



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

### FAMILY CHILD CARE HOME INSPECTION

|                                     |  |  |            |   |                           |                                |                            |            |
|-------------------------------------|--|--|------------|---|---------------------------|--------------------------------|----------------------------|------------|
| <b>Provider</b>                     | MILAGROS E WAIBEL                            |  |            |   | <b>License Number</b>     | DCFH.54024                     | <b>Date of Inspection</b>  | 06/14/2024 |
|                                     |  |  |            |   | <b>Expiration Date</b>    |                                | <b>Time of Inspection</b>  | 08:54 AM   |
| <b>Address</b>                      | 150 ANDERSON AVE<br>WEST HAVEN CT 06516-6001 |  |            |   | <b>Telephone</b>          | (203) 980-5922                 | <b>Regular Capacity</b>    | 6          |
|                                     |  |  |            |   | <b>Days and Hours</b>     | 7:00 AM to 3:00PM              | <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>Inspector's Name</b>   | Silvana Carreon Zegarra        |                            |            |
| <b>Provider's Email</b>             | millymfg@yahoo.com                           |  |            |   | <b>Inspector's Email</b>  | silvana.carreon-zegarra@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).* Milagros E Waibel  
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:                               | 02/07/2027 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 12/01/2025 |

|   |                     |  |
|---|---------------------|--|
| X | 15. CPR Certificate |  |
|   | Expiration date:    |  |
|   | 12/01/2025          |  |
| 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 :             | N   |  |
| X | 20. Emergency Caregiver     |     |  |

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

|                       |                         |   |
|-----------------------|-------------------------|---|
| <input type="radio"/> | 21. Background Check(s) | Failed to ensure comprehensive background check have been conducted for a household member. |
|-----------------------|-------------------------|---|

### PHYSICAL ENVIRONMENT 19a-87b-9

|                       |   |  |  |
|-----------------------|---|--|--|
| X                     | 22. Clean/Sanitary Environment                |  |  |
| <input type="radio"/> | 23. Freedom of Hazards                        | Failed to maintain the facility and/or equipment in good repair and free of hazards. Two set of knives were over the counter accessible to children.   |  |
| <input type="radio"/> | 24. Harmful Substances/Materials Inaccessible | Failed to ensure harmful substances and materials are inaccessible to children. Observed pills over the kitchen counter. Polish Remover was in the children bathroom cabinet accessible to children. |  |
| 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  |  |
| X                     | 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<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 |            |  |
| X  | 46. Water Temperature- 60°-120°                                  |            |  |
| 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:<br>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 |
| 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

|                                     |  |  |
|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <b>93. Access- Immediate, Entire or Part of Facility and Records</b> |  |
|-------------------------------------|--|--|

Are Medications Administered?  N **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 checked="" type="checkbox"/> | <b>95. Parent Permission for Nonprescription Topical Meds</b> |   |
| <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 checked="" type="checkbox"/> | <b>100. Written Auth Prescriber/Parent Permission</b>         |   |
| <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>                         |  |

|   |  |  |
|---|--|--|
| X | 113. Parent Notification of Test Results |  |
|---|--|--|

**ADDITIONAL VIOLATIONS**

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

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

**DISCUSSIONS/COMMENTS**

The area approved for caring for children will be the first floor. The backyard will be the children's outdoor play area. The children's bathroom is on the first floor. Two emergency exits. Emergency Plan Form, Emergency Numbers, Safe Sleep, and Developmental Milestones were posted during the inspection.


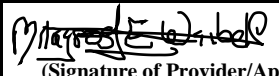
The inspection, orientation and exit interview were in Spanish. The provider received the OEC Regulations in Spanish and all the forms in English and Spanish.

The applicant reviewed all OEC Regulations using visual cues. Also, the applicant reviewed all enrollment forms and Health Assessment Records.

During the inspection, the specialist supported the applicant with BCIS, and the applicant sent an invitation for a household member. The capacity is 6 /0.

**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) | (Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| Silvana Carreon Zegarra<br>(Printed Name)   | (Printed Name)                    |                                | MILAGROS E WAIBEL<br>(Printed Name)   |