




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>	MIURRIELL SAMBOY PENA				<b>License Number</b>	DCFH.57650	<b>Date of Inspection</b>	04/30/2024
					<b>Expiration Date</b>	5/31/2026	<b>Time of Inspection</b>	09:28 AM
<b>Address</b>	52 MOHAWK DR WEST HAVEN CT 06516-6721				<b>Telephone</b>	(646) 830-8283	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	M-F 7AM-6P	<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>	1	<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	Miurriellsamboy2505@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:	10/27/2026
O	14. First Aid Certificate	Failed to maintain current certificate
	Expiration date:	01/22/2024

<input type="radio"/>	15. CPR Certificate Expiration date: 01/22/2024	Failed to maintain current certificate	
<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 Type of Staff :	Y/N 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 checked="" type="checkbox"/>	27. Safe Door Fasteners		
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision Used for Care ?	Y/N Y Y/N Y	
<input type="radio"/>	31. Stairways - Protected, Handrails	Failed to ensure that stairways have a sturdy handrail installed. The stairs with seven steps does not have handrail.	
<input checked="" type="checkbox"/>	32. Emergency Plan		

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills. Failed to practice quarterly emergency evacuation drills.	
<input checked="" type="checkbox"/>	<b>34. Smoke Detectors</b>		
<input checked="" type="checkbox"/>	<b>35. Carbon Monoxide Detector</b>		
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input checked="" type="checkbox"/>	<b>39. Safe Space-Sufficient</b>		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input checked="" type="checkbox"/>	<b>46. Water Temperature- 60°-120°</b>		
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input checked="" type="checkbox"/>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input type="radio"/>	<b>50. First Aid supplies</b>	Failed to maintain a complete first aid kit. The first Aid kit missing a cardiopulmonary resuscitation mouth barrier	
<input checked="" type="checkbox"/>	<b>51. Pet protection</b>	Type: 1 dog	
	Pets?	Y	
	Rabies Certs?	Y	
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	<b>53. Enrollment Form</b>		

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain complete immunization record(s). Upon reviewing seven children's files, specialist observed two flu vaccines records missing.
O	56. Emergency Permission	Failed to maintain complete emergency care information. Upon reviewing seven children's files, specialist observed seven Emergency Permission missing. (Four complete emergency care information and three dentist information.
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren). Upon reviewing seven children's files, specialist observed two authorized release information missing.
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 (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"/>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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### Are Medications Administered? Y **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<input type="checkbox"/>	<b>94. Policies and Procedures for Admin of Meds</b>	Failed to maintain complete written policies on the administration of medication.
<input type="checkbox"/>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications. Specialist observed three nonprescription topical medication without written permission from the parents.
<input checked="" type="checkbox"/>	<b>96. Notification - Documentation of Med Error(s)</b>	
<input checked="" type="checkbox"/>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<input checked="" type="checkbox"/>	<b>98. Unused - Expired Nonprescription Meds</b>	
<input checked="" type="checkbox"/>	<b>99. Documented Medication Trained Staff</b>	
<input type="checkbox"/>	<b>100. Written Auth Prescriber/Parent Permission</b>	Failed to maintain written order from prescriber for medication. Failed to maintain written parent permission for medication. Specialist observed asthma medication without written doctor authorization and parent authorization.
<input checked="" type="checkbox"/>	<b>101. MAR Maintained</b>	
<input checked="" type="checkbox"/>	<b>102. Prescription Meds - Stored/Labeled</b>	
<input checked="" type="checkbox"/>	<b>103. Unused/Expired Prescription Meds</b>	
<input checked="" type="checkbox"/>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<input checked="" type="checkbox"/>	<b>105. Self-Admin. Of Meds</b>	
<input checked="" type="checkbox"/>	<b>106. Petition for Special Medication Authorization</b>	

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

<input checked="" type="checkbox"/>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<input checked="" type="checkbox"/>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<input checked="" type="checkbox"/>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<input checked="" type="checkbox"/>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<input checked="" type="checkbox"/>	<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>	N/A?
		<b>X</b>



<b>YES or NO?</b> <b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**  
 Stairs Handrails.  
 Safe sleep.  
 Enrollment documentation

**COMMENTS:**  
 Provider reviewed the OEC Regulation using visual cues.

**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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	05/14/2024	MIURRIELL SAMBOY PENA (Printed Name)