



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	MAYRA RIERA				License Number	DCFH.57999	Date of Inspection	03/20/2025
					Expiration Date	4/30/2028	Time of Inspection	09:15 AM
Address	455 MAIN ST EAST HAVEN CT 06512-2745				Telephone	(203) 802-9854	Regular Capacity	3
					Hours of Operation	5:00 AM 9:30 PM	School Age Capacity	0
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Jenny Ferreira		
Provider's Email	Mayrariera74@gmail.com				Inspector's Email	jenny.ferreira@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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?
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	
O	11. Notification of Change	Failed to notify the Office of renovation, construction or expansion when observed an indoor expansion to increase capacity. Se observo una expansion dentro del programa con el fin de aumentar la capacidad.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
O	13. Medical statement Expiration date: 04/25/2026	Failed to maintain medical statement(s) when provider reported not having a medical statement available at the tie of the inspection. Blank Adult Medical Statement form provided. La proveedora indico que no tiene su forma medica disponible al momento de esta inspeccion. Un
X	14. First Aid Certificate Expiration date: 07/14/2025	

X	15. CPR Certificate	
	Expiration date: 07/14/2025	
O	16. Judgment	Failed to demonstrate good judgment about supervision and safety when observed provider stepping outside to the parking lot/backyard to meet the OEC specialist leaving two children inside including an infant without supervision.

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	N				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Failed to maintain evidence of compliance with background checks when observed provider unable to access her BCIS account. Provider to contact the legal division for assistance.
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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	Per provider, she has no access to the basement. Basement not inspected by OEC at this visit. La proveedora indico no tener acceso al sotano. El sotano no fue inspeccionado pro OEC durante esta visita.			
	Used for Care ?	Y/N				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills when provider reports that she conducts fire drills, but she doesn't document it as required by regulations. La proveedora indica que realiza los simulacros de evacuación, pero no los documenta como lo indica	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors Outdoors Y Y	The provider indicates that she uses the approved local park for outdoor activities. La proveedora indica que continua usando el parque local aprobado para las actividades al aire libre.	
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection Pets? Rabies Certs?	Type: N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input type="radio"/>	53. Enrollment Form	Failed to maintain complete child enrollment form(s) when observed enrollment form not signed nor dated by parent for a child enrolled. She observo la forma de registro de un niño registrado sin firma de los padres ni fecha de registro.
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<input checked="" type="checkbox"/>	54. Child Health Record	
<input checked="" type="checkbox"/>	55. Immunizations	
<input type="checkbox"/>	56. Emergency Permission	Failed to maintain complete emergency care information when observed the form not signed by parent. Additionally, only the mother shows as the emergency contact. Se observo la forma de permiso de un niño sin firma de los padres. Adicionalmente, solo el nombre de
<input type="checkbox"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of child(ren) when observed form not signed by parent for one child. Se observo la forma de persona autorisada para retirar el niño sin firma del padre para un niño.
<input type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	Failed to maintain complete written parent permission for transitioning children to/from school when observed the form not signed by parent for one child. Se observo la forma sin firma del padre para un niño.
<input type="checkbox"/>	59. Swimming Permission	Failed to maintain written parent permission for recreational swimming when observed the form not signed by parent for one child. Se observo la forma sin la firma de la padres para un niño.
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Failed to maintain a snug fitting mattress covered with a tightly-fitted sheet when observed a stained pack's play used for an infant without sheet. Provider report not having a sheet for the mat. Se observo un corral con manchas y sin sabanas para el uso de un intante. La proveedora indico no tener sabanas disponible.

X	74. Crib or Other Provision Free from Observable Hazards	
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	
○	81. Supervision- at all Times, Indoors, Outdoors	Failed to be either indoors or outdoors with all children in care when observed provider stepping outside to meet OEC specialist at the parking lot leaving two children unsupervised including an infant inside the program.
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	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

X	93. Access- Immediate, Entire or Part of Facility and Records	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

X	94. Policies and Procedures for Admin of Meds	
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X	95. Parent Permission for Nonprescription Topical Meds	
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

X	108. Policies for Finger Stick Blood Glucose Testing	
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X	109. Finger Stick Blood Glucose Testing - Staff Trained	
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X	110. Self Admin of Finger Stick Blood Glucose Testing	
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X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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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?	Were Violations Cited during this visit?	Total Number of Violations this visit:	12
Yes			

DISCUSSIONS/COMMENTS**Discussion:**

1- OEC specialist observed male items (underwear, shoes, perfume, tools) in the bathroom, provider's bedroom and living room area. Per provider, items belong to her child's father who is expected to pick up his belongings at some point. Provider denies that any male resides in this facility.

2- Provider wishes to increase capacity to 5+0
Continue do to lack of space for comments:



#16 Judgement

Failed to demonstrate good judgment about supervision and safety when observed provider stepping outside to the parking lot/backyard to meet the OEC specialist leaving two children inside including an infant without supervision.

Se observo la proveedora salir al parqueo/ patio transero a reunirse con la inspectora de OEC dejando dos niños dentro incluido un infante sin supervision.

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)
Jenny Ferreira (Printed Name)	 (Printed Name)	04/03/2025	MAYRA RIERA (Printed Name)

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