



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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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>	VICENTA ASCENCIO-BRITO				<b>License Number</b>	DCFH.57821	<b>Date of Inspection</b>	02/09/2024
					<b>Expiration Date</b>	4/30/2027	<b>Time of Inspection</b>	12:02 PM
<b>Address</b>	50 ARTHUR ST NEW HAVEN CT 06519-2416				<b>Telephone</b>	(203) 684-3532	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	M-F 6:00 A.M. -10:00 P.M.	<b>School Age Capacity</b>	1
<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>	3	<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	elizabethtrasgo833@gmail.com				<b>Inspector's Email</b>	silvana.carreon-zegarra@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<i>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).</i>							
	<i>Signature of Provider/Substitute/Applicant</i>							

### 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:	10/25/2025
X	14. First Aid Certificate	
	Expiration date:	11/05/2024

X	15. CPR Certificate		
	Expiration date: 11/05/2024		
X	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
X	17. Medical Statement		
X	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
X	19. Substitute or Assistant	Y/N	
	Type of Staff : Substitute	Y	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
X	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
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	
		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	
○	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees. Observed water temperature 133F
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: 1 dog Y
X	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
○	53. Enrollment Form	Failed to maintain child enrollment forms for 3 children, after reviewing the 5 children's files, 3 children missed enrollment forms.

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain child health record. After reviewing five children's health record, a child missed a complete health record.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain current immunization records for 4 children. Observed missing four Flu vaccines records.
<input type="radio"/>	<b>56. Emergency Permission</b>	Failed to maintain written parent permission for emergency medical care for one child. Observed a complete permission form missing.
<input type="radio"/>	<b>57. Authorized Release</b>	Failed to maintain written parent permission to authorize removal of children. Observed three of five children missing authorized release information.
<input type="checkbox"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<input type="checkbox"/>	<b>59. Swimming Permission</b>	
<input type="checkbox"/>	<b>60. Incident Log</b>	
<input type="checkbox"/>	<b>61. Confidentiality</b>	
<input type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input type="checkbox"/>	<b>65. Handwashing</b>	
<input type="checkbox"/>	<b>66. Flexible and Balanced Written Schedule</b>	
<input type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<input checked="" type="checkbox"/>	93. Access- Immediate, Entire or Part of Facility and Records	
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### Are Medications Administered? Y **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<input type="checkbox"/>	94. Policies and Procedures for Admin of Meds	Failed to develop written policies and procedures for Administration of Medication. The provider stated that will create the policy.
<input checked="" type="checkbox"/>	95. Parent Permission for Nonprescription Topical Meds	
<input checked="" type="checkbox"/>	96. Notification - Documentation of Med 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 Auth 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-Admin. Of Meds	
<input checked="" type="checkbox"/>	106. Petition for Special Medication Authorization	

### Child with diabetes enrolled? N **MONITORING OF DIABETES 19a-87b-18**

<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	

<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>	N/A?
		<b>X</b>




<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**  
 The provided reviewed all OEC Regulation using visual cues with the specialist.  
 The communication with the provider was in Spanish.  
 During the inspection, the specialist supported the provider to access and print her BCIS Roster.  
 Importance to review enrollment documents before file them.

**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.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b> 02/23/2024	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	 (Printed Name)	VICENTA ASCENCIO-BRITO (Printed Name)