



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 ROBLES				License Number	DCFH.56092	Date of Inspection	09/17/2024
					Expiration Date	6/30/2026	Time of Inspection	01:28 PM
Address	596 BURNSIDE AVE EAST HARTFORD CT 06108-3538				Telephone	(860) 466-9233	Regular Capacity	6
					Days and Hours	MONDAY TO SATURDAY 6:00 AM-6:00 PM	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	2	# of Total Children Present	7	Inspector's Name	Eileen Ruiz		
Provider's Email	roblessonia208@gmail.com				Inspector's Email	eileen.ruiz@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).

Sonia Robles
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	
O	11. Notification of Change	Failed to notify the Office of renovation, construction or expansion when at todays visit there was construction work outside in back yard to install artificial grass.

QUALIFICATION OF PROVIDER 19a-87b-6

	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	01/20/2025
X	14. First Aid Certificate	
	Expiration date:	09/09/2025

X	15. CPR Certificate		
	Expiration date: 09/09/2025		
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	Present today is DCFS9154.1
	Type of Staff : Substitute	Y	
	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	21. Background Check(s)		
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 N	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
	34. Smoke Detectors		
	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: 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		
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		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
	53. Enrollment Form		

	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
	60. Incident Log	
	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
	65. Handwashing	
	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
	69. Individual Plan for Care (Written if Applicable)	
	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
	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	
	86. Appr. Discipline, Behavior Management	
	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

X 93. Access-
Immediate, Entire
or Part of Facility
and Records

Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

94. Policies and
Procedures for
Admin of Meds

95. Parent
Permission for
Nonprescription
Topical Meds

96. Notification -
Documentation of
Med Error(s)

97.
Nonprescription
Topical Meds-
Stored/Labeled

98. Unused -
Expired
Nonprescription
Meds

99. Documented
Medication
Trained Staff

100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

102. Prescription
Meds -
Stored/Labeled

103.
Unused/Expired
Prescription Meds

104. Emergency
Meds- Equip.
Labeled/Current

105. Self-Admin.
Of Meds

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

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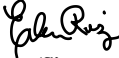

<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

This is a day 1 inspection, all items not observed today will be reviewed at a later visit. Reviewed notification of changes are to be done within 5 business days and in writing to the agency. The specialist emailed a notification of change link to report the installation of artificial grass in the outdoor play space.

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:	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	 (Printed Name)	10/01/2024	SONIA ROBLES (Printed Name)