



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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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

|   |   |   |                             |   |                    |                                |                     |            |
|---|---|---|-----------------------------|---|--------------------|--------------------------------|---------------------|------------|
| Provider  | HILDA CAPELLAN  |   |                             |   | License Number     | DCFH.57218                     | Date of Inspection  | 07/12/2024 |
|   |   |   |                             |   | Expiration Date    | 7/31/2027                      | Time of Inspection  | 09:07 AM   |
| Address   | 30 ROWE ST FL 1<br>NEW HAVEN CT 06513-3134  |   |                             |   | Telephone          | (475) 434-5145                 | Regular Capacity    | 6          |
|   |   |   |                             |   | Days and Hours     | MON- FRI<br>6:00AM-6:00PM      | 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   | 1 | # of Total Children Present | 3 | Inspector's Name   | Silvana Carreon Zegarra        |                     |            |
| Provider's Email                                  | Tiahildadaycare@gmail.com   |   |                             |   | Inspector's Email  | silvana.carreon-zegarra@ct.gov |                     |            |
| Key:<br>Compliant = X<br>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:                               | 08/06/2024 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 10/08/2023 |

|  |  |                        |  |
|--|--|------------------------|--|
| <b>X</b>   | <b>15. CPR Certificate</b>                           |                        |  |
|  | Expiration date:<br>01/08/2023                       |                        |  |
| <b>X</b>   | <b>16. Judgment</b>                                  |                        |  |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |  |                        |  |
| <b>X</b>   | <b>17. Medical Statement</b>                         |                        |  |
| <b>X</b>   | <b>18. Household Environment</b>                     |                        |  |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |  |                        |  |
| <b>X</b>   | <b>19. Substitute or Assistant</b>                   | <b>Y/N</b>             |  |
|  | Type of Staff :                                      | <b>N</b>               |  |
| <b>X</b>   | <b>20. Emergency Caregiver</b>                       |                        |  |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |  |                        |  |
| <b>X</b>   | <b>21. Background Check(s)</b>                       |                        |  |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |  |                        |  |
| <b>X</b>   | <b>22. Clean/Sanitary Environment</b>                |                        |  |
| <b>X</b>   | <b>23. Freedom of Hazards</b>                        |                        |  |
| <b>X</b>   | <b>24. Harmful Substances/Materials Inaccessible</b> |                        |  |
| <b>X</b>   | <b>25. Bio-contaminants Disposed Safely</b>          |                        |  |
| <b>X</b>   | <b>26. Safe Storage of Flammables</b>                |                        |  |
| <b>X</b>   | <b>27. Safe Door Fasteners</b>                       |                        |  |
| <b>X</b>   | <b>28. Electrical Safety</b>                         |                        |  |
| <b>X</b>   | <b>29. Safe Exits</b>                                |                        |  |
| <b>X</b>   | <b>30. Basement Supervision</b>                      | <b>Y/N</b><br><b>N</b> |  |
|  | Used for Care ?                                      | <b>Y/N</b>             |  |
| <b>X</b>   | <b>31. Stairways - Protected, Handrails</b>          |                        |  |
| <b>X</b>   | <b>32. Emergency Plan</b>                            |                        |  |

|  |  |  |  |
|--|--|--|--|
| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |  |
| <b>X</b>                                       | 34. Smoke Detectors  |  |  |
| <b>X</b>                                       | 35. Carbon Monoxide Detector                                     |  |  |
| <b>X</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |  |  |
| <b>X</b>                                       | 37. Auxiliary Heating System N Type?                             | Appvd?   |  |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |  |  |
| <b>X</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |  |  |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |  |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N   |  |
| <b>X</b>                                       | 42. Ventilation, Light and Temperature- 65°                      |  |  |
| <b>X</b>                                       | 43. Window Safety  |  |  |
| <b>X</b>                                       | 44. Washing Toileting, Sewage Garbage Facilities                 |  |  |
| <b>X</b>                                       | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |  |  |
| <b>○</b>                                       | 46. Water Temperature- 60°-120°                                  | <b>Failed to maintain safe water temperature between 60-120 degrees. 124.5F at the moment of the inspection.</b> |  |
| <b>X</b>                                       | 47. Pasteurization of Milk Supply                                |  |  |
| <b>X</b>                                       | 48. Working Phone, Emergency Numbers Posted                      |  |  |
| <b>X</b>                                       | 49. Safe Transportation Registered, Insured, Restraints          |  |  |
| <b>X</b>                                       | 50. First Aid supplies   |  |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N   |  |
| <b>X</b>                                       | 52. Smoking Prohibited   |  |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |  |
| <b>X</b>                                       | 53. Enrollment Form  |  |  |

|          |  |   |
|----------|--|---|
| <b>X</b> | 54. Child Health Record  |   |
| <b>O</b> | 55. Immunizations  | Failed to maintain complete immunization record. Observed one child without Flu vaccination record. |
| <b>X</b> | 56. Emergency Permission   |   |
| <b>X</b> | 57. Authorized Release   |   |
| <b>X</b> | 58. Field Trip and Transportation Permission-To/From School              |   |
| <b>X</b> | 59. Swimming Permission  |   |
| <b>X</b> | 60. Incident Log   |   |
| <b>X</b> | 61. Confidentiality  |   |
| <b>X</b> | 62. Meeting the Child's Needs  |   |
| <b>X</b> | 63. Sufficient Play Equipment  |   |
| <b>X</b> | 64. Good Nutrition- Meals/Snacks, Water Available                        |   |
| <b>X</b> | 65. Handwashing  |   |
| <b>X</b> | 66. Flexible and Balanced Written Schedule                               |   |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |   |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |   |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |   |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |   |
| <b>X</b> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet |   |

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

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

|          |  |  |
|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

### Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>113. Parent Notification of Test Results</b> |  |
|----------|---|--|

**ADDITIONAL VIOLATIONS**

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



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

**DISCUSSIONS/COMMENTS**

All children over six months of age need Dentist's information.  
Outdoor cable cables need to be covered.

**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) | <b>DATE CORRECTIONS DUE BY:</b><br><br><b>07/26/2024</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Silvana Carreon Zegarra</b><br>(Printed Name)  | (Printed Name)                    |  | <b>HILDA CAPELLAN</b><br>(Printed Name)   |