



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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	SANDRA I PEREZ-MILLAN				License Number	DCFH.52071	Date of Inspection	05/21/2024
Address	183 WINTHROP ST FL 1 NEW BRITAIN CT 06052-1732				Expiration Date	10/31/2024	Time of Inspection	12:05 PM
Telephone					(860) 518-1036	Regular Capacity	6	
Days and Hours					SUN.-SAT. 24 HOURS	School Age Capacity	3	
Is this a Change of Address?	Yes?		No?	X	Summer Care	Open		
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	0	# of Total Children Present	5		Inspector's Name	Eileen Ruiz		
Provider's Email	elparaisodaycare@gmail.com				Inspector's Email	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). 							
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:	02/17/2026
X	14. First Aid Certificate	
	Expiration date:	06/17/2024

X	15. CPR Certificate	
	Expiration date: 06/17/2024	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
	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 N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills for the 2024 calendar year.	
	34. Smoke Detectors		
	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		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers accessible.	
X	49. Safe Transportation Registered, Insured, Restraints		
	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record(s) for three children enrolled. One of which was new enrollment.
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s) for one new child enrolled and two did not receive their flu shot.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
	61. Confidentiality	
	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
	64. Good Nutrition- Meals/Snacks, Water Available	
	65. Handwashing	
	66. Flexible and Balanced Written Schedule	
	67. Personal Articles- Blanket, Towel, Toilet Articles	
	68. Proper Rest Provisions – Safe Cribs	
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
	72. Infants Placed on Back for Sleeping	
	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

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

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

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

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

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

	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A? X	
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<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Items not monitored today will be observed at a second day visit due to the Licensing specialist having a meeting at 1:30pm.

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)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	(Printed Name)	06/04/2024	SANDRA I PEREZ-MILLAN (Printed Name)