



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [ocelicensing@ct.gov](mailto:ocelicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>MARISOL PEREZ</b>				<b>License Number</b>	<b>DCFH.54060</b>	<b>Date of Inspection</b>	<b>11/01/2024</b>
					<b>Expiration Date</b>	<b>9/30/2026</b>	<b>Time of Inspection</b>	<b>08:20 AM</b>
<b>Address</b>	<b>30 MEADOW ST FL 1 ANSONIA CT 06401-2118</b>				<b>Telephone</b>	<b>(203) 732-0139</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Days and Hours</b>	<b>MONDAY - FRIDAY 6:00AM - 5:00PM</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		
	<b># of Infants - Toddlers Present</b>	<b>1</b>	<b># of Total Children Present</b>	<b>3</b>	<b>Inspector's Name</b>	<b>Eileen Ruiz</b>		
<b>Provider's Email</b>	<b>ceymar88@hotmail.com</b>				<b>Inspector's Email</b>	<b>eileen.ruiz@ct.gov</b>		

**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]*  
 Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

<b>X</b>	<b>4. Capacity</b>	
<b>X</b>	<b>5. Non-transferability of license</b>	<b>Pending?</b>
<b>X</b>	<b>6. Infant/Toddler Restriction</b>	
<b>X</b>	<b>7. License Posted</b>	
<b>X</b>	<b>8. Parent Access to OEC Phone Number</b>	
<b>X</b>	<b>9. Photo ID</b>	
<b>X</b>	<b>10. Requests for Information</b>	
<b>X</b>	<b>11. Notification of Change</b>	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>02/05/2024</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>09/05/2025</b>

<b>X</b>	15. CPR Certificate	
	Expiration date: 09/05/2025	
<b>X</b>	16. Judgment	

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

	17. Medical Statement	
<b>X</b>	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

<b>X</b>	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	Y	Provider uses spouse as staff who is licensed as a DCFH provider in floor #2			
	20. Emergency Caregiver					

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

<b>○</b>	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted before expiration date for provider and spouse who works as a substitute.
----------	-------------------------	--

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

<b>X</b>	22. Clean/Sanitary Environment	
<b>X</b>	23. Freedom of Hazards	
<b>X</b>	24. Harmful Substances/Materials Inaccessible	
<b>X</b>	25. Bio-contaminants Disposed Safely	
<b>X</b>	26. Safe Storage of Flammables	
<b>X</b>	27. Safe Door Fasteners	
<b>X</b>	28. Electrical Safety	
<b>X</b>	29. Safe Exits	
<b>X</b>	30. Basement Supervision	Y/N Y
	Used for Care ?	Y/N
<b>X</b>	31. Stairways - Protected, Handrails	
<b>X</b>	32. Emergency Plan	

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>X</b>	34. Smoke Detectors	
<b>O</b>	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each level of the home, basement did not have a 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>O</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	Failed to ensure sufficient indoor space in the bathroom when sleep cots were in front of the handwashing sink and blocking the hand dryer.
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N Y
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N 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 - Type of System: Public Water	
<b>X</b>	46. Water Temperature- 60°-120°	
<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	
	51. Pet protection	Type: Dog
	Pets?	Y
	Rabies Certs?	
<b>X</b>	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
	53. Enrollment Form	

	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
	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	
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	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	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
	75. Infants not Swaddled	
	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	
	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	
<b>SICK CHILD CARE 19a-87b-11</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	
----------	--	--

### 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	

**ADDITIONAL VIOLATIONS**

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

YES or NO?  
**Yes**

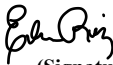
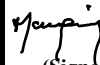
**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Discussed ensuring the children have adequate space in the bathroom to reach the sink and wash their hands and an alternate location for the storage of cots would benefit programs. Cots were blocking the sink. Provider presented evidence of an appointment for 11/2/2024 for background checks for her and her spouse. Background check will be counted in compliance when they are both current in BCIS portal.

**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)
<b>Eileen Ruiz</b> (Printed Name)	 (Printed Name)	<b>11/15/2024</b>	<b>MARISOL PEREZ</b> (Printed Name)