



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	SONIA FELIZ DE CARLOS				License Number	DCFH.57871	Date of Inspection	07/09/2024
					Expiration Date	8/31/2027	Time of Inspection	01:27 PM
Address	9 4TH ST DANBURY CT 06810-5707				Telephone	(732) 430-0751	Regular Capacity	6
					Days and Hours	Monday- Friday 7am-5:30pm	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	4	# of Total Children Present	8	Inspector's Name	Janarish Lopez		
Provider's Email	Saf0307@outlook.es				Inspector's Email	janarish.lopez@ct.gov		
Key: Compliant = X Non-Compliant = O	<i>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> <u>Sonia Feliz</u> <i>Signature of Provider/Substitute/Applicant</i>							

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:	06/17/2025
X	14. First Aid Certificate	
	Expiration date:	02/25/2025

X	15. CPR Certificate	
	Expiration date:	
	02/25/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

○	17. Medical Statement	Failed to maintain current adult medical statement for 1 household member
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	Substitute	Y	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

○	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for 1 household member
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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	
		N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Didn't observe a written log of the practices drills	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<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: Pool	Y/N	
	Barrier?	Y	
<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 checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<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: Dog	
	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 child enrollment forms for 2 children	

<input type="radio"/>	54. Child Health Record	Failed to maintain child health records for 4 children
<input type="radio"/>	55. Immunizations	Failed to maintain immunization records for 4 children
<input type="radio"/>	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for 3 children
<input type="radio"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of children
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input type="radio"/>	72. Infants Placed on Back for Sleeping	Observed 1 infant was placed on their back for sleeping
<input type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Filed to ensure infant are not placed to sleep on a bed, observed mattress didn't have a fitted sheet.

<input checked="" type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Observed 2 pillows and a blanket were on the bed while an infant slept.
<input checked="" type="radio"/>	75. Infants not Swaddled	
<input checked="" type="radio"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="radio"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input checked="" type="radio"/>	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	
<input checked="" type="radio"/>	79. Parent Information and Access	
<input checked="" type="radio"/>	80. Developmental Milestones – Posted	
<input checked="" type="radio"/>	81. Supervision-at all Times, Indoors, Outdoors	
<input checked="" type="radio"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="radio"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="radio"/>	84. Immediate Attention	
<input checked="" type="radio"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="radio"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="radio"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="radio"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="radio"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="radio"/>	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
<input checked="" type="radio"/>	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
<input checked="" type="radio"/>	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	
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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	
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ADDITIONAL VIOLATIONS

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



<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed: infant safe sleep and capacity

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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Janarish Lopez (Printed Name)	(Signature of OEC Representative)	07/23/2024	SONIA FELIZ DE CARLOS (Printed Name)