




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: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	MAYRA RIERA				<b>License Number</b>	DCFH	<b>Date of Inspection</b>	03/11/2024
					<b>Expiration Date</b>		<b>Time of Inspection</b>	10:04 AM
<b>Address</b>	455 MAIN ST EAST HAVEN CT 06512-2745				<b>Telephone</b>	(203) 802-9854	<b>Regular Capacity</b>	4
					<b>Days and Hours</b>	M-F 5:00AM - 9:30AM	<b>School Age Capacity</b>	0
<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>	INITIAL CREDENTIAL INSPECTION		
	<b># of Infants - Toddlers Present</b>	0	<b># of Total Children Present</b>	1	<b>Inspector's Name</b>	Evelyn Vicente-Quinones		
<b>Provider's Email</b>	Mayrariera74@gmail.com				<b>Inspector's Email</b>	evelyn.vicente-quinones@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>							
	 Signature of Provider/Substitute/Applicant							

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

X	<b>4. Capacity</b>	6 year old daughter present at today's visit.
X	<b>5. Non-transferability of license</b>	Pending?
X	<b>6. Infant/Toddler Restriction</b>	
X	<b>7. License Posted</b>	Discussed with Ms. Riera once she is licensed she will need to post license. Se le comunico a la Sra. Riera cuanto tenga su licencia tendrá que postularla.
X	<b>8. Parent Access to OEC Phone Number</b>	
X	<b>9. Photo ID</b>	
X	<b>10. Requests for Information</b>	
X	<b>11. Notification of Change</b>	

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

X	<b>12. Awareness of, Understanding of Regulations</b>	
X	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	04/25/2026
X	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	07/14/2025

<input checked="" type="checkbox"/>	15. CPR Certificate		
	Expiration date:		
	07/14/2025		
<input checked="" type="checkbox"/>	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<input checked="" type="checkbox"/>	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<input checked="" type="checkbox"/>	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input checked="" type="checkbox"/>	23. Freedom of Hazards		
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible		
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely		
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables		
<input type="radio"/>	27. Safe Door Fasteners	Failed to ensure safe door fasteners in bathroom closet; applicant has cleaning agents, personal hygiene products accessible to children. El closet del baño le falta alguna sujetadores de puertas porque tiene disolventes de limpieza y productos de higiene personales	
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	applicant rents in a multi use building (commercial and residential) does not own nor has access to basement. Aplicante alquila en un edificio multiuso (comercial y residencial) no es la dueña ni tiene acceso al sótano.
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails		
<input checked="" type="checkbox"/>	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	
O	39. Safe Space-Sufficient Indoors   Outdoors	Failed to ensure sufficient outdoor space. Failed to identify an alternate outdoor play space when one does not exist at the facility. Failed to develop a written plan that ensure the safe transportation of children to/from the alternate outdoor play space. Failed to protect outdoor play area from hazards
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	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees; reached 142 degrees Fahrenheit; la temperatura del agua subió hasta 142 grados Fahrenheit.
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	
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	
O	66. Flexible and Balanced Written Schedule	Failed to develop and implement a written schedule; aplicante no tiene horario flexible y balanceado por escrito.
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
O	68. Proper Rest Provisions – Safe Cribs	Failed to maintain individual, age-appropriate napping/resting provision for each child; no tiene donde infantes dormir/descansar.
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 (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:**

~ provided 1 safe sleep sacks (1 small and 1 medium) and discussed safe sleep regulations; se le proporciono dos sacos de dormir para infantes (tamaño pequeño y medium - 1 de cada uno) se reviso las regulaciones sobre sueño seguro.

~ provided packet with documents related to family child care and copy of the regulations also available on our website; se le proporcionó paquete de documentos relacionado a las cuidos de niños en el hogar y una copia de las regulaciones en español también disponible en la pagina del a OEC [www.CtOEC.org](http://www.CtOEC.org)

**COMMENTS:**

Due to insufficient space to translate violation for #39; the following section is the translation for the citations. Debido a que no hay suficiente espacio para traducir la citación para #39; la siguiente sección es la traducción para las citaciones:



#39

- ~ no hay protección de peligro para la area de jugar afuera; aplicante vive en una calle bastante transitada; el espacio de afuera de atrás es sólo estacionamiento tiene un balconcito pequeño que posiblemente utilice para jugar
- ~ no hay suficiente espacio afuera para jugar;
- ~ no ha identificado un local alternativo para el juego de afuera
- ~ no ha identificado un plan por escrito para asegurar transportación segura a y desde la area alternativa

**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>	 (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		MAYRA RIERA (Printed Name)