

# 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> <i>Loyda Soto</i>	License Number: <i>56342</i>	Date of Inspection: <i>7.21.23</i>
<b>Address:</b> <i>199 Norfolk St</i>	Expiration Date: <i>8-3-25</i>	Time of Inspection: <i>10:00</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>6:00am 4pm</i>
<b>Town:</b> <i>West Haven</i>	Telephone: <i>203 640 8495</i>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT 06516</i>	Email: <i>Loyda.08@live.com</i>	

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).*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 7
- 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 3-13-2026
- 14. First Aid Certificate-Exp. Date 2-2-2025
- 15. CPR Certificate- Exp. Date 2-2-2025
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant  (N) 2-84
- 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
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets:  (N) -Type: dog Rabies Certificate(s)
- 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.**

<i>Silvana Camacho</i>	Date Corrections Due By: <i>8.4.23</i>	<i>Loyda Soto</i>
(Signature of OEC Representative)		(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
(Printed Name)		(Printed Name)

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

<b>Provider:</b> <span style="font-size: 1.2em; font-family: cursive;">Loyda Soto</span>	<b>License Number:</b> <span style="font-size: 1.2em; font-family: cursive;">56342</span>	<b>Date of Inspection:</b> <span style="font-size: 1.2em; font-family: cursive;">7.21.23</span>
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- Responsibilities of Provider 19a-87b-10 (continued)**
- 67. Personal Articles: Blanket/Towel/Toilet Articles
  - 68. Proper Rest Provisions/Safe Cribs
  - 69. Individual Plan for Care (Written if Applicable)
  - 70. Cultural Differences/Special Needs/Dev. Appr. Activities
  - 71. Infant Care- Individual Attention/Held for Bottle Feedings
  - 72. Infants Placed on Back for Sleeping
  - 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
  - 74. Crib or other Provision Free from Observable Hazards
  - 75. Infants not Swaddled
  - 76. Infants Supervised- observed minimum every 15 minutes
  - 77. Req. for Sleep Arrangements Posted/Discussed
  - 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
  - 79. Parent Information and Access
  - 80. Developmental Milestones-Posted
  - 81. Supervision-At all Times- Indoors/Outdoors
  - 82. Personal Schedule-Alert/Competent Attention
  - 83. Full Attention-Distractions/Employment/Socialization
  - 84. Immediate Attention
  - 85. Substitute/Emergency Caregiver Present
  - 86. Appropriate Discipline/Behavior Management
  - 87. Discuss Behavior Management Methods w/Staff/Parents
  - 88. Child Protection: Abuse/Neglect
  - 89. Notify OEC within 24 hrs.: Death/Serious Injury
  - 90. Mandated Reporting of Abuse/Neglect to DCF

- Sick Child Care 19a-87b-11**
- 91. Sick Child Care
- Night Care 19a-87b-12 (Y/N) (10pm to 5am)**
- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

- Office Access, Inspections and Investigations 19a-87b-13**
- 93. Access- Immediate/Entire or Part of Facility/Records
- Administration of Medications 19a-87b-17**
- 94. Policies and Procedures for Admin of Meds
  - 95. Parent Permission for Nonprescription Topical Meds
  - 96. Notification and Documentation of Medication Error(s)
  - 97. Nonprescription Topical Meds - Stored/Labeled
  - 98. Unused/Expired Nonprescription Meds
  - 99. Documented Medication Trained Staff
  - 100. Written Authorized Prescriber/Parent Permission
  - 101. MAR Maintained
  - 102. Prescription Meds - Stored/Labeled
  - 103. Unused/Expired Prescription Meds
  - 104. Emergency Meds - Equip Labeled/Current
  - 105. Self-Administration of Meds
  - 106. Petition for Special Medication Authorization
  - 108. Policies for Finger Stick Blood Glucose Testing
  - 109. Finger Stick Blood Glucose Testing - Staff Trained
  - 110. Self Admin of Finger Stick Blood Glucose Testing
  - 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
  - 112. Finger Stick Blood Glucose Testing Records
  - 113. Parent Notification of Test Results
- Additional Violations**
- 114. Consent Order/Negotiated Corrective Action Plan

**Discussions/Comments:**

# 11 The provider failed to submit a notification of change form, observed. provider added a small room using it for the baby's sleep area.

# 23. Observed three high types of furniture not attached to the wall. (Chest, stove, and shelf)

- Observed slide door do not have locks. The closets are accessible to children.

**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) 	Date Corrections Due By: <span style="font-size: 1.2em; font-family: cursive;">8.4.23</span>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <span style="font-family: cursive;">Silvana Carreon</span>		(Printed Name) <span style="font-family: cursive;">Loyda Soto</span>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Loyda Soto License # 56342 Date: 7.21.23

Observations/Corrections needed:

# 29 Safe exits:

I observed a room used for babies to sleep, do not have two means of escape; it has only one door.

Explained to the provider that each area for children's care must have two means of escape, and the room cannot be used for child care purposes.

Provider understood and move the crib to the licensed area placing a gate to avoid children access.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(QEC Representative)  
Print Name: Silvana Carreras

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Loyda Soto

OEC BY: 8.4.2023