



**DIVISION OF LICENSING**  
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 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>SONIA LAUREANO</b>				<b>License Number</b>	<b>DCFH.57565</b>	<b>Date of Inspection</b>	<b>12/08/2025</b>
					<b>Expiration Date</b>	<b>11/30/2029</b>	<b>Time of Inspection</b>	<b>09:02 AM</b>
<b>Address</b>	<b>26 BIRCH ST WATERBURY CT 06704-3806</b>				<b>Telephone</b>	<b>(203) 519-2054</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>6:00 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>0</b>	<b>Weekend Hours</b>	<b>No</b>
					<b>Total children present</b>	<b>0</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>ANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Alexandra Rodriguez</b>		
<b>Provider's Email</b>	<b>Laureanohomedaycare@gmail.com</b>				<b>Inspector's Email</b>	<b>alexandra.rodriguez@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>Sonia Laureano</i> Signature of Provider/Substitute/Applicant							

**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>O</b>	<b>11. Notification of Change</b>	<b>Provider not in compliance with notifying the Office of the addition of any household member when provider stated a newborn is residing in home since November 7, 2025.</b>

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

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
<b>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>10/26/2027</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>04/13/2026</b>

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	04/13/2026	
<b>X</b>	<b>16. Judgment</b>	

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

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

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

<b>X</b>	<b>19. Sub/Assistant</b>	Y/N	<b>Name:</b> <b>Marielena Gonzalez</b>	<b>Appvl #</b> <b>92059</b>
	Type of Staff:	<b>Y</b>		
	Substitute			
<b>X</b>	<b>20. Emergency Caregiver</b>			

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

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

<b>X</b>	<b>22. Clean/Sanitary Environment</b>			
<b>X</b>	<b>23. Freedom of Hazards</b>			
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>			
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>			
<b>X</b>	<b>26. Safe Storage of Flammables</b>			
<b>X</b>	<b>27. Safe Door Fasteners</b>			
<b>X</b>	<b>28. Electrical Safety</b>			
<b>X</b>	<b>29. Safe Exits</b>			
<b>X</b>	<b>30. Basement Supervision</b>	Y/N		
		<b>Y</b>		
	<b>Used for Care ?</b>	Y/N		
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>			
<b>X</b>	<b>32. Emergency Plan</b>			

<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: 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: N	
<b>X</b>	52. Smoking Prohibited		

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

<b>X</b>	53. Enrollment Form		
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<b>O</b>	<b>54. Child Health Record</b>	<b>Provider not in compliance with maintaining child health record of new household member when household member started residing home since November 7, 2025.</b>
<b>X</b>	<b>55. Immunizations</b>	
<b>X</b>	<b>56. Emergency Permission</b>	
<b>X</b>	<b>57. Authorized Release</b>	
<b>X</b>	<b>58. Field Trip and Transportation Permission- To/From School</b>	
<b>X</b>	<b>59. Swimming Permission</b>	
<b>X</b>	<b>60. Incident Log</b>	
<b>X</b>	<b>61. Confidentiality</b>	
<b>X</b>	<b>62. Meeting the Child's Needs</b>	
<b>X</b>	<b>63. Sufficient Play Equipment</b>	
<b>X</b>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<b>X</b>	<b>65. Handwashing</b>	
<b>X</b>	<b>66. Flexible and Balanced Written Schedule</b>	
<b>X</b>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<b>X</b>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<b>X</b>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<b>X</b>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<b>X</b>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<b>X</b>	<b>72. Infants Placed on Back for Sleeping</b>	
<b>X</b>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

<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	

### 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>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? 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>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?	
		<b>X</b>	



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>2 out of 109</b>
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**DISCUSSIONS/COMMENTS**

Observed a new space for childcare in same basement level as previous childcare space located. \_New childcare space meets all requirements needed to be approved.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)	<b>12/22/2025</b>	<b>SONIA LAUREANO</b> (Printed Name)