



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	YAMIRIAN BONIFACIO		LICENSE NUMBER	DCFH.57791	DATE OF INSPECTION	06/01/2026	
			EXPIRATION DATE	2/28/2027	TIME OF INSPECTION	01:24 PM	
ADDRESS	23 ELIZABETH ST WATERBURY CT 06704-3345		TELEPHONE	(718) 500-9463	REGULAR CAPACITY	6	
			HOURS OF OPERATION	6:00 AM - 10:00 PM	SCHOOL AGE CAPACITY	0	
			DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open	
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS 40 leaf ave FL 1 Waterbury 06704	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
	X			TOTAL CHILDREN PRESENT	0	NIGHT HOURS	No
TYPE OF INSPECTION	CHANGE OF ADDRESS			INSPECTOR'S NAME	Janarish Lopez		
PROVIDER'S EMAIL	yarismarine@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) <i>Yamirian Bonifacio</i> _____ Signature of Provider/Substitute/Applicant						

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
X	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE: 01/02/2028	

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 03/03/2028	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 03/03/2028	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
X	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A)	Y/N	
	BASEMENT SUPERVISION	Y	
	USED FOR CARE ?	Y/N N	
O	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	Provider not in compliance with maintaining a lock on the basement door, making the stairway inaccessible to children.	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG		
X	34. 9(d)(6) SMOKE DETECTORS		
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y	TYPE:	APPROVED?
	AUXILIARY HEATING SYSTEM		
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT		
	INDOORS OUTDOORS Yes Yes		
X	40. 9(f)(2) N/A?	TYPE:	BARRIER:
	BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED		
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER -		
	TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY						
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED						
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS						
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES						
X	51. 9(o) PET PROTECTION	TYPE of PETS:					
	<table border="1"> <tr> <td>PETS?</td> <td>Y/N</td> <td>N</td> </tr> <tr> <td>RABIES CERTS?</td> <td>Y/N</td> <td>N</td> </tr> </table>	PETS?	Y/N	N	RABIES CERTS?	Y/N	N
PETS?	Y/N	N					
RABIES CERTS?	Y/N	N					
X	52. 9(p) Smoking Prohibited						

RESPONSIBILITIES OF PROVIDER 19a-87b-10

	53. 10(b)(1) ENROLLMENT FORM	
	54. 10(b)(2) CHILD HEALTH RECORD	
	55. 10(b)(2)(v)(I) IMMUNIZATIONS	
	56. 10(b)(3)(B) EMERGENCY PERMISSION	
	57. 10(b)(3)(A) AUTHORIZED RELEASE	
	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
	59. 10(b)(3)(E) SWIMMING PERMISSION	
	60.10(b)(4) INCIDENT LOG	
	61. 10(b)(5) CONFIDENTIALITY	
	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
	69. 10(d) INDIVIDUAL PLAN FOR CARE	
	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
	75. 10(f)(5) INFANTS NOT SWADDLED	
	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
	84. 10(i)(3) IMMEDIATE ATTENTION	
	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

X	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
	101. (b)(4)(A-B) MAR MAINTAINED	
	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
	105. (b)(6) SELF - ADMIN. OF MEDS	
	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI)	
	N/A	Y

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

	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A? Y	
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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	1 out of 66
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DISCUSSIONS/COMMENTS

New capacity is 6 + 3

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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Janarish Lopez	YAMIRIAN BONIFACIO	Printed Name
2 nd OEC Representative		APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.	
Printed Name	Amanda Hammons	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 06/15/2026	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
OEC Representative's Email: janarish.lopez@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	