



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	DENNY D PEREZ				<b>License Number</b>	DCFH.56527	<b>Date of Inspection</b>	01/23/2024
					<b>Expiration Date</b>	9/30/2026	<b>Time of Inspection</b>	10:41 AM
<b>Address</b>	404 ARCTIC ST BRIDGEPORT CT 06608-1931				<b>Telephone</b>	(203) 345-8543	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MONDAY-FRIDAY 5:00AM-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>	2	<b># of Total Children Present</b>	4	<b>Inspector's Name</b>	Eileen Ruiz		
<b>Provider's Email</b>	kimberlydennysdaycare_123@hotmail.com				<b>Inspector's Email</b>	eileen.ruiz@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<i>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).</i>							
					<i>Eileen Ruiz</i> 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:	10/28/2024
X	14. First Aid Certificate	
	Expiration date:	08/27/2024

X	15. CPR Certificate		
	Expiration date: 08/27/2024		
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	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills. Only two drills documented 4/6/3023 and 6/23/2023.	
<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 type="radio"/>	<b>48. Working Phone, Emergency Numbers Posted</b>	Failed to maintain a working telephone with all children listed. 3 of 4 missing.	
<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). 3 children did not have a form on file. Another 2 children do not have hours up to date. 1 child has the hours in blank.	

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain current immunization record(s) when two children did not have flu vaccine on record for Fall/winter 2023. All flu shots are due by 12/31 of every year.
O	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care for 5 children.
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for three children enrolled.
O	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of five child(ren).
X	59. Swimming Permission	
O	60. Incident Log	Failed to maintain an incident log for each child. Four children were missing form.
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	
<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>	

<b>X</b>	<b>113. Parent Notification of Test Results</b>	
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**ADDITIONAL VIOLATIONS**

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

<b>YES or NO?</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
<b>Yes</b>	

**DISCUSSIONS:**




Developmental milestones was not posted in an area where parents can see and have access to it. Discussed it must always be visible to them. At today's visit it was found in the kitchen under other forms on the fridge. Working telephone numbers should be updated frequently with all current children. 3 of 4 were missing. Discussed how to do a change of address for the future. Specialist emailed change of address application. Even if children are siblings they each should have their own enrollment forms with permissions filled out by parent. Recommended to combine first aid kits into one versus having 5 separate boxes. All adult medical forms for household members should be on Connecticut Adult Medical form. Please contact oec.bc@ct.gov for assistance with adding a household member to the Roster. The member has a current background check and is a licensed staff with current approval on file.

**COMMENTS:**

A bar cabinet was observed near the bathroom with wine rack. The wines were sealed and unopened. Provider explained her supervision process when leading children to the bathroom. Children are never alone when going to the bathroom. It was discussed to ensure the unopened bottles are not accessible to any children at any time.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)	02/06/2024	DENNY D PEREZ (Printed Name)