


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

**FAMILY CHILD CARE HOME INSPECTION**

|                              |  |  |     |   |                         |                       |                     |            |
|------------------------------|--|--|-----|---|-------------------------|-----------------------|---------------------|------------|
| Provider                     | LESLIE ARZU                            |  |     |   | License Number          | DCFH.54840            | Date of Inspection  | 05/19/2025 |
|                              |  |  |     |   | Expiration Date         | 11/30/2028            | Time of Inspection  | 08:05 AM   |
| Address                      | 835 MERIDEN ROAD<br>WATERBURY CT 06705 |  |     |   | Telephone               | (203) 573-8184        | 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 | 0                     | Weekend Hours       | No         |
|                              |  |  |     |   | Total children present  | 1                     | Night Hours         | No         |
| Type of Inspection           | UNANNOUNCED INSPECTION - FULL          |  |     |   | Inspector's Name        | Janarish Lopez        |                     |            |
| Provider's Email             | laray1212@sbcglobal.net                |  |     |   | 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 |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 05/07/2028 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 03/09/2026 |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 03/09/2026          |  |
| <b>X</b> | 16. Judgment        |  |

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

|          |                           |  |
|----------|---------------------------|--|
| <b>X</b> | 17. Medical Statement     |  |
| <b>X</b> | 18. Household Environment |  |

### QUALIFICATIONS OF STAFF 19a-87b-8

|          |                         |     |       |  |         |  |
|----------|-------------------------|-----|-------|--|---------|--|
| <b>X</b> | 19. Sub/Assistant       | Y/N | Name: |  | Appvl # |  |
|          | Type of Staff :         | N   |       |  |         |  |
| <b>X</b> | 20. Emergency Caregiver |     |       |  |         |  |

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

|          |                         |  |
|----------|-------------------------|--|
| <b>O</b> | 21. Background Check(s) | Regulation was not in compliance when a comprehensive background checks have been conducted for the provider and 1 household member. |
|----------|-------------------------|--|

### PHYSICAL ENVIRONMENT 19a-87b-9

|          |   |     |  |  |  |  |
|----------|---|-----|--|--|--|--|
| <b>X</b> | 22. Clean/Sanitary Environment                |     |  |  |  |  |
| <b>X</b> | 23. Freedom of Hazards                        |     |  |  |  |  |
| <b>X</b> | 24. Harmful Substances/Materials Inaccessible |     |  |  |  |  |
| <b>X</b> | 25. Bio-contaminants Disposed Safely          |     |  |  |  |  |
| <b>X</b> | 26. Safe Storage of Flammables                |     |  |  |  |  |
| <b>X</b> | 27. Safe Door Fasteners                       |     |  |  |  |  |
| <b>X</b> | 28. Electrical Safety                         |     |  |  |  |  |
| <b>X</b> | 29. Safe Exits                                |     |  |  |  |  |
| <b>X</b> | 30. Basement Supervision                      | Y/N |  |  |  |  |
|          |   | Y   |  |  |  |  |
|          | Used for Care ?                               | Y/N |  |  |  |  |
| <b>X</b> | 31. Stairways - Protected, Handrails          |     |  |  |  |  |
| <b>X</b> | 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>X</b> | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |                     |  |
| <b>X</b> | 37. Auxiliary Heating System N Type?                             | Appvd?              |  |
| <b>X</b> | 38. Safe Storage of Weapons and Ammunition                       |                     |  |
| <b>X</b> | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y         |                     |  |
| <b>X</b> | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N            |  |
| <b>X</b> | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N            |  |
| <b>X</b> | 42. Ventilation, Light and Temperature- 65°                      |                     |  |
| <b>X</b> | 43. Window Safety  |                     |  |
| <b>X</b> | 44. Washing Toileting, Sewage Garbage Facilities                 |                     |  |
| <b>X</b> | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |                     |  |
| <b>X</b> | 46. Water Temperature- 60°-120°                                  |                     |  |
| <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>X</b> | 50. First Aid supplies   |                     |  |
| <b>O</b> | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type: Cat<br>Y<br>N | Regulation was not in compliance household pet doesn't have current rabies vaccination certificate |
| <b>X</b> | 52. Smoking Prohibited   |                     |  |

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

|          |                     |  |  |
|----------|---------------------|--|--|
| <b>X</b> | 53. Enrollment Form |  |  |
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|----------|--|--|
| <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>X</b> | 63. Sufficient Play Equipment  |  |
| <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>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| <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>X</b>  | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <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>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b> |  |  |
| <b>X</b>  | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

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

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| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
|----------|---|--|

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| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
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| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
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| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
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| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
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| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
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| <b>X</b> | 101. MAR<br>Maintained |  |
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| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
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|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
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| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

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| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|


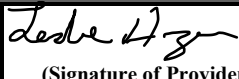
**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

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| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
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| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

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| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

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|--|--|---|
| <b>X</b>   | 112. Finger Stick Blood Glucose Testing Records        |   |
| <b>X</b>   | 113. Parent Notification of Test Results               |   |
| <b>ADDITIONAL VIOLATIONS</b>   |  |   |
|  | 114. Consent Order - Negotiated Corrective Action Plan | N/A?<br><b>X</b>  |
| <b>YES or NO?</b><br><b>Yes</b>  | <b>Were Violations Cited during this visit?</b>        | <b>Total Number of Violations this visit:</b> <b>2</b>  |
| <b>DISCUSSIONS/COMMENTS</b>  |  |   |
| <b>IMPORTANT NOTES</b>   |  |   |
| <ul style="list-style-type: none"> <li>○ <i>It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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.</i></li> <li>○ <i>Only the regulations marked as compliant or non-compliant were monitored or discussed.</i></li> <li>○ <i><b>APPLICANTS</b> –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</i></li> </ul> |  |   |
| <br>(Signature of OEC Representative)  | (Signature of OEC Representative)                      | DATE CORRECTIONS DUE BY:  |
| <b>Janarish Lopez</b><br>(Printed Name)  | (Printed Name)   | <b>06/02/2025</b>   |
|  |  | <br>(Signature of Provider/Applicant/Substitute) |
|  |  | <b>LESLIE ARZU</b><br>(Printed Name)  |

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