




Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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

### FAMILY CHILD CARE HOME INSPECTION

Provider	MARIAN OLIVARES				License Number	DCFH	Date of Inspection	08/30/2024
					Expiration Date		Time of Inspection	08:50 AM
Address	52 MAYFLOWER RD WINDSOR CT 06095-1941				Telephone	(860) 770-3445	Regular Capacity	6
					Days and Hours	M-F 7:00AM-4:30PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	marian_2082@yahoo.com				Inspector's Email	evelyn.vicente-quinones@ct.gov		
Key: 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	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:	11/28/2026
X	14. First Aid Certificate	
	Expiration date:	01/14/2026

<b>X</b>	<b>15. CPR Certificate</b>		
	Expiration date: <b>01/14/2026</b>		
<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> <b>Y</b>	
	Used for Care ?	<b>Y/N</b> <b>N</b>	
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>		
<b>X</b>	<b>32. Emergency Plan</b>		

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		
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		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
O	50. First Aid supplies	Failed to maintain a complete first aid kit when provider did not have two instant cold packs (only has 1) Sra. Olivares no tiene dos bolsas de hielo instantes (solo tiene 1)	
X	51. Pet protection	Type: 1 dog - bichon	
	Pets?	Y	
	Rabies Certs?	Y	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
X	53. Enrollment Form		

<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<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>O</b>	66. Flexible and Balanced Written Schedule	<b>Failed to develop and implement a written schedule for today's initial visit. Send copy of flexible and balanced schedule with corrective action plan (CAP) No tiene un horario flexible y balanceado por escrito, enviar copia con su plan de corrección.</b>
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
	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 (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- Immediate, Entire or Part of Facility and Records	
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### Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

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

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

<b>X</b>	113. Parent Notification of Test Results	
<b>ADDITIONAL VIOLATIONS</b>		
<b>X</b>	114. Consent Order - Negotiated Corrective Action Plan	N/A?
<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	
<b>DISCUSSIONS/COMMENTS</b>		
<p>~ Discussed all regulations and/with the sample inspection checklist. Ms. Olivares has a copy of the regulations in Spanish. Se reviso todas las regulaciones y/con la lista de inspección (modelo); la Sra. Olivares tiene una copia de las regulaciones en español.</p> <p>~ Discussed requirements for flu vaccines for children ages 6 months to 59 months of age and required documentation in child's file, that the flu vaccine was administered during the timeframe of 8/1-12/31 of each year. Se reviso los requisitos de la vacuna del flu ser administrado por un medico a niños de 6 meses a 59 meses de edad y documentación requirió en cual la vacuna fue administrado entre el 1 de agosto hasta el 31 de diciembre de cada año.</p> <p>~ Discussed Notification of change regulations/requirements including but not limited to Ms. Olivares plans in the future to add fencing to create a separate outdoor play area for children; currently going to primarily use large outdoor deck for play area. Ms. Olivares resides in a residential area, that is not a high traffic area, no body of water on or near here property etc. Se reviso las regulaciones/requisitos sobre Notificación de Cambio sobre pero no limitando a que la Sra. Olivares planifica en el future añadir verja para crear un espacio en su area fuera para los niños jugar. Sra. Olivares vive en una area residencial en cual no hay mucho trafico ni cuerpo de agua en su propiedad ni cerca.</p>		
<p><b>NOTE:</b> 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.</p>		
<p><b>APPLICANTS-</b> <b>PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>		
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)	 (Signature of Provider/Applicant/Substitute)
		MARIAN OLIVARES (Printed Name)