



FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	VERONICA V DELGADO DE PEGUERO		License Number	DCFH.57588	Date of Inspection	12/08/2023
			Expiration Date	12/31/2025	Time of Inspection	11:40 AM
Address	773 WILLIAM ST FL 2 BRIDGEPORT CT 06608-1016		Telephone	(203) 312-3293	Regular Capacity	6
			Days and Hours	M-F 7:30AM-5:30PM	School Age Capacity	3
# Children Present	8	# Under 18 months present	2	Summer Care	Open	
Purpose of Inspection	Follow up for documents and water temperature.			Name of Inspector	Eileen Ruiz	
Provider's Email	veronica87peguero@hotmail.com			Inspector's Email	eileen.ruiz@ct.gov	

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

Violations

Statute and/or Regulation	Description	Comments
[19a-87b-10(b)(2)]	054-Child Health Record	Failed to maintain current child health record(s) for two children enrolled.

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-8a]	021-Background Check	Provider has set up Roster in BCIS
[19a-87b-9(h)]	046-Water Temperature	Water is now measuring 95 degrees
[19a-87b-9(k)]	048-Working Telephone/Emergency Numbers Posted	Form has been updated to reflect all children.

[19a-87b-10(b)(1)]	053-Enrollment Form	All forms updated to reflect current hours and days.
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	055-Immunizations	Updated records.
[19a-87b-10(b)(3)(B)]	056-Emergency Permission Form	Permissions updated.

YES/NO: Yes **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

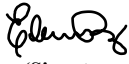


Discussed that capacity includes children living in the home until age 12. Provider states her child is never present during daycare hours and does not overlap with capacity. Specialist will review this topic with supervisor as the provider is providing a written statement declaring that during school closures and illnesses her son stays with a relative elsewhere. If supervisor does not approve of this plan an addendum will be made to cite capacity as provider with have 9 enrolled children and with her son she will be totaling 10 children.

Comments:

Corrective action plan (CAP) FROM INSPECTION DONE ON 11/21/2023 is overdue. Two CAPS are now due.

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 12/22/2023	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		 (Printed Name)