


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	SUELY SERRA				License Number	DCFH.56817	Date of Inspection	03/25/2025
					Expiration Date	6/30/2028	Time of Inspection	08:44 AM
Address	51 BELMONT CIR DANBURY CT 06810-6427				Telephone	(203) 917-4418	Regular Capacity	6
					Hours of Operation	6:00 AM 6:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	littlestepshome@gmail.com				Inspector's Email	janarish.lopez@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	
O	13. Medical statement Expiration date: 03/20/2024	Didn't observe current medical statement
X	14. First Aid Certificate Expiration date: 11/15/2026	

X	15. CPR Certificate	
	Expiration date: 11/15/2026	
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 :					
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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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	
	Used for Care ?	Y	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	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 Y Y		
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	Type: Dog	
	Pets?	Y	
	Rabies Certs?	Y	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. Enrollment Form	Failed to maintain current child enrollment form for 1 child. Failed to maintain complete child enrollment form for 1 child .
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<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record for 2 children
<input type="radio"/>	55. Immunizations	Failed to maintain current immunization record for 2 children
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<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 checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Failed to ensure that infants are not put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, observed an infant sleeping in a car seat that was placed in a playpen

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Failed to ensure that bibs and garments with ties or hooks are removed from infants that are placed to sleep, observed infant sleeping with the pacifier connector
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="checkbox"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input type="radio"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Didn't observe provider disinfect changing surface after every diaper change, wash her hands after diaper changing and wash the child's hands after diapering
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<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 checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<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	
SICK CHILD CARE 19a-87b-11		
<input checked="" type="checkbox"/>	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
<input checked="" type="checkbox"/>	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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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

X	94. Policies and Procedures for Admin of Meds	
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X	95. Parent Permission for Nonprescription Topical Meds	
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

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

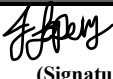

YES or NO?	Were Violations Cited during this visit?	Total Number of Violations this visit:	7
Yes			

DISCUSSIONS/COMMENTS**Discussed:**

- infant safe sleep not adding additional mattresses to the pack n' play the proper diaper changing process,
- ensuring that before a children is received in care the provider needs to have all documents including the enrollment and the child's current physical and current immunizations.
- ensuring that if a space heater is used, it has to be out of reach of the children in care.

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)
Janarish Lopez (Printed Name)	 (Printed Name)	04/08/2025	SUELY SERRA (Printed Name)

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