



**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](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	ALEXANDRA E AYAVACA				License Number	DCFH.57928	Date of Inspection	01/13/2026
					Expiration Date	11/30/2027	Time of Inspection	10:10 AM
Address	32 FRANKLIN ST APT 2 DANBURY CT 06810-5827				Telephone	(203) 617-5125	Regular Capacity	6
					Hours of Operation	6:00 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	Yes
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	therainforestcc@gmail.com				Inspector's Email	janarish.lopez@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).  
*Alexandra Ayavaca*

Signature of Provider/Substitute/Applicant

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

O	4. Capacity	Provider not in compliance with maintaining licensed capacity when an approved staff with a current background check was not present	
X	5. Non-transferability of license	Pending?	
O	6. Infant/Toddler Restriction	Provider not in compliance with maintaining the infant/toddler restriction when an approved staff with a current background check was not present	
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:	06/06/2026
X	14. First Aid Certificate	
	Expiration date:	09/14/2026

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date: <b>09/14/2026</b>	
<b>X</b>	<b>16. Judgment</b>	

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

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

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

<b>X</b>	<b>19. Sub/Assistant</b>	<b>Y/N</b>	<b>Name:</b> <b>Norma Beatriz jimenez</b>	<b>Appvl #</b> <b>92200</b>
	Type of Staff : <b>Substitute</b>	<b>Y</b>		
<b>X</b>	<b>20. Emergency Caregiver</b>			

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

<b>○</b>	<b>21. Background Check(s)</b>	<b>Provider not in compliance with ensuring comprehensive background check have been conducted for herself.</b>
----------	--------------------------------	---

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

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

<b>O</b>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	<b>Provider not in compliance with practicing quarterly emergency evacuation drills, observed the emergency drills have been conducted 3 times for the past years</b>	
<b>X</b>	<b>34. Smoke Detectors</b>		
<b>X</b>	<b>35. Carbon Monoxide Detector</b>		
<b>X</b>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<b>X</b>	<b>37. Auxiliary Heating System N Type?</b>	Appvd?	
<b>X</b>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<b>X</b>	<b>39. Safe Space- Sufficient</b>		
	<b>Indoors</b>	<b>Y</b>	
	<b>Outdoors</b>	<b>Y</b>	
<b>X</b>	<b>40. Body of Water- Type:</b>	<b>Y/N</b>	
	<b>Barrier?</b>	<b>N</b>	
<b>X</b>	<b>41. Hot Tubs- Locked - Inaccessible</b>	<b>Y/N</b>	
		<b>N</b>	
<b>X</b>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<b>X</b>	<b>43. Window Safety</b>		
<b>X</b>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<b>X</b>	<b>45. Adequate and Safe Water - Type of System:</b>		
	<b>Public Water</b>		
<b>X</b>	<b>46. Water Temperature- 60°-120°</b>		
<b>X</b>	<b>47. Pasteurization of Milk Supply</b>		
<b>X</b>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<b>X</b>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<b>X</b>	<b>50. First Aid supplies</b>		
<b>X</b>	<b>51. Pet protection</b>	<b>Type:</b>	
	<b>Pets?</b>	<b>N</b>	
	<b>Rabies Certs?</b>		
<b>X</b>	<b>52. Smoking Prohibited</b>		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. Enrollment Form</b>		
----------	----------------------------	--	--

<b>O</b>	<b>54. Child Health Record</b>	<b>Provider not in compliance with maintaining complete child health record for 1 child</b>
<b>X</b>	<b>55. Immunizations</b>	
<b>X</b>	<b>56. Emergency Permission</b>	
<b>X</b>	<b>57. Authorized Release</b>	
<b>X</b>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<b>X</b>	<b>59. Swimming Permission</b>	
<b>X</b>	<b>60. Incident Log</b>	
<b>X</b>	<b>61. Confidentiality</b>	
<b>X</b>	<b>62. Meeting the Child's Needs</b>	
<b>X</b>	<b>63. Sufficient Play Equipment</b>	
<b>X</b>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<b>X</b>	<b>65. Handwashing</b>	
<b>X</b>	<b>66. Flexible and Balanced Written Schedule</b>	
<b>X</b>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<b>X</b>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<b>X</b>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<b>X</b>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<b>X</b>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<b>X</b>	<b>72. Infants Placed on Back for Sleeping</b>	
<b>X</b>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

<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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
----------	---------------------	--

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<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	
----------	--	--

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<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	
----------	---	--

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

<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>	


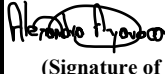
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	5 out of 109
---	-----	-------------------------------------	--------------

**DISCUSSIONS/COMMENTS**

Once provider was informed that her background check was expired and it required an approved staff to provide care to the children until her background check was current, she called her substitute which came about 10 minutes after.

**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>Janarish Lopez</b> (Printed Name)	 (Printed Name)	<b>01/27/2026</b>	<b>ALEXANDRA E AYAVACA</b> (Printed Name)