

Day 2

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: 6/15/23
Expiration Date: 4/30/2027
Time of Inspection: 9:14 AM
Address: 416 Savoy Street
Capacity: 6+3
Days/Hours: MF 6:00 AM - 6:30 PM
Town: Bridgeport, CT
Telephone: 917-319-3374
Summer: Open/Closed
State/Zip Code: 06606
Email: Yamilka.Santana@hotmail.com

Instructions: [X] = 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).
Signature of Provider/Applicant/Substitute/Emergency Caregiver: Y. Santana

- Terms of License 19a-87b-5
4. Capacity: Total # Children Present: 7
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
14. First Aid Certificate-Exp. Date
15. CPR Certificate- Exp. Date
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) 55181
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
Date Corrections Due By: 6/19/23
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

Day 2

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

<p>Provider: <u>Yamilka Santana</u></p> <p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones/Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>License Number: <u>57182</u></p> <p>Date of Inspection: <u>6/5/23</u></p> <p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p>Additional Violations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	
<p>Discussions/Comments:</p> <p>- All items left unchecked were inspected during day 1.</p> <p>- Upon arrival provider was observed in the program with substitute caring for 7 children 2 are infants.</p> <p># 28 Television hanging wire observed accessible to children.</p> <p># 60 Two children were missing incident bgs. Corrected during visit.</p> <p># 95 Topical medication observed (Desitin) in diaper area. NO Parent permission observed.</p>		
<p>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</p>		
<p>(Signature of OEC Representative) <u>Eileen Ruiz</u></p> <p>(Printed Name) Eileen Ruiz</p>	<p>Date Corrections Due By: <u>6/19/2023</u></p>	<p>(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Y. Santana</u></p> <p>(Printed Name) Yamilka Santana</p>