

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: Erick F. Merejildo Feliz	License Number: 57775	Date of Inspection: 10/17/23
Address: 645 Central Ave FL 3	Expiration Date: 11/31/2027	Time of Inspection: 1130a
Town: Bridgeport	Capacity: 6/3	Days/Hours: M-F 730a-530p
State/Zip Code: CT	Telephone: 977-7835913	Summer: Open/Closed
Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time		Email: franciscomerjildoFeliz@gmail

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).

Alison Cogua
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 6
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 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 8/12/25
- 14. First Aid Certificate-Exp. Date 10/8/24
- 15. CPR Certificate- Exp. Date 10/8/24
- 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) present 92254
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9


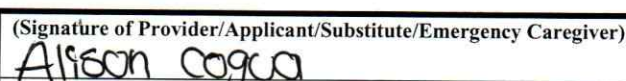
- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 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.

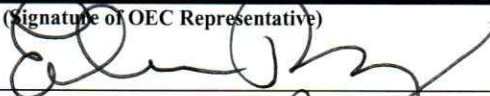
(Signature of OEC Representative) 	Date Corrections Due By: 10/31/23	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Eileen Reuz		(Printed Name) Alison V. Cogua

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Erick Merejildo Feliz</u>	License Number: <u>57775</u>	Date of Inspection: <u>10/17/23</u>
<p><u>Responsibilities of Provider 19a-87b-10 (continued)</u></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><u>Sick Child Care 19a-87b-11</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p><u>Office Access, Inspections and Investigations 19a-87b-13</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p><u>Administration of Medications 19a-87b-17</u></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><u>Additional Violations</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:
 Provider was called at 11:20 am to announce arrival at the daycare for inspection. Provider states he was not home but his staff is there. States the doorbells are not working and he will alert staff to allow specialist in. Access was not granted until 1130am. Regulations state; provider, assistant, emergency caregiver or substitute must allow immediate access to the facility.

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</u>	Date Corrections Due By: <u>10/31/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Alison Cogua</u> (Printed Name) <u>ALISON U. COGUA.</u>
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SUPPLEMENTAL REPORT OF INSPECTION

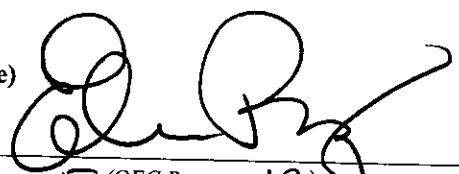
Name of Program/Provider: Erick Merejildo Feliz License # 57775 Date: 10/17/23

Observations/Corrections needed:

- Specialists ask substitute where provider is and when he'll return. She states she does not know where he went and she thinks he'll return in 20 minutes.
- Substitute states the downstairs floor cooked today (There is a separate license downstairs DC# 57580) and there are 3 staff. One brings up food for mealtime)
- Substitute states children get dropped off downstairs with their belongings then she arrives around 8am to assist bringing them upstairs, therefore the children's personal items were not available at time of inspection. Provider from 2nd floor brought all items up before nap.
- Reviewed Nontransferability of license with substitute and provider from downstairs. If children are enrolled upstairs in separate licensed floor, they should have all their items available - bedding, personal items etc. A license is only for the applicants own name and only for the address indicated. If children are shared it should explicitly be discussed with parents and all records should be available on each licensed floor.

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: Ellen Ruiz
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/31/23

Signature: Alison Cogua
(Person in Charge)
Print Name: Alison U. Cogua

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Erick Merejildo Feliz License # 57775 Date: 10/17/23

Observations/Corrections needed:

#48 Working telephone numbers/Emergency numbers incomplete. Staff filled in form during visit.

#53 Infant enrolled has incomplete enrollment form -missing mothers contact information

#54 Infant enrolled without child medical exam on file.

#55 Infant enrolled without immunization record on file.

#60 New infant missing incident log record as well as two children enrolled.

#66 Flexible and balanced schedule is missing

#67 Children's personal articles were not present during inspection. They were downstairs in a separate licensed space. Staff brought the items upstairs

#73 Infant mattress was not snug. Velcro straps not fastened in the play yard. Infant placed to rest this way. Discussed with staff where velcro goes.

#93 Immediate access was not given to specialist upon arrival.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 10/31/2023

Signature: Alison Cogua (Person in Charge) Print Name: Alison U. Cogua