



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|   |   |   |                                    |   |                           |                               |                            |            |
|---|---|---|------------------------------------|---|---------------------------|-------------------------------|----------------------------|------------|
| <b>Provider</b>                                   | LISA A AITRO  |   |                                    |   | <b>License Number</b>     | DCFH.56187                    | <b>Date of Inspection</b>  | 02/06/2024 |
|   |   |   |                                    |   | <b>Expiration Date</b>    | 8/31/2024                     | <b>Time of Inspection</b>  | 09:54 AM   |
| <b>Address</b>                                    | 33 NAUGATUCK ST<br>EAST HAVEN CT 06512-4250   |   |                                    |   | <b>Telephone</b>          | (203) 469-6740                | <b>Regular Capacity</b>    | 6          |
|   |   |   |                                    |   | <b>Days and Hours</b>     | Monday-Friday 7:30AM-5PM      | <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>  | 1 | <b># of Total Children Present</b> | 6 | <b>Inspector's Name</b>   | Melina Perez                  |                            |            |
| <b>Provider's Email</b>                           | lisaitro72@gmail.com  |   |                                    |   | <b>Inspector's Email</b>  | melina.perez@ct.gov           |                            |            |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b>Consent to Inspect:</b> 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).<br><i>RAA</i><br>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:                               | 09/18/2026 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 10/29/2024 |

|   |                     |  |
|---|---------------------|--|
| X | 15. CPR Certificate |  |
|   | Expiration date:    |  |
|   | 10/29/2024          |  |
| X | 16. Judgment        |  |

### 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 |  |
|   | Type of Staff :             |     |  |
|   | Substitute                  | Y   |  |
| X | 20. Emergency Caregiver     |     |  |

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

|                       |                         |   |
|-----------------------|-------------------------|---|
| <input type="radio"/> | 21. Background Check(s) | Failed to maintain evidence of compliance with criminal background checks when the provider was unable to access her roster. Provider and household members are current with background checks thru 2028. |
|-----------------------|-------------------------|---|

### 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 |  |
|   |   | Y   |  |
|   | Used for Care ?                               | Y/N |  |
|   |   | Y   |  |
| 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<br>Type?                          | Appvd?   |
| X  | 38. Safe Storage of Weapons and Ammunition                       |  |
| X  | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |  |
| X  | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |
| X  | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>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 -<br>Type of System:<br>Public Water |  |
| ○  | 46. Water Temperature- 60°-120°                                  | Failed to maintain safe water temperature between 60-120 degrees when it was observed to be 133.4 degrees. |
| 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<br>Pets?<br>Rabies Certs?                     | Type: 1 Dog 1 Cat<br>Y<br>Y  |
| X  | 52. Smoking Prohibited   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |
| X  | 53. Enrollment Form  |  |

|   |  |  |
|---|--|--|
| X | 54. Child Health Record  |  |
| X | 55. Immunizations  |  |
| X | 56. Emergency Permission   |  |
| X | 57. Authorized Release   |  |
| X | 58. Field Trip and Transportation Permission-To/From School              |  |
| 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                                  |  |
| X | 69. Individual Plan for Care (Written if Applicable)                     |  |
| 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                                |  |
| X  | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| 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<br/>(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-<br/>Immediate, Entire<br/>or Part of Facility<br/>and Records</b> |  |
|----------|--|--|

Are Medications Administered?

N

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

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

Child with diabetes enrolled?

N

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>113. Parent Notification of Test Results</b> |  |
|----------|---|--|

**ADDITIONAL VIOLATIONS**

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

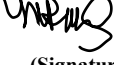
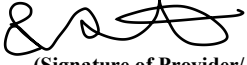
|                                 |   |
|---------------------------------|---|
| <b>YES or NO?</b><br><b>Yes</b> | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|---------------------------------|---|

**DISCUSSIONS:**  
 -Reminder to have parents review enrollment/written permission forms annually  
 -Administration of Medication Policy

**COMMENTS:**

**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.

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| Melina Perez<br>(Printed Name)  | <br>(Printed Name)                    | 02/20/2024                      | LISA A AITRO<br>(Printed Name)  |