



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

FAMILY CHILD CARE HOME INSPECTION

Provider	KIM WATSON				License Number	DCFH.53355	Date of Inspection	02/11/2026
					Expiration Date	12/31/2029	Time of Inspection	09:41 AM
Address	220 THOMPSON ST STRATFORD CT 06615-6125				Telephone	(203) 683-8686	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	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	Silvana Carreon Zegarra		
Provider's Email	deinawats@yahoo.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>[Signature]</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	
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when her daughter moved in to her house since December 1st,2025.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	12/02/2027
X	14. First Aid Certificate	
	Expiration date:	02/03/2027

X	15. CPR Certificate	
	Expiration date: 02/17/2027	
O	16. Judgment	Provider not in compliance with demonstrating good judgment regarding supervision and safety when she left a 2 year-old child with her adult daughter, who is not OEC staff approved, for 30 minutes while she went to support to a relative.

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Provider not in compliance with maintaining medical statement for a new household member.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:	MAGDALENE GATHERS/ LUCINDA	Appvl #	92856/4665
	Type of Staff : Substitute	Y				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
----------	--------------------------------	--

PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment					
X	23. Freedom of Hazards					
X	24. Harmful Substances/Materials Inaccessible					
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	Ground level			
	Used for Care ?	Y				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan	Provided during the visit				

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with maintaining a written log of the drills for one year when the provide stated that she was not aware about the regulation required to conduct and keep written log.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<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 Outdoors Y Y		
<input checked="" type="checkbox"/>	40. Body of Water-Type: Above ground Barrier?	Y/N Y	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N Y	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input type="radio"/>	46. Water Temperature- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees. The water temperature was 129 F.	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted	The form was provided during the inspection. The provider posted it.	
<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 Pets? Rabies Certs?	Type: 2 dogs Y Y	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

<input type="radio"/>	53. Enrollment Form	Provider not in compliance with maintaining child enrollment form(s). After reviewing eight children's files, the OEC representative observed that two children were missing enrollment forms
-----------------------	---------------------	---

<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining child health record(s). After reviewing eight children's files, the OEC representative observed that two children were missing health records.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s). After reviewing eight children's files, the OEC representative observed that one child was missing Flu vaccine.
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care. After reviewing eight children's files, the OEC representative observed that two children were missing emergency permission information.
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining complete written parent permission to authorize removal of child(ren). After reviewing eight children's files, the OEC representative observed that two children were missing release authorization information.
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<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 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. Observed that two children were missing Asthma Action Plan and one child was missing and Emergency Allergy Plan. Signed by doctor, parent, and staff
<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	The document was provided during the inspection. The provider posted it.
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	Provider not in compliance with ensuring hands are washed after diaper changing. The OEC representative that the provider did not wash her hands or the children's hands after diapering
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	The form was provide during the inspection. The provider posted it.
○	81. Supervision- at all Times, Indoors, Outdoors	Provider not in compliance with providing supervision at all times when she left a 2 year-old child with her adult daughter, who is not OEC staff approved, for 30 minutes while she went to support to a relative
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
○	85. Substitute – Emergency Caregiver Present	Provider not in compliance with ensuring an approved substitute was present when she left a child with OEC unauthorized staff. The person was neither a substitute nor an assistant.
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y****X**94. Policies and
Procedures for
Admin of Meds

The provider will implement the OEC sample of Administration of Medication Policy.

X95. 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**O**99. Documented
Medication
Trained Staff

Provider not in compliance with maintaining current or complete documentation of training in the administration of medication and injectable. The provider not able to find her Administration of Medication certificate.

X100. 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

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:	14 out of 109
--	------------	--	----------------------

DISCUSSIONS/COMMENTS

The provider and her substitute reviewed OEC Regulations and discussed each one of them, including safe sleep, supervision, emergency person, substitute, record keeping, medication forms and more.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	02/25/2026	KIM WATSON (Printed Name)