

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: Mayra E. Valentin	License Number: 52361 Expiration Date: 10/31/25	Date of Inspection: 12/28/22 Time of Inspection: 1:00pm
Address: 100 Sylvan Ave	Capacity: 6+3	Days/Hours: M-F 2A-8P
Town: New Haven	Telephone: 203-752-0895	Summer: Open/Closed
State/Zip Code: CT 06519	Email: Mayra E Valentin@gmail.com	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found 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).

Mayra E. Valentin
Signature of Provider/Applicant/Substitute/Emergency Caregiver

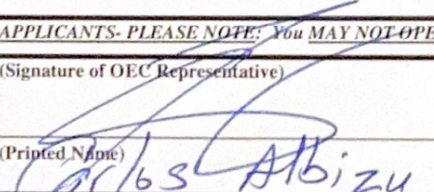
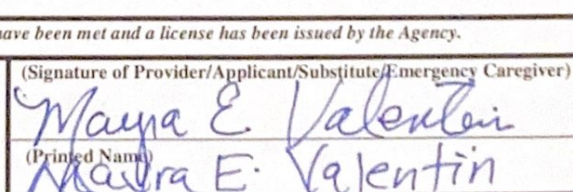
Terms of License 19a-87b-5 <input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>0</u> <input checked="" type="checkbox"/> 5. Nontransferability of License <input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>0</u> <input checked="" type="checkbox"/> 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 Indoor _____ Outdoor _____ <input checked="" 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: <u>dog</u> 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 <u>12/7/24</u> <input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>5/22/23</u> <input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>5/22/23</u> <input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>5/22/23</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 checked="" 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 MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Carlos Albizu</i>	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Mayra E. Valentin</i>
(Printed Name) Carlos Albizu		(Printed Name) Mayra E. Valentin

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Mayra E. Valentin</u>	License Number: <u>52301</u>	Date of Inspection: <u>12/28/22</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <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 <u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (N/A) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <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"/> 107. Potassium Iodide (KI) Pills - Permission/Storage/Labeled <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 <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Discussions/Comments:</u> <p align="center"><u>- Observed no violations at time</u></p>		
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(Signature of OEC Representative) 	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Carlos Albizu</u>		(Printed Name) <u>Mayra E. Valentin</u>