



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	MARY PEREIRA				License Number	DCFH.58095	Date of Inspection	02/24/2026
					Expiration Date	11/30/2028	Time of Inspection	10:36 AM
Address	23 N HOADLEY ST NAUGATUCK CT 06770-2501				Telephone	(203) 729-8904	Regular Capacity	6
					Hours of Operation	7:30 AM – 5:00 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	0	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Amanda Hammons		
Provider's Email	Maryandmanny@att.net				Inspector's Email	amanda.hammons@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). <i>Mary Pereira</i> _____ 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	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement Expiration date: 08/29/2027	Provider did not have copy of Adult Health Medical Statement at time of inspection.
X	14. First Aid Certificate Expiration date: 09/14/2026	

X	15. CPR Certificate	
	Expiration date:	
	09/14/2026	
X	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: Caroline Pereira, Olivia Periera	Appvl # DCFA.95757,
	Type of Staff:	Y		
	Assistant			
X	20. Emergency Caregiver			

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
----------	--------------------------------	--

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	
		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	Appvd?	
	Type?		
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient		
	Indoors	Outdoors	
	Y	Y	
X	40. Body of Water-Type:	Y/N	
	Barrier?	N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N	
		N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water -		
	Type of System:		
	Public Water		
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		
X	50. First Aid supplies		
X	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?	N	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	
----------	----------------------------	--

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	
X	68. Proper Rest Provisions – Safe Cribs	
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	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
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	
----------	---------------------	--

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	
----------	--	--

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

X	94. Policies and Procedures for Admin of Meds	
----------	---	--

X	95. Parent Permission for Nonprescription Topical Meds	
----------	---	--

X	96. Notification - Documentation of Med Error(s)	
----------	--	--

X	97. Nonprescription Topical Meds- Stored/Labeled	
----------	---	--

X	98. Unused - Expired Nonprescription Meds	
----------	--	--

X	99. Documented Medication Trained Staff	
----------	---	--

X	100. Written Auth Prescriber/Parent Permission	
----------	--	--

X	101. MAR Maintained	
----------	------------------------	--

X	102. Prescription Meds - Stored/Labeled	
----------	---	--

X	103. Unused/Expired Prescription Meds	
----------	---	--

X	104. Emergency Meds- Equip. Labeled/Current	
----------	---	--

X	105. Self-Admin. Of Meds	
----------	-----------------------------	--

X	106. Petition for Special Medication Authorization	
----------	---	--

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

X	108. Policies for Finger Stick Blood Glucose Testing	
----------	--	--

X	109. Finger Stick Blood Glucose Testing - Staff Trained	
----------	--	--

X	110. Self Admin of Finger Stick Blood Glucose Testing	
----------	---	--

X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
----------	--	--

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?	No	LEVEL OF NON-COMPLIANCE THIS VISIT:	0 out of 109
---	-----------	-------------------------------------	---------------------

DISCUSSIONS/COMMENTS

Follow up required to inspect snow covered playground. Discussed Incident Logs with the Provider. Did not observe any in the children's files. Per Provider she speaks to the parents daily if any concerns, which there aren't any. Provider found extra blank Incident Logs and will place them in their files. Specialist left Adult Health Medical Form, Individual Care Plan, Compliance Checklist and Records to be Maintained on Premises.

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)
Amanda Hammons (Printed Name)	 (Printed Name)		MARY PEREIRA (Printed Name)