



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

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | |
|-------------------------------------|---|-----------|--------------------|--------------------------------|---------------------------------------|----------------------------|-------------------|
| PROVIDER | ANDRE JOSEPH | | | LICENSE NUMBER | DCFH.57698 | DATE OF INSPECTION | 04/30/2026 |
| | | | | EXPIRATION DATE | 8/31/2026 | TIME OF INSPECTION | 12:42 PM |
| ADDRESS | 6 ELM TER STRATFORD CT 06615-6931 | | | TELEPHONE | (203) 212-4636 | REGULAR CAPACITY | 6 |
| | | | | HOURS OF OPERATION | 6:00 AM - 8:00 PM | SCHOOL AGE CAPACITY | 3 |
| | | | | DAYS OF OPERATION | Mon-Fri | SUMMER HOURS | Open |
| IS THIS A CHANGE OF ADDRESS? | YES | NO | NEW ADDRESS | # UNDER 18 MTHS PRESENT | 0 | WEEKEND HOURS | No |
| | | X | | TOTAL CHILDREN PRESENT | 5 | NIGHT HOURS | No |
| TYPE OF INSPECTION | UNANNOUNCED INSPECTION - FULL | | | INSPECTOR'S NAME | Silvana Carreon Zegarra | | |
| PROVIDER'S EMAIL | Andre@josephsupportservices.com | | | INSPECTOR'S EMAIL | silvana.carreon-zegarra@ct.gov | | |
| KEY: | <i>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).</i> | | | | | | |
| COMPLIANT = X | | | | | | | |
| NON-COMPLIANT = O | | | | | | | |

Signature of Provider/Substitute/Applicant

TERMS OF THE LICENSE 19a-87b-5

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| X | 4. 5(d)(10(a)) CAPACITY | |
| X | 5. 5(c) NON-TRANSFERABILITY OF LICENSE | Pending? |
| X | 6. 5(e) INFANT/TODDLER RESTRICTION | |
| X | 7. 5(f)(2) LICENSE POSTED | |
| X | 8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER | |
| X | 9. 5(h) PHOTO ID | |
| X | 10. 5(i) REQUESTS FOR INFORMATION | |
| X | 11. 5(j) NOTIFICATION OF CHANGE | |

QUALIFICATION OF PROVIDER 19a-87b-6

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| X | 12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS | |
| O | 13. 6(b) MEDICAL STATEMENT EXPIRATION DATE: | Provider not in compliance with maintaining a medical statement when he stated that she does not have it and has scheduled an appointment for his exam. |
| | 07/22/2025 | |

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| X | 14. 6(c)(1) FIRST AID CERTIFICATE | |
| | EXPIRATION DATE: 04/18/2028 | |
| X | 15. 6(c)(2) CPR CERTIFICATE | |
| | EXPIRATION DATE: 04/18/2028 | |
| X | 16. 6(e) JUDGMENT | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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| X | 17. 7(a) MEDICAL STATEMENT | |
| X | 18. 7(b) HOUSEHOLD ENVIRONMENT | |

QUALIFICATIONS OF STAFF 19a-87b-8

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| X | 19. 8(a)-(b) SUBSTITUTE - ASSISTANT | Y/N | NAME: | Sophia Josephs | Appvl # | 92461 |
| | | Y | NAME: | Lucinda Anderson/ Shemesha N Knight/ Akeyla | Appvl # | 4665/ 92459/92623 |
| | PRESENT AT VISIT? | | | | | |
| | Y | | | | | |
| X | 20. 8(c) EMERGENCY CAREGIVER | | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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| X | 21. 8a(a)-(f) BACKGROUND CHECK(S) | |
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PHYSICAL ENVIRONMENT 19a-87b-9

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| X | 22. 9(a) CLEAN/SANITARY ENVIRONMENT | |
| X | 23. 9(b) FREEDOM OF HAZARDS | |
| O | 24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE | Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when the OEC specialist observed a Lysol spray and Air Freshener on the bathroom sink accessible to children. |
| X | 25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY | |
| X | 26. 9(d)(1) SAFE STORAGE OF FLAMMABLES | |
| X | 27. 9(d)(2) SAFE DOOR FASTENERS | |
| X | 28. 9(d)(3) ELECTRICAL SAFETY | |

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| X | 29. 9(d)(4)-(A) SAFE EXITS | | |
| X | 30. 9(d)(4)(A) BASEMENT | Y/N | |
| | SUPERVISION | N | |
| | USED FOR CARE ? | Y/N | |
| X | 31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS | | |
| X | 32. 9(d)(4)(E)-(5) EMERGENCY PLAN | | |
| O | 33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG | Provider not in compliance with maintaining a written log of the drills for one year when he stated that he practiced but never maintained records of them. | |
| X | 34. 9(d)(6) SMOKE DETECTORS | | |
| X | 35. 9(d)(7) CARBON MONOXIDE DETECTOR | | |
| X | 36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED | | |
| X | 37. 9(d)(9) N/A? Y | TYPE: | APPROVED? |
| | AUXILIARY HEATING SYSTEM | | |
| X | 38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION | | |
| X | 39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT | | |
| | INDOORS OUTDOORS Yes Yes | | |
| X | 40. 9(f)(2) N/A? | TYPE: | BARRIER: |
| | BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED | | |
| X | 41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE | | |
| X | 42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65° | | |
| X | 43. 9(g) WINDOW SAFETY | | |
| X | 44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES | | |
| X | 45. 9(i) ADEQUATE AND SAFE WATER - | | |
| | TYPE OF SYSTEM: Public Water | | |
| X | 46. 9(h) WATER TEMPERATURE- 60°-120° | | |

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| X | 47. 9(j) PASTEURIZATION OF MILK SUPPLY | |
| X | 48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED | |
| X | 49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS | |
| O | 50. 9(m)-(n) FIRST AID KIT and SUPPLIES | Provider not in compliance with maintaining a complete first aid kit when a cardiopulmonary resuscitation mouth barrier was missing. |
| X | 51. 9(o) PET PROTECTION | TYPE of PETS: |
| | PETS? Y/N N | |
| | RABIES CERTS? Y/N | |
| X | 52. 9(p) Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| O | 53. 10(b)(1) ENROLLMENT FORM | Provider not in compliance with maintaining child enrollment form when the OEC representative observed that one child was missing an enrollment form. |
| O | 54. 10(b)(2) CHILD HEALTH RECORD | Provider not in compliance with maintaining child health record(s) when the OEC representative observed that two children were missing health records. |
| O | 55. 10(b)(2)(v)(I) IMMUNIZATIONS | Provider not in compliance with maintaining immunization record(s) when the OEC representative observed that one child was missing immunization records. |
| O | 56. 10(b)(3)(B) EMERGENCY PERMISSION | Provider not in compliance with maintaining written parent permission for emergency medical care when the OEC representative observed one child was missing written emergency permission. |
| O | 57. 10(b)(3)(A) AUTHORIZED RELEASE | Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when the OEC representative observed that one child was missing an authorization to release the child from daycare |
| X | 58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL | Provider not in compliance with maintaining written parent permission for transportation of child(ren) when the OEC re. |
| X | 59. 10(b)(3)(E) SWIMMING PERMISSION | |
| X | 60.10(b)(4) INCIDENT LOG | |
| X | 61. 10(b)(5) CONFIDENTIALITY | |
| X | 62. 10(c) MEETING THE CHILD'S NEEDS | |
| X | 63.10(c)(1) SUFFICIENT PLAY EQUIPMENT | |

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| X | 64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE | |
| X | 65. 10(c)(3) HANDWASHING | |
| X | 66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE | |
| X | 67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES | |
| X | 68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS | |
| X | 69. 10(d) INDIVIDUAL PLAN FOR CARE | |
| X | 70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES | |
| X | 71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS | |
| X | 72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING | |
| X | 73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET | |
| X | 74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS | |
| X | 75. 10(f)(5) INFANTS NOT SWADDLED | |
| X | 76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES | |
| X | 77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED | |
| X | 78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL | |
| X | 79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS | |
| X | 80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED | |

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| X | 81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS | |
| X | 82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION | |
| X | 83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION | |
| X | 84. 10(i)(3) IMMEDIATE ATTENTION | |
| X | 85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT | |
| X | 86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT | |
| X | 87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS | |
| X | 88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT | |
| X | 89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY | |
| X | 90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF | |

SICK CHILD CARE 19a-87b-11

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| X | 91. 11(a)(1)-(3) SICK CHILD CARE | |
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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| | 92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR | |
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

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| X | 93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS | |
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y

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| <input checked="" type="checkbox"/> | <u>94. 17</u> POLICIES AND PROCEDURES FOR ADMIN OF MEDS | |
| <input checked="" type="checkbox"/> | <u>95. (a)(2)</u> PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS | |
| <input checked="" type="checkbox"/> | <u>96. (a)(2)/(b)(3)(D)</u> NOTIFICATION - DOCUMENTATION OF MED ERROR(S) | |
| <input checked="" type="checkbox"/> | <u>97. (a)(3)</u> NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED | |
| <input type="checkbox"/> | <u>98. (a)(3)(C)</u> UNUSED -EXPIRED NONPRESCRIPTION MEDS | Provider not in compliance with ensuring unused portions of medication is returned to the parent when the OEC representative observed an A+D diapering rash cream expired on 2025 was in the diapers shelf. |
| <input checked="" type="checkbox"/> | <u>99. (b)(1)(2)</u> DOCUMENTED MEDICATION TRAINED STAFF | |
| <input type="checkbox"/> | <u>100. (b)(3)</u> WRITTEN AUTH PRESCRIBER, PARENT PERMISSION | Provider not in compliance with maintaining a written order from prescriber for medication when the OEC representative observed two written authorization form expired 3/6/26 for Epi-Pen and Zyrtec. |
| <input checked="" type="checkbox"/> | <u>101. (b)(4)(A-B)</u> MAR MAINTAINED | |
| <input checked="" type="checkbox"/> | <u>102. (b)(5)(A-B)</u> PRESCRIPTION MEDS – STORED/LABELED | |
| <input checked="" type="checkbox"/> | <u>103. (b)(5)(D)</u> UNUSED/EXPIRED PRESCRIPTION MEDS | |
| <input checked="" type="checkbox"/> | <u>104. (b)(5)(C)(E)</u> EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT | |
| <input checked="" type="checkbox"/> | <u>105. (b)(6)</u> SELF – ADMIN. OF MEDS | |
| <input checked="" type="checkbox"/> | <u>106. (b)(7)</u> PETITION FOR SPECIAL MEDICATION AUTHORIZATION | |
| | <u>107. (d)</u> POTASSIUM IODIDE (KI) | |
| | N/A | Y |

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

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| <input checked="" type="checkbox"/> | <u>108. (a)</u> POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING | |
| <input checked="" type="checkbox"/> | <u>109. (b)</u> FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED | |

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| X | 110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING | |
| X | 111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED | |
| X | 112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS | |
| X | 113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS | |

ADDITIONAL VIOLATIONS

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| 114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN | N/A? | |
| | Y | |



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|--|------------|--|----------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 11 out of 109 |
|--|------------|--|----------------------|


DISCUSSIONS/COMMENTS

The provider will implement the Administration of Medication policy (corrected during the visit). The provider signed an Asthma Care Plan during the visit. Discussion included enrollment forms, written permission form, and health . The provider updated his hours of operation to 6am to 8pm. Upon arrival, the approved staff was caring for the children; the provider arrived five minutes later.

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.

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|------------------------------------|---|---|-----------------------------------|
| Signature of OEC Representative |  |  | Signature of Provider/ Substitute |
| Printed Name | Silvana Carreon Zegarra | ANDRE JOSEPH | Printed Name |
| 2 nd OEC Representative | | APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency. | |
| Printed Name | | THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST. | |

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|  | Written Corrective Action Plan due by: 05/14/2026 | DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org |
| OEC Representative's Email: silvana.carreon-zegarra@ct.gov | | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |