

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

Provider: Melba Torres	License Number: 48394
Address: 28 Lookout Hill Road	Expiration Date: 11/31/26
Town: Milford	Capacity: 6+3
State/Zip Code: CT. 06460	Telephone: 203 874-3398
Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found	Email: MLT 92.6290@

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the home inspections as required by Regulations Section 19a-87b-5(h).

Melba Torres
 Signature of Provider/Applicant/Subscriber

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 2
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrail
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Smoke Detectors
- 34. Carbon Monoxide Detector
- 35. Fire Extinguisher- at least 5 lb.
- 36. Auxiliary Heating System (Y/N)
- 37. Safe Storage of Weapons and Ammunition
- 38. Safe Space - Sufficient Indoor
- 39. Body of Water (Y/N) Type: _____
- 40. Hot Tubs- Locked/Inaccessible
- 41. Ventilation/Light - Temperature
- 42. Window Safety
- 43. Washing/Toileting/Sewage/Garbage
- 44. Adequate and Safe Water: Public
- 45. Water Temperature 60°-120°F
- 46. Pasteurization of Milk Supply
- 47. Working Telephone/Emergency
- 48. Safe Transportation-Registered/Insured
- 49. First Aid Supplies
- 50. Pets: (Y/N)-Type: _____ Ral
- 51. Smoking Prohibited

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 1/24/25
- 14. First Aid Certificate-Exp. Date 1/09/24
- 15. CPR Certificate- Exp. Date 1/09/24
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- Background Check(s)

Physical Environment 19a-87b-9

- Clean/Sanitary Environment
- Freedom of Hazards
- Harmful Substances/Materials Inaccessible
- Bio-contaminants Disposed Safely
- Safe Storage of Flammables
- Safe Door Fasteners
- Electrical Safety

Responsibilities of Provider 19a-87b-10

- 52. Enrollment Form
- 53. Child Health Record
- 54. Immunizations
- 55. Emergency Permission
- 56. Authorized Release
- 57. Field Trips/Transportation Permiss
- 58. Swimming Permission
- 59. Incident Log
- 60. Confidentiality
- 61. Meeting the Child's Needs
- 62. Sufficient Play Equipment
- 63. Good Nutrition: Meals/Snacks/Wate
- 64. Handwashing
- 65. Flexible and Balanced Written Schem

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued.

Signature of OEC Representative <i>[Signature]</i>	Date Corrections Due By: No cap	(Signature of Provider/Applicant/Substi <i>[Signature]</i>
(Printed Name) Melba Torres		(Printed Name) Melba Torres



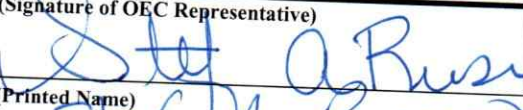
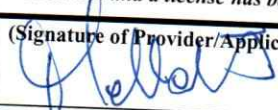
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Melba Torres</u>	License Number: <u>48394</u>	Date of Inspection: <u>5/09/23</u>
Responsibilities of Provider 19a-87b-10 (continued) <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	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <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	
Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care	Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		

Discussions/Comments:

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(Signature of OEC Representative) 	Date Corrections Due By: <u>No cap required</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
Printed Name) <u>Stef A. Russi</u>		Printed Name) <u>Melba Torres</u>

