



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL**

<b>Provider</b>	CLARIBEL RIVERA DAVILA			<b>License Number</b>	DCFH	<b>Date of Inspection</b>	11/28/2023
				<b>Expiration Date</b>		<b>Time of Inspection</b>	09:44 AM
<b>Address</b>	233 LAUREL DR NEW LONDON CT 06320-2718			<b>Telephone</b>	(959) 215-2374	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	M-F 7:30AM-5:00PM	<b>School Age Capacity</b>	0
<b># Children Present</b>	0	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to initial inspection visit on 11/29/23			<b>Name of Inspector</b>	Evelyn Vicente-Quinones		
<b>Provider's Email</b>	claribelrd31@gmail.com			<b>Inspector's Email</b>	evelyn.vicente-quinones@ct.gov		

**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*

**Violations**

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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**Other Findings-In Compliance**

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-9(a)]	022-Clean/Sanitary Environment	Applicant is in compliance with clean and sanitary home and now has cleaning and disinfectant agents to use accordingly in home. Esta en cumplimiento con el hogar limpio y sanitario y tiene materiales de limpiar y desinfectar para usar en el hogar acuerdo.
[19a-87b-9(d)(2)]	027-Safe Door Fasteners	Observed childproof door lever lock installed on door that leads to basement; making basement inaccessible. Observe la cerradura de la palanca de la puerta a prueba de niños instalada en la puerta que conduce al sótano haciendo que el sótano sea inaccesible
[19a-87b-9(d)(5)]	032-Emergency Plan	Observed documented emergency plan posted. Se observó el plan de emergencia documentado y postulado.

[19a-87b-9(d)(8)]	036-Fire Extinguisher	Observed fire extinguisher installed in kitchen pantry. Se observó el extintor de fuego instalado en el pantry de la cocina.
[19a-87b-9(h)]	044-Washing/Toileting/Sewage/ Garbage Facilities	Observed covered waste receptacle on premise. Se observó saca on con tapa en el hogar.
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Observed completed first aid kit. Se observó kit de primeros auxilios completo.

**YES/NO:** No      **WERE VIOLATIONS CITED DURING THIS VISIT?**

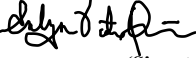

**Discussions:**

Applicant stated she and her two teenage boys reside in home. Applicant stated she works outside of the home full time at this time and plans on resigning once she has children enrolling.  
 Apicante indicó que ella vive el hogar con sus dos hijos. También indicó que trabaja full time fuera del hogar y tiene planificado resignar del trabajo cuanto antes empieza a matricular niños.  
 20 KI pills provided and KI permission form provided; discussed how and when to proceed with administration of KI pills; provided information documentation. Se le dio 20 pastillas de KI y el permiso para padres; se le explicó cómo y cuándo proceder con el uso; se lo dio información y documentación sobre uso.

**Comments:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.

**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	<b>DATE CORRECTION S DUE BY:</b>	 (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Evelyn Vicente-Quinones (Printed Name)		(Printed Name)