

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Miriam Egea	License Number: 56252	Date of Inspection: 2/16/22
Address: 155 Sherman St	Expiration Date: 1/31/25	Time of Inspection: 12:56
Town: Bridgeport	Capacity: 6+3	Days/Hours: M-F
State/Zip Code: CT 06608	Telephone: 203 543 1058	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
	Email: egeam1966@gmail.com	

Instructions: = Compliance/No violation found 0 = Non-compliance/Violation found N/A = Not applicable at this time

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).

M. Egea
Signature of Provider/Applicant/Substitute/Emergency Caregiver

<p>Terms of License 19a-87b-5</p> <p><input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: 4</p> <p><input checked="" type="checkbox"/> 5. Nontransferability of License</p> <p><input checked="" type="checkbox"/> 6. Infant/Toddler Restriction - # Present: 2</p> <p><input checked="" type="checkbox"/> 7. License Posted</p> <p><input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number</p> <p><input checked="" type="checkbox"/> 9. Photo ID</p> <p><input checked="" type="checkbox"/> 10. Requests for Information</p> <p><input checked="" type="checkbox"/> 11. Notification of Change</p> <p>Qualifications of Applicant and Provider 19a-87b-6</p> <p><input checked="" type="checkbox"/> 12. Awareness of Understanding of Regulations</p> <p><input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date: 2/11/24</p> <p><input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date: 2/13/23</p> <p><input checked="" type="checkbox"/> 15. CPR Certificate-Exp. Date: 2/13/23</p> <p><input checked="" type="checkbox"/> 16. Judgment</p> <p>Members of the Household 19a-87b-7</p> <p><input checked="" type="checkbox"/> 17. Medical Statement</p> <p><input checked="" type="checkbox"/> 18. Household Environment</p> <p>Qualifications of Staff 19a-87b-8</p> <p><input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N)</p> <p><input checked="" type="checkbox"/> 20. Emergency Caregiver</p> <p>Comprehensive Background Check 19a-87b-8a</p> <p><input checked="" type="checkbox"/> 21. Background Check(s)</p> <p>Physical Environment 19a-87b-9</p> <p><input checked="" type="checkbox"/> 22. Clean/Sanitary Environment</p> <p><input checked="" type="checkbox"/> 23. Freedom of Hazards</p> <p><input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible</p> <p><input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely</p> <p><input checked="" type="checkbox"/> 26. Safe Storage of Flammables</p> <p><input checked="" type="checkbox"/> 27. Safe Door Fasteners</p> <p><input checked="" type="checkbox"/> 28. Electrical Safety</p>	<p><input checked="" type="checkbox"/> 29. Safe Exits</p> <p><input checked="" type="checkbox"/> 30. Basement Supervision (Y/N)</p> <p><input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails</p> <p><input checked="" type="checkbox"/> 32. Emergency Plan</p> <p><input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log</p> <p><input checked="" type="checkbox"/> 34. Smoke Detectors</p> <p><input checked="" type="checkbox"/> 35. Carbon Monoxide Detector</p> <p><input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed</p> <p><input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)</p> <p><input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition</p> <p><input checked="" type="checkbox"/> 39. Safe Space - Sufficient Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)</p> <p><input checked="" type="checkbox"/> 41. Hot Tubs - Locked/Inaccessible</p> <p><input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F</p> <p><input checked="" type="checkbox"/> 43. Window Safety</p> <p><input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities</p> <p><input checked="" type="checkbox"/> 45. Adequate and Safe Water: P/0/Approved</p> <p><input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F</p> <p><input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply</p> <p><input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints</p> <p><input checked="" type="checkbox"/> 50. First Aid Supplies</p> <p><input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: _____ Rabies Certificate(s)</p> <p><input checked="" type="checkbox"/> 52. Smoking Prohibited</p> <p>Responsibilities of Provider 19a-87b-10</p> <p><input checked="" type="checkbox"/> 53. Enrollment Form</p> <p><input checked="" type="checkbox"/> 54. Child Health Record</p> <p><input checked="" type="checkbox"/> 55. Immunizations</p> <p><input checked="" type="checkbox"/> 56. Emergency Permission</p> <p><input checked="" type="checkbox"/> 57. Authorized Release</p> <p><input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School</p> <p><input checked="" type="checkbox"/> 59. Swimming Permission</p> <p><input checked="" type="checkbox"/> 60. Incident Log</p> <p><input checked="" type="checkbox"/> 61. Confidentiality</p> <p><input checked="" type="checkbox"/> 62. Meeting the Child's Needs</p> <p><input checked="" type="checkbox"/> 63. Sufficient Play Equipment</p> <p><input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available</p> <p><input checked="" type="checkbox"/> 65. Handwashing</p> <p><input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule</p>
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APPLICANTS PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Eileen Ruiz</i>	Date Corrections Due By: 3/2/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>M. Egea</i>
(Printed Name) Eileen Ruiz		(Printed Name) Miriam Egea

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Miriam Egea	License Number: 56252	Date of Inspection: 2/16/22
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<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <p><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</p> <p><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</p> <p><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</p> <p><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</p> <p><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</p> <p><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</p> <p><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snog Mattress/Tight Sheet</p> <p><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</p> <p><input checked="" type="checkbox"/> 75. Infants not Swaddled</p> <p><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</p> <p><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</p> <p><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</p> <p><input checked="" type="checkbox"/> 79. Parent Information and Access</p> <p><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</p> <p><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</p> <p><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</p> <p><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</p> <p><input checked="" type="checkbox"/> 84. Immediate Attention</p> <p><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</p> <p><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</p> <p><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</p> <p><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</p> <p><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</p> <p><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</p> <p>Sick Child Care 19a-87b-11</p> <p><input checked="" type="checkbox"/> 91. Sick Child Care</p> <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <p><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/ Appropriate Sleepwear</p>	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p>Administration of Medications 19a-87b-17</p> <p><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</p> <p><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</p> <p><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</p> <p><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</p> <p><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</p> <p><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</p> <p><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</p> <p><input checked="" type="checkbox"/> 101. MAR Maintained</p> <p><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</p> <p><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</p> <p><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</p> <p><input checked="" type="checkbox"/> 105. Self-Administration of Meds</p> <p><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</p> <p><input checked="" type="checkbox"/> 107. Potassium Iodide (KI) Pills - Permission/Storage/Labeled</p> <p><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</p> <p><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p><input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed</p> <p><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</p> <p><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</p> <p>Additional Violations</p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</p>
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Discussions/Comments:

Reviewed sleep arrangements for infants under 12 months in the regulations 19a-87b-10 (f)(3) where no items should be with infants.

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(Signature of OEC Representative) <i>Eileen Ruiz</i>	Date Corrections Due By: 3/2/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>M. Egea</i>
(Printed Name) Eileen Ruiz		(Printed Name) Miriam Egea

SUPPLEMENTAL REPORT OF INSPECTION PAGE 3

Name of Program/Provider: **Miriam Egea** License # **56252** Date: **2/16/22**

Observations/Corrections needed:

#54 Observed child health record missing for two children.

#55 Observed immunizations missing for two children

66 Observed written schedule missing.

74 Provider failed to follow sleep provisions when infant was sleeping with blanket.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: **3/2/22**

Signature: *Eileen Ruiz*
Print Name: **Eileen Ruiz**

Signature: *M. Egea*
Print Name: **Miriam Egea**