

Connecticut Office of Early Childhood

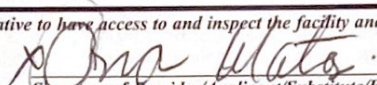
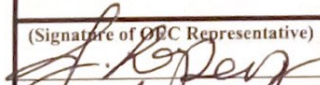
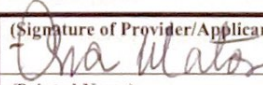
Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Ana Matos	License Number: 57372	Date of Inspection: 3:00pm
Address: 286 Jersey St	Expiration Date: 9/30/24	Time of Inspection: 7/6/22
Town: Waterbury	Capacity: 6+3	Days/Hours: Mon-Fri 8:30am-5p
State/Zip Code: CT, 06706	Telephone: 846-294-3698	Summer: Open/Closed
Email: ana.matos@live.com		
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found 3 N/A = Not applicable at this time		
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). <div style="text-align: right;">  Signature of Provider/Applicant/Substitute/Emergency Caregiver </div>		
Terms of License 19a-87b-5 <input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>5</u> <input checked="" type="checkbox"/> 5. Nontransferability of License <input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>1</u> <input checked="" type="checkbox"/> 7. License Posted <input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number <input checked="" type="checkbox"/> 9. Photo ID <input checked="" type="checkbox"/> 10. Requests for Information <input checked="" type="checkbox"/> 11. Notification of Change	<input checked="" type="checkbox"/> 29. Safe Exits <input checked="" type="checkbox"/> 30. Basement Supervision (Y/N) <input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails <input checked="" type="checkbox"/> 32. Emergency Plan <input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log <input checked="" type="checkbox"/> 34. Smoke Detectors <input checked="" type="checkbox"/> 35. Carbon Monoxide Detector <input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed <input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N) <input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition <input checked="" type="checkbox"/> 39. Safe Space - Sufficient <div style="text-align: center;"> Indoor _____ Outdoor _____ </div> <input type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft) <input checked="" type="checkbox"/> 41. Hot Tubs- Locked/Inaccessible <input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F <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: (Public) Approved <input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F <input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply <input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted <input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints <input checked="" type="checkbox"/> 50. First Aid Supplies <input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: _____ Rabies Certificate(s) <input checked="" type="checkbox"/> 52. Smoking Prohibited	
Qualifications of Applicant and Provider 19a-87b-6 <input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations <input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>3-26-25</u> <input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>10-24-23</u> <input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>12-24-23</u> <input checked="" type="checkbox"/> 16. Judgment	Responsibilities of Provider 19a-87b-10 <input checked="" type="checkbox"/> 53. Enrollment Form <input checked="" type="checkbox"/> 54. Child Health Record <input checked="" type="checkbox"/> 55. Immunizations <input checked="" type="checkbox"/> 56. Emergency Permission <input checked="" type="checkbox"/> 57. Authorized Release <input type="checkbox"/> 58. Field Trips/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	
Members of the Household 19a-87b-7 <input checked="" type="checkbox"/> 17. Medical Statement <input checked="" type="checkbox"/> 18. Household Environment		
Qualifications of Staff 19a-87b-8 <input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <input checked="" type="checkbox"/> 20. Emergency Caregiver		
Comprehensive Background Check 19a-87b-8a <input checked="" type="checkbox"/> 21. Background Check(s)		
Physical Environment 19a-87b-9 <input checked="" type="checkbox"/> 22. Clean/Sanitary Environment <input checked="" type="checkbox"/> 23. Freedom of Hazards <input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible <input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely <input checked="" type="checkbox"/> 26. Safe Storage of Flammables <input checked="" type="checkbox"/> 27. Safe Door Fasteners <input checked="" type="checkbox"/> 28. Electrical Safety		
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative)  (Printed Name) J. Lopez	Date Corrections Due By: -	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) ANA MATOS

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <u>Ana Motos</u></p>	<p>License Number: <u>57372</u></p>	<p>Date of Inspection: <u>7/6/22</u></p>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <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/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing; Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p>Additional Violations</p> <ul style="list-style-type: none"> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u> 	
<p>Discussions/Comments:</p> <p align="center"><u>No violations found at time of visit.</u></p>		
<p>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</p>		
<p>(Signature of OEC Representative)</p> <p><u>J. Jopery</u></p> <p>(Printed Name) <u>Janarish Jopery</u></p>	<p>Date Corrections Due By:</p> <p align="center"><u>—</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</p> <p><u>Ana Motos</u></p> <p>(Printed Name) <u>Ana Motos</u></p>

FAMILY CHILD CARE - ENROLLMENT RECORDS REVIEW FORM (OEC/LICENSING - For Internal Use Only)

Provider's Name: Ana Hatos Lic. #: 57372 Town: Waterbury Specialist: JANARISH Date of Inspection: 7/6/20

Emergency Caregiver: José Medina Address: Same Phone #: 397.807.3043

Household Member Name	D.O.B	Relationship	Under 18m	Present	Hours in Home	BGC	Adult Medical	Child Medical
Ana Hatos	5.25.71	Self		Y	All day	Y	Y	
José Medina	7.17.52	Husband		Y	All day	Y	Y	
Christina Medina	11.1.99	Son		Y	School hours	Y	Y	

Enrolled Children

1. Child Name: Daniel J. Rodriguez DOB: 2.11.2020 Present: Y/N
 Days: Mon-Fri Hours: 8AM-4:30 Under 18m: Y/N
 Relative: Y/N Relationship: _____

Parent Name	Address (including zip code)	Phone #'s	Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
1. Samira Gomas	173 Hayes St. Waterbury, CT 06706	(h/c) 803.519.2666 (w) 800.209.3227	7/20/21	Y	Y	Y	Y	Y	Y	Y
2. Erik Rodriguez	"	(h/c) 203.228.3662 (w)								

Notes:

2. Child Name: Yairrellin Liriano DOB: 10/10/18 Present: Y/N
 Days: Mon-Fri Hours: 7:30A-4:30P Under 18m: Y/N
 Relative: Y/N Relationship: _____

Parent Name	Address (including zip code)	Phone #'s	Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
1. Yairra Liriano	182 Benefit St. Waterbury, CT 06704	(h/c) 903.765.9466 (w)	10/30/20	Y	Y	Y	Y	Y	Y	Y
2. Danilo Conillo	"	(h/c) 203.765.1050 (w)								

Notes:

3. Child Name: Zoe Delet DOB: 6/29/21 Present: Y/N
 Days: Mon-Fri Hours: 7:30-4pm Under 18m: Y/N
 Relative: Y/N Relationship: _____

Parent Name	Address (including zip code)	Phone #'s	Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
1. Same CS Child #		(h/c)	10/28/21	Y	Y	Y	Y	Y	Y	Y
2. Child #		(h/c)								

Notes:

4. Child Name: Baiba Conillo DOB: 12/25/19 Present: Y/N
 Days: Mon-Fri Hours: 7:15A-4:15P Under 18m: Y/N
 Relative: Y/N Relationship: _____

Parent Name	Address (including zip code)	Phone #'s	Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
1. Same CS Child #		(h/c)	10/30/20	Y	Y	Y	Y	Y	Y	Y
2. #2		(h/c)								

Notes:

