



**DIVISION OF LICENSING**

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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**

Provider	MAGIERIE M SANCHEZ				License Number	DCFH.57349	Date of Inspection	01/28/2026
					Expiration Date	7/31/2024	Time of Inspection	09:31 AM
Address	89 BENJAMIN ST STRATFORD CT 06614-5203				Telephone	(475) 236-9921	Regular Capacity	6
					Hours of Operation	7:30 AM – 5:00 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	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	INITIAL CREDENTIAL INSPECTION				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	myasanchez95@gmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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).</p> <p style="text-align: right;"><i>MSC</i> _____ Signature of Provider/Substitute/Applicant</p>							

**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	
X	11. Notification of Change	

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

X	12. Awareness of, Understanding of Regulations	
O	13. Medical statement Expiration date: 01/30/2028	Provider not in compliance with maintaining a medical statement at the premises.
X	14. First Aid Certificate Expiration date: 01/18/2027	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	01/18/2027	
<b>X</b>	16. Judgment	

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

<b>○</b>	17. Medical Statement	Provider not in compliance with maintaining medical statements for household members
<b>X</b>	18. Household Environment	

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

<b>X</b>	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff:	N				
<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	
		Y	
	Used for Care ?	Y/N	
<b>○</b>	31. Stairways - Protected, Handrails	Provider not in compliance with maintaining a sturdy handrail with no areas in which a child may fall through. The OEC representative observed at outdoor area stairs with five steps with one handrail the other side is open in which a child may fall through.	
<b>X</b>	32. Emergency Plan		

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>O</b>	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors. The OEC representative observed that the walking attic was missing a smoke detector. The representative did not monitor the smoke detector in the basement because the provider did not have access to it.
<b>O</b>	35. Carbon Monoxide Detector	The applicant stated that she does not have access to the basement, for that reason the carbon monoxide detector was not monitor in the basement. The first floor has operative 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>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>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<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>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****O****93. Access-  
Immediate, Entire  
or Part of Facility  
and Records****Provider not in compliance with allowing OEC staff immediate access to the facility during the initial inspection. The OEC representative did not have access to the garage and basement, due the applicant stated that she does have access to the basement and garage.****ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N****X****94. Policies and  
Procedures for  
Admin of Meds****X****95. Parent  
Permission for  
Nonprescription  
Topical Meds****X****96. Notification -  
Documentation of  
Med Error(s)****X****97.  
Nonprescription  
Topical Meds-  
Stored/Labeled****X****98. Unused -  
Expired  
Nonprescription  
Meds****X****99. Documented  
Medication  
Trained Staff****X****100. Written Auth  
Prescriber/Parent  
Permission****X****101. MAR  
Maintained****X****102. Prescription  
Meds -  
Stored/Labeled****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**

<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>6 out of 109</b>
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**DISCUSSIONS/COMMENTS**

The provider reviewed and discussed each of the OEC regulations using visual aids. She reviewed each form of the enrollment packet. She received two SleepSack, enrollment packet, enrollment and written permission forms, Infant Sleep Policy and safe sleep flyers. The area of care will be in the first floor, the bathroom is in the same level, and the outdoor play area is fenced. The capacity will be 6/3. The basement and garage were not monitor because the applicant did not have access to those areas. Discussion The applicant was informed that any person who will live in the house or basement must complete background check and medical statement. She is required to notify to the OEC using the Notification Of Change form before they start living in the house.

**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)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Silvana Carreon Zegarra</b> (Printed Name)			<b>MAGIERIE M SANCHEZ</b> (Printed Name)