



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	ANNI O DURAN DELA CRUZ				License Number	DCFH	Date of Inspection	12/12/2023
					Expiration Date		Time of Inspection	09:31 AM
Address	1048 RESERVOIR AVE BRIDGEPORT CT 06606-2921				Telephone	(203) 993-3464	Regular Capacity	6
					Days and Hours	M-F 6am-5pm	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	<input checked="" type="checkbox"/>			Summer Care	
New Address					Type of Inspection	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Eileen Ruiz		
Provider's Email	annyduran07@gmail.com				Inspector's Email	eileen.ruiz@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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/Substitute/Applicant							

TERMS OF REGISTRATION 19a-87b-5

<input checked="" type="checkbox"/>	4. Capacity							
<input checked="" type="checkbox"/>	5. Non-transferability of license	Pending?						
<input checked="" type="checkbox"/>	6. Infant/Toddler Restriction							
<input checked="" type="checkbox"/>	7. License Posted							
<input checked="" type="checkbox"/>	8. Parent Access to OEC Phone Number							
<input checked="" type="checkbox"/>	9. Photo ID							
<input checked="" type="checkbox"/>	10. Requests for Information							
<input checked="" type="checkbox"/>	11. Notification of Change							

QUALIFICATION OF PROVIDER 19a-87b-6

<input checked="" type="checkbox"/>	12. Awareness of, Understanding of Regulations							
<input checked="" type="checkbox"/>	13. Medical statement							
	Expiration date:	11/10/2025						
<input checked="" type="checkbox"/>	14. First Aid Certificate							
	Expiration date:	04/10/2024						

X	15. CPR Certificate	
	Expiration date: 04/10/2024	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	DCFS.92302 present at inspection.
	Type of Staff :	Y	
	Substitute		
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
O	29. Safe Exits	Failed to ensure a window used as a second means of escape meets size and/or location requirements. The second door of egress is located in the front of the basement near the exit that leads to the main level of home a does not count as a remote exit.	
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
X	34. Smoke Detectors	
X	35. Carbon Monoxide Detector	
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
O	39. Safe Space-Sufficient Indoors Outdoors	The back yard floods after heavy rainfall. Today it was observed to have a substantial amount of water impeding the children's ability to play on the playscape.
X	40. Body of Water-Type: Barrier?	Y/N
X	41. Hot Tubs-Locked - Inaccessible	Y/N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees. Measured 135 degrees.
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
O	50. First Aid supplies	Failed to maintain a complete first aid kit, mouth barrier is missing.
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	53. Enrollment Form	

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	

SICK CHILD CARE 19a-87b-11

X	91. Sick Child Care	
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IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12
(10pm to 5am)

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? N ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? N MONITORING OF DIABETES 19a-87b-18

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		X

YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

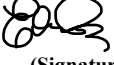
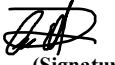
Basement egress discussion: The basement has two egresses on the same side of the room and not located remotely from one another. Each room needs two remote egresses. Shared measurements of an egress window and showed provider where they are located in the statutes and regulations.

COMMENTS:

Provider will use driveway as well for outdoor play in cases where backyard is inaccessible. Driveway is protected from high traffic street.

NOTE: Any 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- 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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	 (Printed Name)		ANNI O DURAN DELA CRUZ (Printed Name)