



## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	ANNI O DURAN DELA CRUZ		<b>License Number</b>	DCFH	<b>Date of Inspection</b>	01/25/2024
			<b>Expiration Date</b>		<b>Time of Inspection</b>	10:00 AM
<b>Address</b>	1048 RESERVOIR AVE BRIDGEPORT CT 06606-2921		<b>Telephone</b>	(203) 993-3464	<b>Regular Capacity</b>	6
			<b>Days and Hours</b>	M-F 6am-5pm	<b>School Age Capacity</b>	3
<b># Children Present</b>	0	<b># Under 18 months present</b>	0		<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up to initial inspection: Basement egress		<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	annyduran07@gmail.com		<b>Inspector's Email</b>	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
[-]	000 No Violations	No violations were cited during this inspection

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**Other Findings-In Compliance**

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	No children enrolled.
[19a-87b-5(e)]	006-Infant/Toddler Restriction	No children enrolled.
[19a-87b-9(d)(4)]	029-Safe Exits	A window was installed as a second egress. The bottom of window is measuring 44 inches from the floor. It measured 23 inches wide and 43 inches in height. Window has a screen and it pops out for escape.
[19a-87b-9(f)(1)]	039-Safe Space-Sufficient	A 4 foot barrier has been put to protect children from pooled rain water in the backyard. There is ample space for children to play outdoors.
[19a-87b-9(h)]	046-Water Temperature	Water temperature measured 117 degrees Fahrenheit.

[19a-87b-9(m) and/or  
19a-87b-9(n)]

050-First Aid Supplies

CPR mask has been ordered and arrives Tuesday Jan 30 2024.  
Applicant showed evidence of the order receipt.

**YES/NO:** No

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**Discussions:**

Applicant did not have her Corrections filled out prior to licensing specialists arrival. Explained the corrective action plan (CAP) process. In a typical inspection all corrective action plans are due within two weeks of the inspection. Provider must get acquainted with the inspection sheet that is now being sent only through email. She must find a way to print documents, access PDF documents and fill them out. During the visit the application filled out the CAP on her phone.

**Comments:**

Translated discussion above in Spanish: La solicitante no completó sus correcciones antes de la llegada de la especialistas en licencias. Se explicó el proceso del plan de acción correctiva (CAP). En una inspección típica, todos los planes de acción correctiva deben presentarse dentro de las dos semanas posteriores a la inspección. El proveedor debe familiarizarse con la hoja de inspección que ahora se envía solo por correo electrónico. Ella debe encontrar una manera de imprimir documentos, acceder a documentos PDF y llenarlos. Durante la visita, la solicitante llenó el CAP en su teléfono.

**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:

  
(Signature of Person in Charge)

Eileen Ruiz  
(Printed Name)

(Printed Name)

ANNI O DURAN DELA CRUZ  
(Printed Name)