



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 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>MELISSA RIVERA</b>				<b>License Number</b>	<b>DCFH.55421</b>	<b>Date of Inspection</b>	<b>12/20/2024</b>
					<b>Expiration Date</b>	<b>5/31/2026</b>	<b>Time of Inspection</b>	<b>10:28 AM</b>
<b>Address</b>	<b>282 EXCHANGE ST FL 1 NEW HAVEN CT 06513-3819</b>				<b>Telephone</b>	<b>(203) 260-5928</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Days and Hours</b>	<b>MON - FRI 6:30 AM - 4:00 PM</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>4</b>	<b>Inspector's Name</b>	<b>Linda Johnson Moylan</b>		
<b>Provider's Email</b>	<b>grandpasfamilydaycare@hotmail.com</b>				<b>Inspector's Email</b>	<b>linda.moylan@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).*

*Melissa Rivera*  
 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>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>08/09/2025</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>06/13/2026</b>

X	15. CPR Certificate				
	Expiration date: 06/13/2026				
X	16. Judgment				
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>					
X	17. Medical Statement				
X	18. Household Environment				
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>					
X	19. Sub/Assistant	Y/N	Name:		Appvl #
	Type of Staff :	Y			
	Substitute				
X	20. Emergency Caregiver				
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>					
X	21. Background Check(s)				
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>					
X	22. Clean/Sanitary Environment				
O	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards when peeling paint was observed on outdoor railing. Sample taken.			
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			
		Y			
	Used for Care ?	Y/N			
X	31. Stairways - Protected, Handrails				
X	32. Emergency Plan				

<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	Appvd?	
	Type?		
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient		
	Indoors	Y	
	Outdoors	Y	
<b>X</b>	40. Body of Water- Type: Nighboring house	Y/N	
	Barrier?	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		
<b>X</b>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<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>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>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 (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? **Y**      **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**

<b>X</b>	114. Consent Order - Negotiated Corrective Action Plan	N/A?
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**YES or NO?**  
**Yes**

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

**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>Linda Johnson Moylan</b> (Printed Name)	<b>Linda Johnson Moylan</b> (Printed Name)	<b>01/03/2025</b>	<b>MELISSA RIVERA</b> (Printed Name)