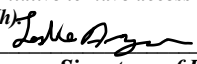




DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | |
|-------------------------------------|--|-----------|--------------------|--------------------------------|------------------------------|----------------------------|-------------------|
| PROVIDER | LESLIE ARZU | | | LICENSE NUMBER | DCFH.54840 | DATE OF INSPECTION | 06/10/2026 |
| | | | | EXPIRATION DATE | 11/30/2028 | TIME OF INSPECTION | 08:00 AM |
| ADDRESS | 835 MERIDEN ROAD WATERBURY CT 06705 | | | TELEPHONE | (203) 573-8184 | REGULAR CAPACITY | 6 |
| | | | | HOURS OF OPERATION | 6:00 AM - 6:30 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 | 2 | NIGHT HOURS | No |
| TYPE OF INSPECTION | UNANNOUNCED INSPECTION - FULL | | | INSPECTOR'S NAME | Janarish Lopez | | |
| PROVIDER'S EMAIL | laray1212@sbcglobal.net | | | INSPECTOR'S EMAIL | janarish.lopez@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 |  Signature of Provider/Substitute/Applicant | | | | | | |
| NON-COMPLIANT = O | | | | | | | |

TERMS OF THE LICENSE 19a-87b-5

| | | |
|----------|--|----------|
| 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

| | | |
|----------|--|-------------------|
| X | 12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS | |
| X | 13. 6(b) MEDICAL STATEMENT | |
| | EXPIRATION DATE: | 05/07/2028 |

| | | |
|----------|--|--|
| X | 14. 6(c)(1) FIRST AID CERTIFICATE | |
| | EXPIRATION DATE: 05/03/2028 | |
| X | 15. 6(c)(2) CPR CERTIFICATE | |
| | EXPIRATION DATE: 05/03/2028 | |
| X | 16. 6(e) JUDGMENT | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|----------|---|--|
| O | 17. 7(a) MEDICAL STATEMENT | Provider not in compliance with maintaining a medical statement for 1 household member |
| X | 18. 7(b) HOUSEHOLD ENVIRONMENT | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | | | | | |
|----------|--|-----|-------|--|---------|--|
| X | 19. 8(a)-(b) SUBSTITUTE - ASSISTANT | Y/N | NAME: | | Appvl # | |
| | | N | NAME: | | Appvl # | |
| | PRESENT AT VISIT? | | | | | |
| | N | | | | | |
| X | 20. 8(c) EMERGENCY CAREGIVER | | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

| | | |
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| X | 21. 8a(a)-(f) BACKGROUND CHECK(S) | |
|----------|--|--|

PHYSICAL ENVIRONMENT 19a-87b-9

| | | |
|----------|---|--|
| X | 22. 9(a) CLEAN/SANITARY ENVIRONMENT | |
| X | 23. 9(b) FREEDOM OF HAZARDS | |
| X | 24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE | |
| 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 | |

| | | | |
|---|--|----------|-----------|
| X | 29. 9(d)(4)-(A) SAFE EXITS | | |
| X | 30. 9(d)(4)(A) | Y/N | |
| | BASEMENT SUPERVISION | Y | |
| | USED FOR CARE ? | Y/N N | |
| X | 31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS | | |
| X | 32. 9(d)(4)(E)-(5) EMERGENCY PLAN | | |
| X | 33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG | | |
| 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° | | |

| | | |
|----------|---|--|
| 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, tweezers, rolled gauze and hypoallergenic tape was not observed |
| O | 51. 9(o) PET PROTECTION | TYPE of PETS: 1 cat |
| | PETS? Y/N Y RABIES CERTS? Y/N N | Provider not in compliance with maintaining current rabies vaccination certificate for 1 cat |
| X | 52. 9(p) Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

| | | |
|----------|---|--|
| X | 53. 10(b)(1) ENROLLMENT FORM | |
| X | 54. 10(b)(2) CHILD HEALTH RECORD | |
| X | 55. 10(b)(2)(v)(I) IMMUNIZATIONS | |
| X | 56. 10(b)(3)(B) EMERGENCY PERMISSION | |
| X | 57. 10(b)(3)(A) AUTHORIZED RELEASE | |
| X | 58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL | |
| 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 | |

| | | |
|----------|--|---|
| 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 | |
| O | 69. 10(d) INDIVIDUAL PLAN FOR CARE | Provider not in compliance with developing and implementing a written individual plan of care for 1 child with special health care needs |
| 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 | |

| | | |
|---|--|--|
| 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 | | |
| X | 91. 11(a)(1)-(3) SICK CHILD CARE | |
| NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N | | |
| X | 92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR | |
| OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13 | | |
| X | 93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS | |

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

| | | |
|----------|--|---|
| X | 94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS | |
| X | 95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS | |
| X | 96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S) | |
| X | 97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED | |
| X | 98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS | |
| X | 99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF | |
| X | 100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION | |
| X | 101. (b)(4)(A-B) MAR MAINTAINED | |
| X | 102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED | |
| X | 103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS | |
| X | 104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT | |
| X | 105. (b)(6) SELF - ADMIN. OF MEDS | |
| X | 106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION | |
| | 107. (d) POTASSIUM IODIDE (KI) | |
| | N/A | Y |

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

| | | |
|----------|--|--|
| X | 108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING | |
| X | 109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED | |

| | | |
|----------|---|--|
| 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


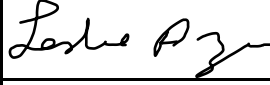
| | | | |
|--|---|------|--|
| | 114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN | N/A? | |
| | | Y | |


| | | | |
|--|------------|--|---------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 4 out of 109 |
|--|------------|--|---------------------|

DISCUSSIONS/COMMENTS

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.

| | | | |
|------------------------------------|---|---|-----------------------------------|
| Signature of OEC Representative |  |  | Signature of Provider/ Substitute |
| Printed Name | Janarish Lopez | LESLIE ARZU | 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. | |

| | | |
|---|---|---|
|  | Written Corrective Action Plan due by: 06/24/2026 | 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: janarish.lopez@ct.gov | | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |