



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	CLEIDIMAR OSORIO PIRES TOLEDO				License Number	DCFH.57251	Date of Inspection	02/09/2026
					Expiration Date	8/31/2027	Time of Inspection	02:09 PM
Address	28 KNOLLWOOD DR BETHEL CT 06801-2316				Telephone	(201) 279-3639	Regular Capacity	6
					Hours of Operation	6:30 AM – 10:00 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	4	Weekend Hours	No
					Total children present	9	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	cleidpires5@hotmail.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).

Cleidimar

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	
	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of, Understanding of Regulations	Provider not in compliance with demonstrating an awareness and/or understanding of the regulations when walking into the daycare didn't observe infant safe sleep conditions. Per provider she was not aware infants could not have blankets, bibs and other items in the crib while sleeping.
X	13. Medical statement	
	Expiration date:	09/23/2026
	14. First Aid Certificate	
	Expiration date:	05/06/2025

	15. CPR Certificate	
	Expiration date:	
	05/06/2025	
	16. Judgment	

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: Fabiana D.S.M Rocha	Appvl #	92672
	Type of Staff:	Y			
	Substitute				
X	20. Emergency Caregiver				

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

	21. Background Check(s)	
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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		
	28. Electrical Safety		
	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
O	39. Safe Space-Sufficient Indoors N Outdoors Y	Provider not in compliance with ensuring sufficient indoor space for activities and comfort for the children, observed large furniture, cots, bags and multiple boxes of children's diapers and wipes taking up the majority of the space that should be allocated for children.
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
O	44. Washing Toileting, Sewage Garbage Facilities	Provider not in compliance with the proper disposal of trash, observed a paper bag next to the front door filled with soiled diapers.
X	45. Adequate and Safe Water - Type of System: Public Water	
O	46. Water Temperature- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when the water temperature was observed at 120 degrees
X	47. Pasteurization of Milk Supply	
	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

	53. Enrollment Form	
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	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	
	61. Confidentiality	
	62. Meeting the Child's Needs	
	63. Sufficient Play Equipment	
	64. Good Nutrition- Meals/Snacks, Water Available	
	65. Handwashing	
	66. Flexible and Balanced Written Schedule	
	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	
	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
	72. Infants Placed on Back for Sleeping	
O	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Provider not in compliance with maintaining a snug fitting mattress covered with a tightly-fitted sheet, observed one infants pack and play fitted sheet loose.

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Provider not in compliance with ensuring that bibs and garments with ties or hooks are removed from infants that are placed to sleep, 2 children were observed with bibs while napping. Observed toys, loose bibs and clothes in the infants cribs.
<input type="radio"/>	75. Infants not Swaddled	Provider not in compliance with ensuring infants are not swaddled when 3 infants were observed napping with blankets.
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="checkbox"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input type="radio"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Providers substitute is not in compliance with washing the child's hands after diapering, 3 children.
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<input checked="" type="checkbox"/>	81. Supervision- at all Times, Indoors, Outdoors	
<input checked="" type="checkbox"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="checkbox"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="checkbox"/>	84. Immediate Attention	
<input checked="" type="checkbox"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="checkbox"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="checkbox"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="checkbox"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="checkbox"/>	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
<input checked="" type="checkbox"/>	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
<input checked="" type="checkbox"/>	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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**94. Policies and
Procedures for
Admin of Meds95. Parent
Permission for
Nonprescription
Topical Meds96. Notification -
Documentation of
Med Error(s)97.
Nonprescription
Topical Meds-
Stored/Labeled98. Unused -
Expired
Nonprescription
Meds99. Documented
Medication
Trained Staff100. Written Auth
Prescriber/Parent
Permission101. MAR
Maintained102. Prescription
Meds -
Stored/Labeled103.
Unused/Expired
Prescription Meds104. Emergency
Meds- Equip.
Labeled/Current105. Self-Admin.
Of Meds106. Petition for
Special
Medication
Authorization**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**108. Policies for
Finger Stick Blood
Glucose Testing109. Finger Stick
Blood Glucose
Testing - Staff
Trained110. Self Admin of
Finger Stick Blood
Glucose Testing111. Testing
Equip. &
Supplies-
Maintain,
Labeled, Locked,
Disposed

	112. Finger Stick Blood Glucose Testing Records	
	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:	8 out of 62
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DISCUSSIONS/COMMENTS

Day 1 of inspection, inspection could not be completed inspector will return to complete the inspection. Discussed infant safe sleep and having sufficient space for the children.

IMPORTANT NOTES

- o *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.*
- o *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- o *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)	02/23/2026	CLEIDIMAR OSORIO PIRES TOLEDO (Printed Name)