



### DIVISION OF LICENSING

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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	JHOCELYN VILLA				<b>License Number</b>	DCFH.54580	<b>Date of Inspection</b>	01/11/2024
<b>Address</b>	708 HUNTINGTON ROAD BRIDGEPORT CT 06610				<b>Expiration Date</b>	10/31/2025	<b>Time of Inspection</b>	09:17 AM
<b>Telephone</b>					(203) 612-6210	<b>Regular Capacity</b>	6	
<b>Days and Hours</b>					MON- FRI 6:00AM-6:00PM	<b>School Age Capacity</b>	3	
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X		<b>Summer Care</b>	Open	
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	0	<b># of Total Children Present</b>	2	<b>Inspector's Name</b>	Eileen Ruiz		
<b>Provider's Email</b>	jhocelyn.villa203@gmail.com				<b>Inspector's Email</b>	eileen.ruiz@ct.gov		

**Key:**  
 Compliant = X  
 Non-Compliant = O

*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).*

*Jhoelyn Villa*  
 Signature of Provider/Substitute/Applicant

### TERMS OF REGISTRATION 19a-87b-5

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

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	02/15/2025
X	14. First Aid Certificate	
	Expiration date:	03/20/2024

X	15. CPR Certificate		
	Expiration date:		
	03/20/2024		
X	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
X	17. Medical Statement		
X	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
X	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	Substitute	Y	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
X	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
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		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
○	31. Stairways - Protected, Handrails	Failed to ensure that stairways have a sturdy handrail installed. The handrail in back stairwell is loose.	
○	32. Emergency Plan	Failed to maintain a written emergency plan. None on files.	

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills. None on file.	
<input checked="" type="checkbox"/>	<b>34. Smoke Detectors</b>		
<input checked="" type="checkbox"/>	<b>35. Carbon Monoxide Detector</b>		
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input checked="" type="checkbox"/>	<b>39. Safe Space-Sufficient</b>		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input checked="" type="checkbox"/>	<b>46. Water Temperature- 60°-120°</b>		
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input checked="" type="checkbox"/>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input checked="" type="checkbox"/>	<b>50. First Aid supplies</b>		
<input checked="" type="checkbox"/>	<b>51. Pet protection</b>	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input type="radio"/>	<b>53. Enrollment Form</b>	Failed to maintain complete child enrollment form(s) when one parent did not sign enrollment.	

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain child health record(s) for child living in the home. And one child enrolled submitted a my chart summary. Not acceptable form.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain current immunization record(s) for all 4 children enrolled. All are missing documentation of flu shot.
<input type="radio"/>	<b>56. Emergency Permission</b>	Failed to maintain written parent permission for emergency medical care, the space on the form has remained blank since last visit in 2023.
<input checked="" type="checkbox"/>	<b>57. Authorized Release</b>	
<input checked="" type="checkbox"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input checked="" type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input checked="" type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input checked="" type="checkbox"/>	<b>65. Handwashing</b>	
<input type="radio"/>	<b>66. Flexible and Balanced Written Schedule</b>	Failed to develop and implement a written schedule.
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input checked="" type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input checked="" type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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	
○	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet.
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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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Are Medications Administered?

N

## ADMINISTRATION OF MEDICATIONS 19a-87b-17

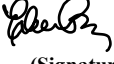

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<b>X</b>	<b>98. Unused - Expired Nonprescription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

Child with diabetes enrolled?

N

## MONITORING OF DIABETES 19a-87b-18

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

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
	Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>	
<p><b><u>DISCUSSIONS:</u></b></p> <p>During visit provider had prior arrangements for someone to pickup bulk trash from back yard/driveway, the arranged pick up arrived during the inspection. It was discussed to ensure bulk is picked up promptly and for today's visit it was kept at far end of the driveway away from children. The bulk trash contained various hazards. Having sufficient toys and materials for various ages enrolled was discussed with the provider. There is an ottoman in the living room with plastic Lego building blocks, leap frog book/tablet, in addition to that a package of new foam blocks, and mess free coloring books, were presented to specialist. Outdoor toys were not visible at visit. Neither were fine motor materials and reading books for various ages. It is recommended to review the regulations. They are now available in Spanish. The oec website has all forms and documents needed to be in compliance. There are forms to organize the children's documents as well to stay on top of flu shots, vaccines and physicals that fire every year. My chart summaries are not acceptable evidence of physical or immunization for children or adults. Must be on state forms.</p>			
<p><b><u>COMMENTS:</u></b></p> <p>Translation of discussions in Spanish:  Durante la visita, el proveedor tenía arreglos previos para que alguien recogiera la basura a granel del patio trasero/camino de atrás, la recogida organizada llegó durante la inspección. Se discutió para garantizar que el volumen se recoja rápidamente y para la visita de hoy se mantuvo en el extremo del camino de entrada lejos de los niños. La basura a granel contenía varios peligros.  Se discutió con el proveedor que mantenga suficientes juguetes y materiales para varias edades. Hay una otomana en la sala de estar con bloques de construcción de Lego de plástico, un libro/tableta, además de que se presentó a un especialista un paquete de nuevos bloques de espuma y libros para colorear sin desorden. Los juguetes al aire libre no eran visibles en la visita. Tampoco fueron materiales de motricidad fina y libros de lectura para varias edades.  Se recomienda revisar las regulaciones. Ahora están disponibles en español. El sitio web de oec tiene todos los formularios y documentos necesarios para cumplir. Hay formularios para organizar los documentos de los niños, así como para estar al tanto de las vacunas contra la gripe, las vacunas y los exámenes físicos que se disparan cada año.</p>			
<p><b><u>NOTE:</u></b> 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.</p>			
<p><b><u>APPLICANTS- PLEASE NOTE:</u></b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	 (Printed Name)	01/25/2024	JHOCELYN VILLA (Printed Name)