

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> Yokasta Baez	<b>License Number:</b> 57625	<b>Date of Inspection:</b> 7.13.23
<b>Address:</b> 16 Maltby Pl. Fl 2	<b>Expiration Date:</b> 3-31-26	<b>Time of Inspection:</b> 2:30pm
<b>Town:</b> New Haven	<b>Capacity:</b> 6-3	<b>Days/Hours:</b> Mon-Sat, 6:00am-7:00pm
<b>State/Zip Code:</b> CT 06513	<b>Telephone:</b> 203 9155348	<b>Summer:</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>Email:</b> yokastabaez681@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).*

Yokasta M. Baez  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

- Terms of License 19a-87b-5**
- 4. Capacity: Total # Children Present: 8
  - 5. Nontransferability of License
  - 6. Infant/Toddler Restriction- # Present: 1
  - 7. License Posted
  - 8. Parent Access to OEC Phone Number
  - 9. Photo ID
  - 10. Requests for Information
  - 11. Notification of Change

- Qualifications of Applicant and Provider 19a-87b-6**
- 12. Awareness of/Understanding of Regulations
  - 13. Medical Statement-Exp. Date 7-21-24
  - 14. First Aid Certificate-Exp. Date 10-16-23
  - 15. CPR Certificate- Exp. Date 10-16-23
  - 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**
- 21. Background Check(s)

- Physical Environment 19a-87b-9**
- 22. Clean/Sanitary Environment
  - 23. Freedom of Hazards
  - 24. Harmful Substances/Materials Inaccessible
  - 25. Bio-contaminants Disposed Safely
  - 26. Safe Storage of Flammables
  - 27. Safe Door Fasteners
  - 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type:        Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
 Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F 139.3°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N)-Type: dog Rabies Certificate(s) 4/14/23
- 52. Smoking Prohibited

- Responsibilities of Provider 19a-87b-10**
- 53. Enrollment Form
  - 54. Child Health Record
  - 55. Immunizations
  - 56. Emergency Permission
  - 57. Authorized Release
  - 58. Field Trips/Transportation Permission- To/From School
  - 59. Swimming Permission
  - 60. Incident Log
  - 61. Confidentiality
  - 62. Meeting the Child's Needs
  - 63. Sufficient Play Equipment
  - 64. Good Nutrition: Meals/Snacks/Water Available
  - 65. Handwashing
  - 66. Flexible and Balanced Written Schedule

**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>Silvana Carreon</i>	Date Corrections Due By: 7.27.23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Yokasta M. Baez</i>
(Printed Name) Silvana Carreon		(Printed Name) Yokasta Baez

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### FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Yokasta Baes</u>	License Number: <u>57625</u>	Date of Inspection: <u>7.13.23</u>
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <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 type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input 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  <b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> 91. Sick Child Care  <b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <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  <b>Additional Violations</b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<b>Discussions/Comments:</b> # 21 Provider failed to maintain evidence of BCIS roster on file at the time of the visit. # 23 Hazard. Doll house was not secure, it was removed during the visit. # 46 Water Temperature is 139.5°F over (120°F is the max) # 56 Emergency Permission Forms missing for 5 children # 57 Authorized Release Forms missing for 5 children		
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(Printed Name) <u>Silvana Carreon</u>		(Printed Name) <u>Yokasta Baes</u>