




DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	YANIRA PENA				License Number	DCFH	Date of Inspection	09/22/2025
					Expiration Date		Time of Inspection	09:14 AM
Address	7 MONARCH RD DANBURY CT 06811-3204				Telephone	(475) 206-5313	Regular Capacity	6
					Hours of Operation	6:30 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	INITIAL CREDENTIAL INSPECTION				Inspector's Name	Janarish Lopez		
Provider's Email	yannyberlin@hotmail.com				Inspector's Email	janarish.lopez@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	Applicant not in compliance with notifying the Office of the addition of 2 household members

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of, Understanding of Regulations	Provider not in compliance with demonstrating an awareness or understanding of the regulations, per applicant she has not read the regulations.
X	13. Medical statement Expiration date: 07/11/2028	
X	14. First Aid Certificate Expiration date: 08/27/2026	

X	15. CPR Certificate	
	Expiration date: 08/27/2026	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Provider not in compliance with maintaining medical statements, didn't observe medical statements for 2 new household members
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)	Provider not in compliance with ensuring comprehensive background check is current for 1 household member.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment	
O	23. Freedom of Hazards	Provider not in compliance with maintaining the facility free of hazards, in the outside play area observed household furniture and construction material in a pile
X	24. Harmful Substances/Materials Inaccessible	
X	25. Bio-contaminants Disposed Safely	
X	26. Safe Storage of Flammables	
O	27. Safe Door Fasteners	Provider not in compliance with ensuring safe door fasteners observed the bathroom and bedroom accessible to children with the a door knob that doesn't have a way to open in case an an emergency if a
X	28. Electrical Safety	
X	29. Safe Exits	
X	30. Basement Supervision	Y/N Y
	Used for Care ?	Y/N
O	31. Stairways - Protected, Handrails	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways leading to the bottom floor accessible to children.
X	32. Emergency Plan	

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions, didn't observe the fire extinguisher mounted
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 Y
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
O	44. Washing Toileting, Sewage Garbage Facilities	Provider not in compliance with keeping trash covered, didn't observe a covered trash in the bathroom
X	45. Adequate and Safe Water - Type of System: Private Well	
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	Provider not in compliance with maintaining at least one portable, readily accessible first aid kit, didn't observe a first aid kit.
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	
X	56. 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	
O	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with maintaining individual, age-appropriate napping/resting provision for each child, sleep provisions where not observed.
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	

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	
O	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Provider not in compliance a nonporous diapering area was not observed
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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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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? 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-18 Child 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	


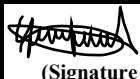
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	12 out of 109
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DISCUSSIONS/COMMENTS

Reviewed the regulations with applicant.

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)
Janarish Lopez (Printed Name)	 (Printed Name)		YANIRA PENA (Printed Name)