



DIVISION OF LICENSING

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

FAMILY CHILD CARE HOME INSPECTION

Provider	IRAIDA CRESPO				License Number	DCFH.56681	Date of Inspection	10/29/2025
					Expiration Date	9/30/2027	Time of Inspection	08:28 AM
Address	46 LAMONT ST WATERBURY CT 06704-2833				Telephone	(203) 982-7077	Regular Capacity	6
					Hours of Operation	6:00 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Sat-Sun	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	1	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	seedsoflovedaycare.ic@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]*

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 a change of care area when, provider did not notify OEC of the change of her indoor daycare area.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
O	13. Medical statement Expiration date: 07/14/2025	Provider not in compliance with maintaining a medical statement when observed no medical statement on site for provider.
X	14. First Aid Certificate Expiration date: 05/18/2026	

X	15. CPR Certificate	
	Expiration date: 05/18/2026	
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 :	N				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

○	22. Clean/Sanitary Environment	Provider not in compliance with maintaining the facility and/or equipment in a clean and sanitary condition, when walking into the home there is a heavy smoke residue in the air.				
○	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed outdoor stairs to grassy area not in good repair, dead mouse on outdoor patio where children play, 2 containers outside with water accessible to children. Observed front steps to daycare broken				
	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed multiple cleaning products, personal hygiene products, hairsprays and deodorants in unlocked cabinet and on top of sink area accessible to children in bathroom that children use.				
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	Y/N				
○	32. Emergency Plan	Provider not in compliance with maintaining a written emergency plan when a current emergency plan was not observed.				

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when observed no written log for quarterly emergency or fire drills. Provider stated she did not practice drills with children enrolled.	
<input type="radio"/>	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detector on basement level of the home when observed basement smoke detector not functioning.	
<input type="radio"/>	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detector on occupied basement level of the home when observed carbon monoxide detector not functioning.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space- Sufficient		
	Indoors	Y	
	Outdoors	Y	
<input checked="" type="checkbox"/>	40. Body of Water- Type:	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	41. Hot Tubs- Locked - Inaccessible	Y/N	
		N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities	Provider not in compliance with the proper disposal of trash when observing the daycare area, there was a bag of garbage next to the recliner in the care area and in the kitchen observed a garbage bag filled on the ground accessible to children.	
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Provider not in compliance with maintaining complete emergency phone numbers when observed emergency phone numbers not up to date.	
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input checked="" type="checkbox"/>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health record(s) when observed one child present without a current physical form.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization record when observed an immunization record for one child not current.
<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 when observed one child enrolled without a current and updated transportation permission form for to and from public school.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input type="radio"/>	60. Incident Log	Provider not in compliance with maintaining an incident log for each child when observed two children enrolled and no incident logs in files.
<input checked="" type="checkbox"/>	61. Confidentiality	
<input type="radio"/>	62. Meeting the Child's Needs	Provider not in compliance with meeting the physical needs of children when a medication that a child is required to take was not observed at daycare.
<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 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 when observed one child enrolled without a current asthma action plan and expired medication authorization form.
<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	

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	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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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? 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-18 Child 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	



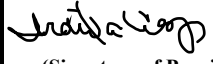
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	16 out of 108
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DISCUSSIONS/COMMENTS

Discussion:
 - reduced capacity to 4 children due to indoor area accesible to 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)	Amanda Hammons (Printed Name)	11/12/2025	IRAIDA CRESPO (Printed Name)