



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: [ocel.licensing@ct.gov](mailto:ocel.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

Provider	ORFA SANCHEZ				License Number	DCFH	Date of Inspection	01/07/2025
					Expiration Date		Time of Inspection	09:35 AM
Address	10 FRANKLIN ST DANBURY CT 06810-5871				Telephone	(203) 733-3270	Regular Capacity	6
					Days and Hours	Monday- Friday 6am- 6pm	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	0	Inspector's Name	Janarish Lopez		
Provider's Email	osske5@yahoo.com				Inspector's Email	janarish.lopez@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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></p> <p style="text-align: right;"><u>ORFA Sanchez</u> Signature of Provider/Substitute/Applicant</p>							

### 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

O	12. Awareness of Understanding of Regulations	Failed to demonstrate an awareness and/or understanding of the regulations and didn't have a copy of the regulations, per applicant she has not read nor has an understanding of the regulations
X	13. Medical statement Expiration date: 05/29/2027	
X	14. First Aid Certificate Expiration date: 06/12/2026	

X	15. CPR Certificate	
	Expiration date: 06/12/2026	
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	Y/N	Name:		Appvl #	
	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					
○	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards observed outdoor fence broken, creating a falling hazard. Observed depressions in the outside play area, creating a hazard.				
○	24. Harmful Substances/Materials Inaccessible	Observed cleaning supplies accessible to children under the bathroom sink , failed to ensure harmful substances and materials are inaccessible 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				
	Used for Care ?	Y/N				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>X</b>	34. Smoke Detectors	
<b>X</b>	35. Carbon Monoxide Detector	
<b>○</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	Didn't observe an at least a 5lb ABC fire extinguisher in operating condition.
<b>X</b>	37. Auxiliary Heating System Type?	Appvd?
<b>X</b>	38. Safe Storage of Weapons and Ammunition	
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N
<b>X</b>	42. Ventilation, Light and Temperature- 65°	
<b>X</b>	43. Window Safety	
<b>○</b>	44. Washing Toileting, Sewage Garbage Facilities	Didn't observe a trash can covered in the kitchen
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water	
<b>○</b>	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees, observed water at 138 degrees
<b>X</b>	47. Pasteurization of Milk Supply	
<b>X</b>	48. Working Phone, Emergency Numbers Posted	
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints	
<b>○</b>	50. First Aid supplies	Didn't observe a complete first aid kit, didn't observe a cpr mask and a thermometer
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: Dog Y Y
<b>X</b>	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
<b>X</b>	53. Enrollment Form	

<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>O</b>	63. Sufficient Play Equipment	<b>Failed to provide sufficient outdoor play equipment, didn't observe any outdoor play equipment. Didn't observe sufficient indoor play equipment for children of different ages.</b>
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>O</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	<b>Didn't observed individual bedding, towel and/or toilet articles for each child</b>
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>O</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Didn't observe a nonporous diapering surface.
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<b>X</b>	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

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

Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

Child with diabetes enrolled? **N**      **MONITORING OF DIABETES 19a-87b-18**

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

<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

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



<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
--------------------------	-------------------------------------------------

**DISCUSSIONS/COMMENTS**

**Discussion:**  
 Reviewed all regulations with applicant  
 Ensured all regulations are read and understood to care for children

**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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>ORFA SANCHEZ</b> (Printed Name)