



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	EVELYN L MAJANO-MONTIEL				<b>License Number</b>	DCFH.56725	<b>Date of Inspection</b>	01/25/2024
					<b>Expiration Date</b>	12/31/2027	<b>Time of Inspection</b>	01:19 PM
<b>Address</b>	24 BUTLER AVE BRIDGEPORT CT 06605-1945				<b>Telephone</b>	(475) 312-8688	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MONDAY-FRIDAY 7:30AM-4:30PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	0	<b># of Total Children Present</b>	9	<b>Inspector's Name</b>	Eileen Ruiz		
<b>Provider's Email</b>	el_majano@yahoo.com				<b>Inspector's Email</b>	eileen.ruiz@ct.gov		

**Key:**  
Compliant = X  
Non-Compliant = O

*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).*

*Eileen Ruiz*  
Signature of Provider/Substitute/Applicant

### TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	02/20/2026
X	14. First Aid Certificate	
	Expiration date:	01/25/2025

X	15. CPR Certificate	
	Expiration date: 01/20/2025	
O	16. Judgment	Failed to demonstrate good judgment about supervision and safety when they routinely place a child alone in the bathroom, in a high chair, with the lights off, and the door shut to keep the child calm while they place cots down and shut off lights for the nap routine.

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	92063 present and 90690 present.
	Type of Staff :	Y	
	Substitute		
X	20. Emergency Caregiver		

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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### PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors   Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
X	53. Enrollment Form		

X	54. Child Health Record	
X	55. Immunizations	
○	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for one child out of the 12 enrolled.
X	57. Authorized Release	
○	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of child(ren) for one out of the 12 children enrolled.
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
○	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs for one child who's physical states there is a delay and is being evaluated for services.
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
○	81. Supervision-at all Times, Indoors, Outdoors	Failed to provide supervision at all times when they routinely place a child in a high chair, in the bathroom, with the lights off, and the door shut to keep them calm while they place cots and shut off the lights for the nap routine.
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<b>X</b>	<b>98. Unused - Expired Nonprescription Meds</b>	
<b>X</b>	<b>99. Documented Medication Trained Staff</b>	
<b>X</b>	<b>100. Written Auth Prescriber/Parent Permission</b>	
<b>X</b>	<b>101. MAR Maintained</b>	
<b>X</b>	<b>102. Prescription Meds – Stored/Labeled</b>	
<b>X</b>	<b>103. Unused/Expired Prescription Meds</b>	
<b>X</b>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<b>X</b>	<b>105. Self-Admin. Of Meds</b>	
<b>X</b>	<b>106. Petition for Special Medication Authorization</b>	

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

<b>X</b>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<b>X</b>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

<b>114. Consent Order - Negotiated Corrective Action Plan</b>	<b>N/A?</b>	
	<b>X</b>	

<b>YES or NO?</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
<b>Yes</b>	

**DISCUSSIONS:**

Provider was not present at start of inspection. Two staff were present with 9 Children. At walkthrough of the program a child was found in the bathroom alone, sitting in a high chair with the lights off. The child was calm, quiet and dozing off. When inquiring with the staff, the staff stated that the child is being evaluated for special needs and this helps them settle down, and stay calm during the nap transition. Upon the provider's arrival, it was revisited again as to why the child was in the bathroom alone, in a high chair and in the dark. The provider states that the child is under evaluation by birth to three, the child screams and sometimes hurts themselves during loud noisy transitions so they use this tactic to help him stay calm while they settle the other children to nap. Specialist asked the provider to put this in a written statement and to include a signed Individual Plan of Care with the mother's signature with other alternatives to assist with the transitions. Provider states the child is going to attend a special school in February so he will soon no longer be part of the program as his needs are requiring more support. Provider states the tactic is used only when the child begins to scream and gets disregulated, and the placement in the bathroom lasts only maximum of 3 minutes while nap cots are placed down and the lights are shut off in the daycare room for the children's nap routine.

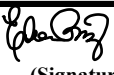
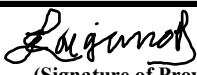
**COMMENTS:**

Translation of the discussions had into Spanish: El proveedor no estuvo presente al inicio de la inspección. Dos empleados estuvieron presentes con 9 niños. En el recorrido del programa, se encontró a un niño solo en el baño, sentado en una silla alta con las luces apagadas. El niño estaba tranquilo, callado y con sueño. Al preguntar al personal, el personal declaró que el niño está siendo evaluado por necesidades especiales y esto les ayuda a establecerse y a mantener la calma durante la transición de la siesta. A la llegada del proveedor, se volvió a ver por qué el niño estaba solo en el baño, en una silla alta y en la oscuridad. El proveedor afirma que el niño está bajo evaluación por Birth to Three, el niño grita y a veces se lastima durante las transiciones ruidosas, por lo que usan esta táctica para ayudarlo a mantener la calma mientras acomodan a los otros niños a dormir la siesta. El especialista le pidió al proveedor que pusiera esto en una declaración escrita e incluyera un Plan de Atención Individual firmado con la firma de la madre con otras alternativas para ayudar con las transiciones. El proveedor afirma que el niño va a asistir a una escuela especial en febrero, por lo que pronto ya no formará parte del programa, ya que sus necesidades requieren más apoyo. El proveedor afirma que la táctica se utiliza solo cuando el niño comienza a gritar y se desregula, y la colocación en el baño dura solo un máximo de 3 minutos mientras se colocan las cunas de la siesta y se apagan las luces en la guardería para la rutina de la siesta de los niños.

**NOTE:** Any 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-**

**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)	 (Signature of Provider/Applicant/Substitute)	<b>DATE CORRECTIONS DUE BY:</b>
Eileen Ruiz (Printed Name)	EVELYN L MAJANO-MONTIEL (Printed Name)	02/08/2024