



Connecticut Office of  
Early Childhood

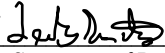
## DIVISION OF LICENSING

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

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	LEIBY SANTIAGO				<b>License Number</b>	DCFH.57818	<b>Date of Inspection</b>	04/15/2024
<b>Address</b>	70 TAYLOR AVE BETHEL CT 06801-2450				<b>Expiration Date</b>	4/30/2027	<b>Time of Inspection</b>	02:12 PM
<b>Telephone</b>					(917) 325-4854	<b>Regular Capacity</b>	6	
<b>Days and Hours</b>					Monday- Friday 6:30am-6pm	<b>School Age Capacity</b>	3	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X		<b>Summer Care</b>	Open	
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	1	<b># of Total Children Present</b>	6	<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	leibysantiago@gmail.com				<b>Inspector's Email</b>	janarish.lopez@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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). <div style="text-align: right;">             Signature of Provider/Substitute/Applicant         </div>							

### 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:	09/30/2025
X	14. First Aid Certificate	
	Expiration date:	10/08/2024

X	15. CPR Certificate		
	Expiration date: 10/08/2024		
X	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
X	17. Medical Statement		
X	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
X	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
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	
		Y	
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		
X	39. Safe Space-Sufficient Indoors   Outdoors		
X	40. Body of Water- Type: Pool Barrier?	Y/N Y Y	
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 Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
O	53. Enrollment Form		Failed to maintain a complete child enrollment form for 1 child

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain complete immunization records for 4 children
O	56. Emergency Permission	Failed to maintain complete emergency care information for 2 children
O	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of 3 children
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	
○	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Failed to utilize a nonporous diapering surface observed cuts in the diaper changing mat.
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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<input checked="" type="checkbox"/>	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

<input checked="" type="checkbox"/>	94. Policies and Procedures for Admin of Meds	
<input type="checkbox"/>	95. Parent Permission for Nonprescription Topical Meds	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications for 2 children
<input checked="" type="checkbox"/>	96. Notification - Documentation of Med Error(s)	
<input checked="" type="checkbox"/>	97. Nonprescription Topical Meds- Stored/Labeled	
<input checked="" type="checkbox"/>	98. Unused - Expired Nonprescription Meds	
<input checked="" type="checkbox"/>	99. Documented Medication Trained Staff	
<input checked="" type="checkbox"/>	100. Written Auth Prescriber/Parent Permission	
<input checked="" type="checkbox"/>	101. MAR Maintained	
<input checked="" type="checkbox"/>	102. Prescription Meds - Stored/Labeled	
<input checked="" type="checkbox"/>	103. Unused/Expired Prescription Meds	
<input checked="" type="checkbox"/>	104. Emergency Meds- Equip. Labeled/Current	
<input checked="" type="checkbox"/>	105. Self-Admin. Of Meds	
<input checked="" type="checkbox"/>	106. Petition for Special Medication Authorization	

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

<input checked="" type="checkbox"/>	108. Policies for Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<input checked="" type="checkbox"/>	110. Self Admin of Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
<input checked="" type="checkbox"/>	112. Finger Stick Blood Glucose Testing Records	

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?
		<b>X</b>



<b>YES or NO?</b> <b>Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**  
 Discussed not using staff that have expired background checks.

**COMMENTS:**

**NOTE:** Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

**APPLICANTS- PLEASE NOTE:** 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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
Janarish Lopez (Printed Name)	 (Printed Name)	04/29/2024	LEIBY SANTIAGO (Printed Name)