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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	WANILSA ARIAS			**License Number**	DCFH	**Date of Inspection**	10/10/2024
				Expiration Date		**Time of Inspection**	10:03 AM
Address	48 DEEPWOOD DR WOLCOTT CT 06716-1930			**Telephone**	(203) 441-6065	**Regular Capacity**	6
				Days and Hours	Monday-Friday 5:30AM-6:30PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X			**Summer Care**	Open
New Address				**Type of Inspection**	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present 0	**# of Total Children Present** 4		**Inspector's Name**	Melina Perez		
Provider's Email	waniarias19@gmail.com			**Inspector's Email**	melina.perez@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).*

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	
X	13. Medical statement Expiration date: 11/17/2026	
X	14. First Aid Certificate Expiration date: 11/03/2025	

X	15. CPR Certificate Expiration date: 11/03/2025					
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. Sub/Assistant Type of Staff : Substitute	Y/N Y	Name:		Appvl #	
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					
X	23. Freedom of Hazards					
	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 Used for Care ?	Y/N Y Y/N				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Failed to maintain operable smoke detectors on each level of the home when one was not observed on either of the two bedroom levels of the home.
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home when one was not observed on either of the two bedroom levels of the home.
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition when the one that was observed was only 4lbs. It was also observed that the fire extinguisher was not mounted according to manufacturer's instructions.
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
O	39. Safe Space- Sufficient Indoors: Y / Outdoors: Y	Failed to protect outdoor play area from hazards when a detached screen door and an empty/broken fountain were observed in the backyard play area.
X	40. Body of Water- Type: Above Ground 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: Private Well	
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

X	53. Enrollment Form	

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
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

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

Are Medications Administered? Y

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	

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

DISCUSSIONS/COMMENTS

*****The only children present during today's initial inspection were the applicant's 4 children. Applicant has 7 children total but 4 of those children are under 12 years of age and are homeschooled by her spouse on the main level between the hours of 10:00AM-3:00PM. Per discussion with supervisor; these 4 children would count in her regular capacity. Applicant understands she can then only have 2 additional full-time children in care plus 3 school-age for before/after-school care.If applicant decides not to enroll any school-age children for before/after-school care she can then have 5 full-time children in care with approved staff present. Applicant understands she can never have more than 9 children total present (including her own).**
*****Initial inspection was completed today; applicant will be using her walkout basement for child care. Applicant has the appropriate means of egress in the child care space; there is a set of stairs that lead directly to the main level of the home and front door, there are also two windows located on the front side that lead directly to the front of the home, and there is also a door that leads to an office where there is also a door that leads directly to the backyard.**
*****All regulations were discussed in great detail with applicant including safe sleep, supervision, administration of medication, notification of change, and approved use of a substitute. All required sample documents were also left with applicant along with a copy of the regulations in Spanish. Sleep sacks were also left during today's visit.**
*****Applicant does have an above ground pool; pool is 4 feet tall and there are no stairs that lead directly to it. Direct entrance to the pool is via the enclosed deck area which is accessed by going up a set of stairs which has a gate and is kept locked. Applicant also has a gate at the bottom to block access as well. Once you enter the enclosed deck area there are then 2 sets of sliding doors that are locked and an additional gate behind the doors that is 3 feet tall which then allows you to access the pool. Per supervisor; as pool itself is in compliance this set up is acceptable.**

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS – 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)
Melina Perez			WANILSA ARIAS
(Printed Name)	(Printed Name)		(Printed Name)