

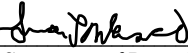


Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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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>	LUISA J NOLASCO				<b>License Number</b>	DCFH.56146	<b>Date of Inspection</b>	04/24/2024
					<b>Expiration Date</b>	6/30/2024	<b>Time of Inspection</b>	09:37 AM
<b>Address</b>	12 OAKLEAF DR WATERBURY CT 06708-3633				<b>Telephone</b>	(203) 819-4154	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MONDAY-FRIDAY 6:00AM-6:00PM	<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>	3	<b>Inspector's Name</b>	Alexandra Rodriguez		
<b>Provider's Email</b>	luisajnolasco@gmail.com				<b>Inspector's Email</b>	alexandra.rodriguez@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).  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	
O	13. Medical statement Expiration date: 11/03/2025	Failed to demonstrate medical statement document.
X	14. First Aid Certificate Expiration date: 03/04/2025	

X	15. CPR Certificate		
	Expiration date: 03/04/2025		
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 : Substitute	Y	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
○	21. Background Check(s)	Failed to maintain evidence of compliance	
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
X	22. Clean/Sanitary Environment		
○	23. Freedom of Hazards	Observed outside hazards; potting soil, large trampoline leaned on side next to patio, rubber border material (tripping hazard), large wood pallets (tripping hazard).	
○	24. Harmful Substances/Materials Inaccessible	Observed various wine and liquor bottles in living room accessible to children. Observed Lysol wipes on top of toilet and air wick on handwashing sink in bathroom accessible to children.	
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	
○	31. Stairways - Protected, Handrails	Observed indoor stairways missing gates on both sides. Observed unlocked basement door. Observed outside stair ways missing gates at top and bottom on one stairway and missing bottom gate on second stairway.	
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Observed basement level missing smoke detector.
O	35. Carbon Monoxide Detector	Observed second floor missing 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   Outdoors	Observed outside hazards; potting soil, large trampoline leaned on side next to patio, rubber border material (tripping hazard), large wood pallets (tripping hazard).
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	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees. Water temp read 126 degrees Fahrenheit.
X	47. Pasteurization of Milk Supply	
O	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided
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>		
X	53. Enrollment Form	

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain current child health records of one child.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain current immunization records of four children.
<input checked="" type="checkbox"/>	<b>56. Emergency Permission</b>	
<input type="radio"/>	<b>57. Authorized Release</b>	Failed to maintain written parent permission to authorize removal of seven children.
<input type="radio"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	Failed to maintain written parent permission for any activity away from the facility, including days and times. Provider stated she takes children to park, all children's parents checked off "no" for question regarding permission to transport children to activities outside of daycare.
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input type="radio"/>	<b>62. Meeting the Child's Needs</b>	During entire inspection children were observed watching television.
<input type="radio"/>	<b>63. Sufficient Play Equipment</b>	Failed to provide sufficient indoor play equipment. Observed minimal age appropriate toys for children in daycare.
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input type="radio"/>	<b>65. Handwashing</b>	Failed to ensure children's hands are washed with soap and water before eating or handling food. Observed provider give apple and banana to child, child did not wash hands prior to eating snack. Observed provider give children lunch, children did not wash hands prior to lunch.
<input checked="" type="checkbox"/>	<b>66. Flexible and Balanced Written Schedule</b>	Failed to ensure the schedule is flexible, with time for free choice play, outdoor play, snacks, meals and a rest period.
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input type="radio"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	Failed to ensure cribs comply with current CPSC standards. Observed one crib with manufacturer date of June 2009. Provider stated she heard from other providers that specialists were checking expiration dates on cribs. Observed one crib with two mattresses.
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input type="radio"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	Observed provider place sleeping infant of 5 months old in a crib with loose fitting crib sheet.

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Observed 5 month old sleeping in crib with sweater hanging over crib and pacifier clip on.
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input type="radio"/>	77. Req. for Sleep Arrangements Posted/Discussed	Failed to post in a conspicuous place the requirements for sleep arrangements
<input checked="" type="checkbox"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input type="radio"/>	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet.
<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 type="radio"/>	86. Appr. Discipline, Behavior Management	Failed to use only developmentally appropriate behavior management methods. Observed provider place 3 year old in time out facing wall in corner of daycare area.
<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	
<b>SICK CHILD CARE 19a-87b-11</b>		
<input checked="" type="checkbox"/>	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
<input checked="" type="checkbox"/>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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Are Medications Administered?

N

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

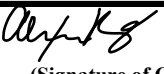
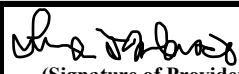
<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<b>X</b>	<b>98. Unused - Expired Nonprescription Meds</b>	
<b>X</b>	<b>99. Documented Medication Trained Staff</b>	
<b>X</b>	<b>100. Written Auth Prescriber/Parent Permission</b>	
<b>X</b>	<b>101. MAR Maintained</b>	
<b>X</b>	<b>102. Prescription Meds – Stored/Labeled</b>	
<b>X</b>	<b>103. Unused/Expired Prescription Meds</b>	
<b>X</b>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<b>X</b>	<b>105. Self-Admin. Of Meds</b>	
<b>X</b>	<b>106. Petition for Special Medication Authorization</b>	

Child with diabetes enrolled?

N

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

<b>X</b>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<b>X</b>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<b>X</b>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	

<b>X</b>	<b>113. Parent Notification of Test Results</b>		
<b>ADDITIONAL VIOLATIONS</b>			
	<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>		
<b><u>DISCUSSIONS:</u></b>			
<p>-Discussed with provider importance of having all children enrollment documents upon child starting in daycare.</p> <p>-Discussed with provider appropriate behavior management methods.</p> <p>-Discussed with provider importance of following safe sleep requirements, informed provider about CSPC crib standards.</p> <p>-Discussed with provider importance of age appropriate toys/activities stimulating for children. Licensing specialist brought to provider's attention on television was on during entire inspection.</p> <p>-Discussed with provider activities to stimulate infant in care such as sensory toys, touch and feel books etc.</p> <p>-Discussed with provider on substitute duties, substitute must engage with children in care and participate in activities not limited to promoting language, literacy, art, gross motor etc.</p> <p>-Provider stated she feels overwhelmed at times and is looking for extra help, licensing specialist provided provider with suggests on resources and discussed additional staff with proper training.</p> <p>-Discussed with provider hazards in outdoor play area. Provider stated she wants to fix outside resulting in construction. Licensing specialist gave provider notification of change document, that needs to be complete and submitted within five business days.</p>			
<b><u>COMMENTS:</u></b>			
<b><u>NOTE:</u></b> 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.			
<b><u>APPLICANTS- PLEASE NOTE:</u></b> You <u>MAY NOT OPERATE</u> 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)
Alexandra Rodriguez (Printed Name)	 (Printed Name)	05/08/2024	LUIISA J NOLASCO (Printed Name)