X | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |

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

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| X | 93. Access- Immediate, Entire or Part of Facility and Records | |
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

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|----------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| O | 94. Policies and Procedures for Admin of Meds | Provider not in compliance with maintaining complete written policies on the administration of medication. The provider was not aware about the regulation, she stated that will create a policy |
| 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 | |
| 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 | |



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|-----------------------------------------------------|-----|-------------------------------------|--------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 5 out of 109 |
|-----------------------------------------------------|-----|-------------------------------------|--------------|

DISCUSSIONS/COMMENTS

The provider reviewed OEC regulations including safe sleep, supervision enrollment, written permissions, capacity, notification of change, background checks, electrical safety, record keeping and more. She received the Emergency Plan form, Emergency Number form, sample of administration of Medication Policy, Adult medical Statement, Infant Sleep Policy, and Developmental Child Milestone. Discussion Front stairs.

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) | (Printed Name) | 01/29/2026 | IDA CAREY (Printed Name) |