



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>LORENA FERNANDEZ</b>				<b>License Number</b>	<b>DCFH.57883</b>	<b>Date of Inspection</b>	<b>08/05/2025</b>
					<b>Expiration Date</b>	<b>8/31/2027</b>	<b>Time of Inspection</b>	<b>01:04 PM</b>
<b>Address</b>	<b>75 ESTHER AVE WATERBURY CT 06708-4818</b>				<b>Telephone</b>	<b>(518) 409-3371</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>5:00 AM – 10:00 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>5</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Janarish Lopez</b>		
<b>Provider's Email</b>	<b>Armelis29@hotmail.com</b>				<b>Inspector's Email</b>	<b>janarish.lopez@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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>ALB</i>							
<i>Signature of Provider/Substitute/Applicant</i>								

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

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

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

<b>O</b>	<b>12. Awareness of, Understanding of Regulations</b>	<b>Per provider she was not aware/ didn't understand the regulations.</b>
<b>X</b>	<b>13. Medical statement</b> Expiration date: 11/09/2025	
<b>X</b>	<b>14. First Aid Certificate</b> Expiration date: 11/02/2026	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	11/02/2026	
<b>O</b>	16. Judgment	Provider knowingly left children with unapproved staff, and aloud that unapproved staff to provide direct care to the children.

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

<b>O</b>	17. Medical Statement	Didn't observe am adult physical for 1 household member
<b>X</b>	18. Household Environment	

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

<b>O</b>	19. Sub/Assistant	Y/N	Name:	Appvl #	
	Type of Staff :	Y	Didn't observe the provider when entering the daycare, observed an unlicensed staff working with the children.		
<b>X</b>	20. Emergency Caregiver				

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

<b>O</b>	21. Background Check(s)	Didn't observe a current background check for 1 household member
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment				
<b>X</b>	23. Freedom of Hazards				
<b>O</b>	24. Harmful Substances/Materials Inaccessible	Observed expanding sealant coming out or jutting out of the wall, out side where the stairs are accessible to children			
<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			
	Used for Care ?	Y			
<b>X</b>	31. Stairways - Protected, Handrails	Y/N			
<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 Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water- Type: Pool Barrier?	Y/N Y Y	
<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>O</b>	48. Working Phone, Emergency Numbers Posted	<b>Didn't observe the emergency numbers list complete or posted in a readily accessible area in the care only known to the provider and staff.</b>	
<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: 1 dog Y Y	
<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>O</b>	62. Meeting the Child's Needs	didn't observe an asthma action plan for a child that requires it
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>O</b>	66. Flexible and Balanced Written Schedule	Didn't observe the daycare staff following the schedule, observed the tv being played and children running around through the extent of the inspection.
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>O</b>	69. Individual Plan for Care (Written if Applicable)	Didn't observe an individual plan of care for 2 children that require it.
<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	Didnt observe 2 children's hands being washed after diapering, observed 1 child being placed on a non porous mat for a diaper change.
<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	

**SICK CHILD CARE 19a-87b-11**

<b>X</b>	91. Sick Child Care	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>O</b>	93. Access-Immediate, Entire or Part of Facility and Records	Provider not in compliance with allowing OEC staff immediate access to the facility during customary business hours, after knocking and waiting for approximately 9 minutes the unapproved staff then opened the door.
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>O</b>	94. Policies and Procedures for Admin of Meds	Didn't observe written policies and procedures for a child that requires medication in care
<b>O</b>	95. Parent Permission for Nonprescription Topical Meds	Didn't observe parent permission for nonprescription topical medication for 1 child.
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>O</b>	97. Nonprescription Topical Meds- Stored/Labeled	Observed a diaper changing cream unlabeled
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>O</b>	100. Written Auth Prescriber/Parent Permission	Didn't observe written authorized prescriber - parent permission for 1 child that requires medication in care
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds - Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>O</b>	104. Emergency Meds- Equip. Labeled/Current	Provider not in compliance with maintaining emergency medications and/or equipment are properly labeled for 1 child that has medication in the daycare.
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

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

<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>	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	17 out of 109
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**DISCUSSIONS/COMMENTS**

**Discussion:**  
 Ensuring there is organization with the children's diapers and wipes, there could be the possibility of an allergic reaction if a child has sensitive skin.  
 Discussed with provider and unapproved staff the importance of not lying or being deceitful when talking to an Oec representative.

**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)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)	<b>08/19/2025</b>	<b>LORENA FERNANDEZ</b> (Printed Name)