



## 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

<b>Provider</b>	<b>SARIS OBANYOUN</b>				<b>License Number</b>	<b>DCFH.56799</b>	<b>Date of Inspection</b>	<b>05/29/2025</b>
					<b>Expiration Date</b>	<b>5/31/2028</b>	<b>Time of Inspection</b>	<b>09:30 AM</b>
<b>Address</b>	<b>76 LENOX AVE FL 2 BRIDGEPORT CT 06605-1977</b>				<b>Telephone</b>	<b>(203) 726-7247</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>7:00 AM 6:30 PM</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>	<b>Days of Operation</b>	<b>Mon-Fri</b>	<b>Summer Hours</b>	<b>Open</b>
<b>New Address</b>					<b># Under 18 mths present</b>	<b>1</b>	<b>Weekend Hours</b>	<b>No</b>
					<b>Total children present</b>	<b>6</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Rebecca LaRosa</b>		
<b>Provider's Email</b>	<b>sarisfamilydaycare@gmail.com</b>				<b>Inspector's Email</b>	<b>rebecca.larosa@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O		<b><u>Consent to Inspect:</u> 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).</b>						
		 <i>Signature of Provider/Substitute/Applicant</i>						

### TERMS OF REGISTRATION 19a-87b-5

<b>X</b>	4. Capacity							
<b>X</b>	5. Non-transferability of license	Pending?						
<b>X</b>	6. Infant/Toddler Restriction							
<b>X</b>	7. License Posted							
<b>X</b>	8. Parent Access to OEC Phone Number							
<b>X</b>	9. Photo ID							
<b>X</b>	10. Requests for Information							
<b>X</b>	11. Notification of Change							

### QUALIFICATION OF PROVIDER 19a-87b-6

<b>X</b>	12. Awareness of, Understanding of Regulations							
<b>X</b>	13. Medical statement							
	Expiration date:	04/24/2027						
<b>X</b>	14. First Aid Certificate							
	Expiration date:	01/20/2026						

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	01/20/2026	
<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>O</b>	19. Sub/Assistant	Y/N	Name: <b>Kamour Jahan</b>	Appvl # <b>95669</b>
	Type of Staff :	<b>Y</b>	<b>Regulation was not in compliance when an approved assistant didn't have current first aid and physical had expired.</b>	
	Assistant			
<b>X</b>	20. Emergency Caregiver			

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

<b>X</b>	21. Background Check(s)	
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**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	
		<b>N</b>	
	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>O</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	Regulation was not in compliance when fire extinguisher was not mounted.
<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 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>X</b>	44. Washing Toileting, Sewage Garbage Facilities	
<b>X</b>	45. Adequate and Safe Water - Type of System: 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>X</b>	51. Pet protection Pets? Rabies Certs?	Type: Gecko Y
<b>X</b>	52. Smoking Prohibited	

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

<b>O</b>	53. Enrollment Form	Regulation was not in compliance when child enrollment form(s) were not available for 1 child.
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<input type="radio"/>	54. Child Health Record	Regulation was not in compliance when child health record(s) were not current for 2 children and 1 child didn't have a health record available for review.
<input type="radio"/>	55. Immunizations	Regulation was not in compliance when immunization record(s) when 2 children didn't have current immunization records; 3 children didn't have documentation of a flu vaccine and 1 child didn't have immunizations available for review including having a flu vaccine.
<input type="radio"/>	56. Emergency Permission	Regulation was not in compliance when written parent permission for emergency medical care was not available for 1 child.
<input type="radio"/>	57. Authorized Release	Regulation was not in compliance when written parent permission to authorize removal of child(ren) was not available for 1 child.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Regulation was not in compliance when written parent permission for transportation of child(ren) was not available for 1 child.
<input type="radio"/>	59. Swimming Permission	Regulation was not in compliance when written parent permission for recreational swimming was not available for 1 child.
<input type="radio"/>	60. Incident Log	Regulation was not in compliance when an incident log for each child was not av
	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 checked="" type="checkbox"/>	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**

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

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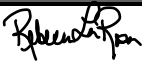
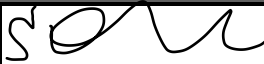
**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, 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? <b>X</b>
<b>YES or NO?</b> <b>Yes</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b> <b>10</b>
<b>DISCUSSIONS/COMMENTS</b>		
<b>IMPORTANT NOTES</b>		
<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Only the regulations marked as compliant or non-compliant were monitored or discussed.</li> <li>○ <b>APPLICANTS</b> –You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</li> </ul>		
 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: <b>06/12/2025</b>
<b>Rebecca LaRosa</b> (Printed Name)	(Printed Name)	 (Signature of Provider/Applicant/Substitute) <b>SARIS OBANYOUN</b> (Printed Name)

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