

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OT

Provider: Angelita Perez	License Number: 55093	Date of Ins:
Address: 2441 Broadbridge Av	Expiration Date: 6/30/26	Time of Ins:
Town: Stratford	Capacity: cell lot 3	Days/Hours: m-
State/Zip Code: CT 06614	Telephone: 203-727-0821 203-296-4094	Summer: C
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found	<input type="checkbox"/> = Non-compliance/Violation found	

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and home inspections as required by Regulations Section 19a-87b-5(h).

Angelita Perez
 Signature of Provider/Applicant/Substitute/Em

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 1
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 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 6/20/26
- 14. First Aid Certificate-Exp. Date 6/25/24
- 15. CPR Certificate- Exp. Date 6/25/24
- 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/
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Insta
- 37. Auxiliary Heating System (Y/N) Type: Public
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor Outdoor
- 40. Body of Water (Y/N) Type: Public
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Faciliti
- 45. Adequate and Safe Water: Public Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers P
- 49. Safe Transportation-Registered/Insured/Res
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type: Public Rabies Certifi
- 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/Fr
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Availab
- 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

(Signature of OEC Representative) <i>Stef A. Russo</i>	Date Corrections Due By: NO CAP required	(Signature of Provider/Applicant/Substitute/Em) <i>Angelita Perez</i>
(Printed Name) Stef A. Russo		(Printed Name) Angelita Perez



License Number: 55093 Date of Inspection: 6/26/23

Office Access, Inspections and Investigations 19a-87b-13

93. Access- Immediate/Entire or Part of Facility/Records

Administration of Medications 19a-87b-17

- 94. Policies and Procedures for Admin of Meds
95. Parent Permission for Nonprescription Topical Meds
96. Notification and Documentation of Medication Error(s)
97. Nonprescription Topical Meds - Stored/Labeled
98. Unused/Expired Nonprescription Meds
99. Documented Medication Trained Staff
100. Written Authorized Prescriber/Parent Permission
101. MAR Maintained
102. Prescription Meds - Stored/Labeled
103. Unused/Expired Prescription Meds
104. Emergency Meds - Equip Labeled/Current
105. Self-Administration of Meds
106. Petition for Special Medication Authorization
108. Policies for Finger Stick Blood Glucose Testing
109. Finger Stick Blood Glucose Testing - Staff Trained
110. Self Admin of Finger Stick Blood Glucose Testing
111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
112. Finger Stick Blood Glucose Testing Records
113. Parent Notification of Test Results

Additional Violations

114. Consent Order/Negotiated Corrective Action Plan

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(continued)
et Articles
pplicable)
v. Appr. Activities
d for Bottle Feedings
ig Mattress/Tight Sheet
ervable Hazards
1 every 15 minutes
iscussed
and Washing/Waste Disp.
loors
ention
t/Socialization
it
gement
s w/Staff/Parents
us Injury
o DCF
ate Sleepwear

ERATE until all requirements have been met and a license has been issued by the Agency.

Date Corrections Due By: NO cap required
(Printed Name) Angelita Perez

