




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 | MARIA A CHACON AREVALO | | | | License Number | DCFH.57930 | Date of Inspection | 09/24/2024 |
| | | | | | Expiration Date | 11/30/2027 | Time of Inspection | 10:36 AM |
| Address | 39 ROCK HILL RD NEW HAVEN CT 06513-4051 | | | | Telephone | (475) 372-2056 | Regular Capacity | 6 |
| | | | | | Days and Hours | Monday - Friday 6:30 AM - 6:00 PM | 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 | 3 | # of Total Children Present | 5 | Inspector's Name | Silvana Carreon Zegarra | | |
| Provider's Email | achacon9128@gmail.com | | | | Inspector's Email | 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). 

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

| | | |
|----------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| X | 4. Capacity | |
| X | 5. Non-transferability of license | Pending? |
| O | 6. Infant/Toddler Restriction | Failed to maintain infant/toddler restriction. Observe the provider caring for two infants and one toddler. (Including two preschooler). |
| 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: | 04/18/2026 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 03/13/2025 |

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|---|---------------------|--|
| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 03/13/2025 | |
| X | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|---|---------------------------|--|
| X | 17. Medical Statement | |
| X | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | | | | | |
|---|-------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|
| O | 19. Sub/Assistant | Y/N | Name: | | Appvl # | |
| | Type of Staff : | N | Failed to utilize agency approved assistant. Observed an unapproved staff caring for the children. Observed to the provider and an unapproved staff member caring for the children. The provider stated that the unapproved staff is in the process of obtaining her approval of OEC | | | |
| | Assistant | | | | | |
| X | 20. Emergency Caregiver | | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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|---|-------------------------|--|
| X | 21. Background Check(s) | |
|---|-------------------------|--|

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 | |
| X | 31. Stairways - Protected, Handrails | | |
| X | 32. Emergency Plan | | |

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|------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| O | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to practice quarterly emergency evacuation drills. Observed a clear form. The provider stated that did not practiced the drill but she will do it. | |
| 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 Y Y | | |
| 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 | | |
| X | 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 | | |

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|----------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X | 54. Child Health Record | |
| X | 55. Immunizations | |
| O | 56. Emergency Permission | Failed to maintain written parent permission for emergency medical care. After reviewing seven children's files observed one child did not have 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 | |
| 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 | |

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|------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| O | 74. Crib or Other Provision Free from Observable Hazards | Failed to ensure no items are placed with an infant in a crib or other piece of equipment designed for sleeping. Observed a 10-month-old baby sleeping in a crib covered with a blanket, and a teddy bear next to her. |
| 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 | |
| SICK CHILD CARE 19a-87b-11 | | |
| X | 91. Sick Child Care | |
| IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am) | | |
| X | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |

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

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| 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**

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

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

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

| | | |
|----------|-------------------------------------------------|--|
| X | 112. Finger Stick Blood Glucose Testing Records | |
| X | 113. Parent Notification of Test Results | |

ADDITIONAL VIOLATIONS

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

YES or NO?
Yes

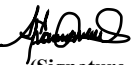

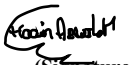
WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

The provider reviewed OEC Regulations using visual clues, including safe sleep guidelines and requirements for substitutes and assistants.
The provider also learn how to access OEC forms on the website and practiced obtaining the necessary information. Additionally, the provider learned how to obtain her Roster and printed it during the visit.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- Only the regulations marked as compliant or non-compliant were monitored or discussed.
- **APPLICANTS –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) |
| Silvana Carreon Zegarra (Printed Name) | (Printed Name) | 10/08/2024 | MARIA A CHACON AREVALO (Printed Name) |