

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> Candelaria M. Ortiz	License Number: 57653	Date of Inspection: 6/6/2023
<b>Address:</b> 128 Gurdon Street	Expiration Date: 5/31/2026	Time of Inspection: 9:19 AM
<b>Town:</b> Bridgeport	Capacity: 6+3	Days/Hours: M-F 8-4 PM M-F 6AM-8:PM
<b>State/Zip Code:</b> ct, 06606	Telephone: 646-500-2853	Summer: <input checked="" type="radio"/> Open/ <input type="radio"/> Closed
<b>Email:</b> Candelaria.Ortiz82@icloud.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).*

*Candelaria M. Ortiz*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

- Terms of License 19a-87b-5**
- 4. Capacity: Total # Children Present: 3
  - 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 2/28/2026
  - 14. First Aid Certificate-Exp. Date 12/11/2023
  - 15. CPR Certificate- Exp. Date 12/11/2023
  - 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 137°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 <i>Eileen Ruiz</i> (Printed Name) Eileen Ruiz/Candy Vargas	Date Corrections Due By: 6/20/23	Signature of Provider/Applicant/Substitute/Emergency Caregiver <i>Candelaria M. Ortiz</i> (Printed Name) Candelaria M. Ortiz
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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

<b>Provider:</b> <u>Candelaria Ortiz</u>	<b>License Number:</b> <u>57653</u>	<b>Date of Inspection:</b> <u>6/6/23</u>
<b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b> <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  <b><u>Sick Child Care 19a-87b-11</u></b> <input checked="" type="checkbox"/> 91. Sick Child Care  <b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b><u>Administration of Medications 19a-87b-17</u></b> <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  <b><u>Additional Violations</u></b> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	

**Discussions/Comments:**

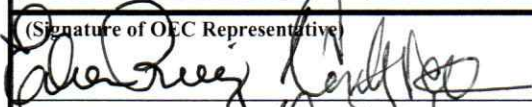
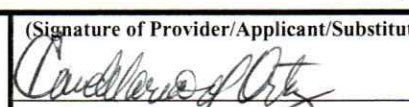
#6 During visit it was observed that there are 3 children under 18 months enrolled in her program, based on enrollment record.

#11- Provider failed to notify the office that front yard is being used for outdoor activities.

#24 Can of Paint observed accessible to children.

#35 - Operable carbon monoxide not observed in space occupied for childcare. Found in a drawer.

**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)  (Printed Name) <u>Eileen Ruiz / Candy Vargas</u>	Date Corrections Due By: <u>6/20/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Candelaria Ortiz</u>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Candelaria ortiz License # 57653 Date: 6/6/2023

Observations/Corrections needed:

#46 - Water temperature was above one hundred twenty degrees Fahrenheit.

Discussions:

Provider's family member is visiting, staying in the basement. It was discussed that with the provider that Background Clearance, Medical will be required if the person stays permanently.

One of the three infants will be 18 months old at the end of the month. It was discussed with the provider that She needs a sub or Assistant in the program at all times to continue providing care for all three children under 18 months. Provider can also (M)

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: [Signature]  
(OEC Representative)  
Print Name: Eileen Ruiz / Candy Vargas

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/20/23

Signature: [Signature]  
(Person in Charge)  
Print Name: Candelaria M. Ortiz