

Day 1

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 FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Yamilka Santana	License Number: 57182	Date of Inspection: 6/2/23
Address: 416 Saroy St	Expiration Date: 4/30/2027	Time of Inspection: 1:50 PM
Town: Bridgeport, Ct	Capacity: 6+3	Days/Hours: M-F 16am-6pm
State/Zip Code: Ct. 06606	Telephone: 973-19-3374	Summer: Open/Closed
Email: yamilka.santana@hotmail.com		

Instructions: = Compliance/No violation found O = 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).

Y. Santana
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 8
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 6/1/2025
- 14. First Aid Certificate-Exp. Date 05/2024
- 15. CPR Certificate- Exp. Date 05/2024
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor _____ Outdoor _____
- 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

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)
Candy Vargas
(Printed Name)
Candy Vargas

Date Corrections Due By:
6/16/23

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Y. Santana
(Printed Name)
Yamilka Santana

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 - Page 2

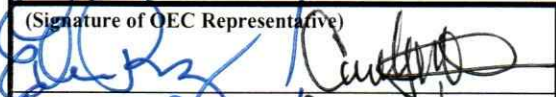
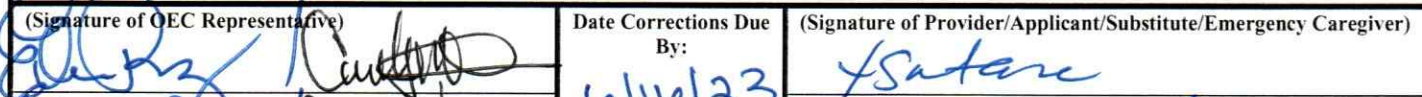
Provider: <u>Jamilka Santana</u>	License Number: <u>57182</u>	Date of Inspection: <u>6/2/23</u>
Responsibilities of Provider 19a-87b-10 (continued) <input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input type="checkbox"/> 72. Infants Placed on Back for Sleeping <input type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input type="checkbox"/> 75. Infants not Swaddled <input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input type="checkbox"/> 79. Parent Information and Access <input type="checkbox"/> 80. Developmental Milestones-Posted <input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input type="checkbox"/> 88. Child Protection: Abuse/Neglect <input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF Sick Child Care 19a-87b-11 <input type="checkbox"/> 91. Sick Child Care Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input type="checkbox"/> 99. Documented Medication Trained Staff <input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input type="checkbox"/> 101. MAR Maintained <input type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input type="checkbox"/> 103. Unused/Expired Prescription Meds <input type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input type="checkbox"/> 105. Self-Administration of Meds <input type="checkbox"/> 106. Petition for Special Medication Authorization <input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input type="checkbox"/> 113. Parent Notification of Test Results Additional Violations <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

Discussions/Comments:

• Upon arrival, providers mother was found caring for 8 children. Provider stepped out. Family member is not an approved staff, they are just visiting from out of state.

• Provider states her licensed staff was at an appointment today and did not work. Provider states she got a call at 12:02pm from her son's school stating he was sick so she left to get him.

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) 	Date Corrections Due By: <u>6/16/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Elvira Gonzalez</u>		(Printed Name) <u>Jamilka Santana</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yamilka Santana License # 57182 Date: 6/2/23

Observations/Corrections needed:

Items left blank on this inspection report will be inspected on Day 2. Due to time constraints specialists will need to return to facility.

#4 8 children present with 1 ~~household~~ ^{visiting Family member} member

#16 Provider failed to use judgement when leaving 8 children in her mother's care - who is not licensed

#19 Provider failed to use license staff today when leaving children with mother

#23 Various hazards accessible in kitchen adjacent to bathroom children use - screwdriver, open ladder, detergents and knives


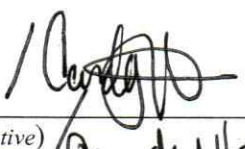
#24 Facility upstairs is under repair, no barrier available to prevent children from crossing into kitchen area where construction is happening

#31 Stairways unprotected in basement

#~~29~~ 85 Provider failed to stay with children until proper substitute arrived or emergency care giver arrived to relieve her.

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

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

Signature:  / 
Print Name: Eileen Ruiz / Candy Vazquez
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ysatan
Print Name: Yamilka Santana
(Person in Charge)

OEC BY: 6/16/23