



Connecticut Office of
Early Childhood

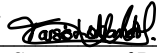
DIVISION OF LICENSING

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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|---|---|---|------------------------------------|---|---------------------------|-------------------------------|----------------------------|------------|
| Provider | TARSIS L OBANDO | | | | License Number | DCFH.57582 | Date of Inspection | 04/16/2024 |
| | | | | | Expiration Date | 12/31/2025 | Time of Inspection | 09:20 AM |
| Address | 186 FANNING ST WATERBURY CT 06704-2227 | | | | Telephone | (862) 621-7724 | Regular Capacity | 6 |
| | | | | | Days and Hours | Monday- Friday 6AM- 5PM | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open |
| New Address | | | | | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |
| | # of Infants - Toddlers Present | 1 | # of Total Children Present | 2 | Inspector's Name | Alexandra Rodriguez | | |
| Provider's Email | Tarsisobando@hotmail.com | | | | Inspector's Email | alexandra.rodriguez@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). <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: | 06/11/2024 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 08/22/2025 |

| | | | |
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| X | 15. CPR Certificate | | |
| | Expiration date: | 08/22/2025 | |
| 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. Substitute or Assistant | Y/N | |
| | Type of Staff : | N | |
| 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 | | |
| <input type="radio"/> | 23. Freedom of Hazards | Observed five sharp knives in unlocked kitchen drawer. Observed petrifying hook outside next to outdoor children's play scape. Observed step stool next to large trampoline outside. All hazards accessible to children. | |
| 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 | |
| | | N | |
| <input type="radio"/> | 31. Stairways - Protected, Handrails | Observed outdoor stairway missing gate at bottom steps. | |
| X | 32. Emergency Plan | | |

| | | | |
|--|--|---|--|
| <input type="radio"/> | 33. Emergency Evacuation Drills - Quarterly/Log | Failed to maintain a written log of the drills for one year. Observed two written emergency drills. | |
| <input checked="" type="checkbox"/> | 34. Smoke Detectors | | |
| <input checked="" type="checkbox"/> | 35. Carbon Monoxide Detector | | |
| <input type="radio"/> | 36. Fire Extinguisher- 5 lb. ABC/Installed | Failed to install fire extinguisher according to manufacturer's instructions. Observed fire extinguisher not mounted on wall. | |
| <input checked="" type="checkbox"/> | 37. Auxiliary Heating System N | Appvd? | |
| | Type? | | |
| <input checked="" type="checkbox"/> | 38. Safe Storage of Weapons and Ammunition | | |
| <input checked="" type="checkbox"/> | 39. Safe Space-Sufficient | | |
| | Indoors | | |
| | Outdoors | | |
| <input checked="" type="checkbox"/> | 40. Body of Water-Type: | Y/N | |
| | Barrier? | N | |
| <input checked="" type="checkbox"/> | 41. Hot Tubs-Locked - Inaccessible | Y/N | |
| | | N | |
| <input checked="" type="checkbox"/> | 42. Ventilation, Light and Temperature- 65° | | |
| <input checked="" type="checkbox"/> | 43. Window Safety | | |
| <input checked="" type="checkbox"/> | 44. Washing Toileting, Sewage Garbage Facilities | | |
| <input checked="" type="checkbox"/> | 45. Adequate and Safe Water - | | |
| | Type of System: | | |
| | Public Water | | |
| <input type="radio"/> | 46. Water Temperature- 60°-120° | Failed to maintain safe water temperature between 60-120 degrees. Water temperature read 122 degrees. | |
| <input checked="" type="checkbox"/> | 47. Pasteurization of Milk Supply | | |
| <input checked="" type="checkbox"/> | 48. Working Phone, Emergency Numbers Posted | | |
| <input checked="" type="checkbox"/> | 49. Safe Transportation Registered, Insured, Restraints | | |
| <input checked="" type="checkbox"/> | 50. First Aid supplies | | |
| <input checked="" type="checkbox"/> | 51. Pet protection | Type: One cat | |
| | Pets? | Y | |
| | Rabies Certs? | | |
| <input checked="" type="checkbox"/> | 52. Smoking Prohibited | | |
| RESPONSIBILITIES OF PROVIDER 19a-87b-10 | | | |
| <input type="radio"/> | 53. Enrollment Form | Failed to maintain complete child enrollment form(s) for two children. | |

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|---|--|--|
| X | 54. Child Health Record | |
| X | 55. Immunizations | |
| ○ | 56. Emergency Permission | Two children missing emergency contacts. |
| ○ | 57. Authorized Release | Five children missing authorized release permission. |
| 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 | |
| IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am) | | |
| X | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |

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

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| X | 93. Access- Immediate, Entire or Part of Facility and Records | |
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Are Medications Administered?

N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

| | | |
|----------|---|--|
| 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 | |

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

| | | |
|----------|--|--|
| 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 | |


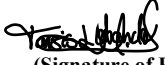
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|--------------------------|---|
| YES or NO? Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|

DISCUSSIONS:
 Discussed with provider importance of having all enrollment documents complete upon children starting in daycare. Provided technical assistance to provider and demonstrates how to gain access to courses on OEC Registry.

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) | DATE CORRECTIONS DUE BY: 04/30/2024 |  (Signature of Provider/Applicant/Substitute) |
| Alexandra Rodriguez (Printed Name) | (Printed Name) | | TARSIS L OBANDO (Printed Name) |