

# 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>Mirriell Samboy Pena</i>	<b>License Number:</b> <i>57650</i>	<b>Date of Inspection:</b> <i>8.15.23</i>
	<b>Expiration Date:</b> <i>5.31.2026</i>	<b>Time of Inspection:</b> <i>9:30</i>
<b>Address:</b> <i>52 Mohawk Dr.</i>	<b>Capacity:</b> <i>6-3</i>	<b>Days/Hours:</b> <i>7:00 AM - 6:00 PM</i>
<b>Town:</b> <i>West Haven</i>	<b>Telephone:</b> <i>(646) 830-8283</i>	<b>Summer:</b> <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT. 06516</i>	<b>Email:</b> <i>mirriell.samboy2505@gmail.com</i>	
<b>Instructions:</b> <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = 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]*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 0
- 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

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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date \_\_\_\_\_
- 14. First Aid Certificate-Exp. Date 1-22-2024
- 15. CPR Certificate- Exp. Date 1-22-2024
- 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 115°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)
- 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>[Signature]</i> (Signature of OEC Representative)	<b>Date Corrections Due By:</b> <i>8.29.23</i>	<i>[Signature]</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Shirley Carron Peg Freidenfeld</i> (Printed Name)		<i>Mirriell Samboy Pena</i> (Printed Name)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Muriell Samboy Pena License # 57650 Date: 8.15.23

Observations/Corrections needed:

- # 31 Observed handrails unsecure / moving.
- # 36 The fire extinguisher was observed to need to be mounted on the wall.
- # 50 An incomplete emergency kit was observed. Missing cardio pulmonary resuscitation mouth barrier and a roll of hypoallergenic Adhesive tape.
- # 51 Observed Pet rabies certificate expired - 2022.
- # 54 Observed 2 children health record missing.
- # 55 Observed 2 children health records missing.
- # 56 Observed 3 Emergency Permission Incompleted
- # 57 Observed 3 Authorized Release information missing
- # 95 Observed Parent permission form missing for Nonprescription Topical Meds
- # 97 Observed Nonprescription Topical Meds unlabeled.

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] Freidenfeld  
(OEC Representative)  
 Print Name: Silvana Carren Peg Freidenfeld

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8-29-23

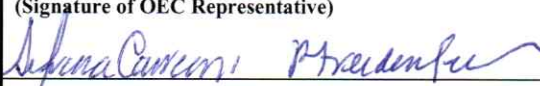

Signature: [Signature]  
(Person in Charge)  
 Print Name: Muriell Samboy Pena

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

Provider: <u>Miuriell Sambay Pena</u>	License Number: <u>57650</u>	Date of Inspection: <u>8.15.23</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 (Y/N) (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"/> 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> # 13 Provider fails to maintain record of her Medical Statement # 17 Medical Statement for one adult and two children were observed missing during the visit. # 21 Provider fails to maintain records of the BCIS roster. # 23 Observed an <del>insecure</del> <sup>unsecure</sup> shelf with a tv. at children area.		
<b>APPLICANTS- PLEASE NOTE:</b> 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) Adriana Carren Peg Freidenfeldt	Date Corrections Due By: 8.29.23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Miuriell Sambay Pena