



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	SONIA FELIZ DE CARLOS				License Number	DCFH.57871	Date of Inspection	09/02/2025
					Expiration Date	8/31/2027	Time of Inspection	01:39 PM
Address	9 4TH ST DANBURY CT 06810-5707				Telephone	(732) 430-0751	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 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	1	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	Saf0307@outlook.es				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).
 Sonia Feliz

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	
O	11. Notification of Change	Provider not in compliance with notifying the Office of renovation, construction or expansion, provider moved the outdoor play area from the front of the home to the back of the home June 2025

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of, Understanding of Regulations	Per provider she was not aware of the regulations including but not limited to proper rest, diaper changing process, medication administration and documentation.
O	13. Medical statement Expiration date: 06/17/2025	Provider not in compliance with maintaining a current medical statement
O	14. First Aid Certificate Expiration date: 02/25/2025	Provider not in compliance with maintaining a current first aid certificate

O	15. CPR Certificate	Provider not in compliance with maintaining a current CPR certificate
	Expiration date:	
	02/25/2025	
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:	Delia Margarita Castro Rivera	Appvl #	92965
	Type of Staff:	Y				
	Substitute					
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Provider not in compliance with maintaining evidence of compliance with background checks for herself, household members and staff
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment	
X	23. Freedom of Hazards	
O	24. Harmful Substances/Materials Inaccessible	Observed 3 bottles of cleaning supplies next to the toilet, making it accessible to children.
X	25. Bio-contaminants Disposed Safely	
X	26. Safe Storage of Flammables	
O	27. Safe Door Fasteners	Provider not in compliance with ensuring safe door fasteners, observed cleaning and beauty chemicals in 2 cabinets under bathroom sink unlocked (latch is magnetic) locks were not activated making
X	28. Electrical Safety	
O	29. Safe Exits	Provider not in compliance with maintaining exits free from obstruction, observed 2 pack n plays blocking the exit of the daycare while the children napped.
X	30. Basement Supervision	Y/N
		Y
	Used for Care ?	Y/N
X	31. Stairways - Protected, Handrails	
O	32. Emergency Plan	Provider not in compliance with maintaining a complete written emergency plan, didn't observe an emergency plan

<input checked="" type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with maintaining a complete written log of the practice drills and maintaining a written log of the drills for one year.	
<input checked="" type="radio"/>	34. Smoke Detectors		
<input checked="" type="radio"/>	35. Carbon Monoxide Detector		
<input checked="" type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="radio"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="radio"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="radio"/>	39. Safe Space- Sufficient		
	Indoors	Y	
	Outdoors	Y	
<input checked="" type="radio"/>	40. Body of Water- Type:	Y/N	
	Barrier?	N	
<input checked="" type="radio"/>	41. Hot Tubs- Locked - Inaccessible	Y/N	
		N	
<input checked="" type="radio"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="radio"/>	43. Window Safety		
<input checked="" type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="radio"/>	45. Adequate and Safe Water - Type of System:		
	Public Water		
<input checked="" type="radio"/>	46. Water Temperature- 60°-120°		
<input checked="" type="radio"/>	47. Pasteurization of Milk Supply		
<input checked="" type="radio"/>	48. Working Phone, Emergency Numbers Posted	Provider not in compliance with maintaining complete emergency phone numbers, ensuring emergency numbers posted in an area where child care services are provided and ensuring the location of emergency numbers is known to staff.	
<input checked="" type="radio"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="radio"/>	50. First Aid supplies		
<input checked="" type="radio"/>	51. Pet protection	Type: 1 Dog	
<input checked="" type="radio"/>	Pets?	Y	Provider not in compliance with maintaining current rabies vaccination certificate, didn't observe a current rabies vaccine for one pet.
	Rabies Certs?	N	
<input checked="" type="radio"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input checked="" type="radio"/>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health records for 2 children
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization records for 2 children. Didn't observe current flu vaccine for 2 children
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining complete written parent permission for transitioning children to/from school for 1 child
<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 type="radio"/>	66. Flexible and Balanced Written Schedule	Provider not in compliance with developing and implementing a written schedule.
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with ensuring cribs comply with current CPSC standards or follow manufacturer label
<input type="radio"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs for 2 children in care
<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	Observed an infant sleeping in a pack n' play, on with blankets and bed sheets

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
O	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Provider not in compliance with disinfecting the changing surface, ensuring the child's or her hands were washed after diaper changing for 3 children.
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	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? Y

O	94. Policies and Procedures for Admin of Meds	Provider not in compliance with developing written policies and procedures for the administration of medication.
O	95. Parent Permission for Nonprescription Topical Meds	Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications for 3 creams
X	96. Notification - Documentation of Med Error(s)	
O	97. Nonprescription Topical Meds- Stored/Labeled	Provider not in compliance with maintaining proper labeling of nonprescription topical medications and maintaining proper storage of nonprescription topical medications for 3 diaper creams
X	98. Unused - Expired Nonprescription Meds	
O	99. Documented Medication Trained Staff	Provider not in compliance with maintaining basic training in the administration of medication, didn't observe medication administration certification.
O	100. Written Auth Prescriber/Parent Permission	Provider not in compliance with maintaining a written order from prescriber for medication and maintaining written parent permission for medication for 3 prescription medications
X	101. MAR Maintained	
O	102. Prescription Meds - Stored/Labeled	Provider not in compliance with maintaining proper storage of medication and maintaining proper labeling of medication for 3 prescription creams
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

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

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

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	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	27 out of 109
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DISCUSSIONS/COMMENTS

Discussion
 Ensuring that the provider knows the regulations and where all the documents that are required in the daycare.
 Ensuring people that are guests in the home that aren't licensed cannot care for the 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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Janarish Lopez (Printed Name)	(Printed Name)	09/16/2025	SONIA FELIZ DE CARLOS (Printed Name)