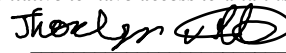


**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	JHOCELYN VILLA		<b>License Number</b>	DCFH.54580	<b>Date of Inspection</b>	01/26/2024
			<b>Expiration Date</b>	10/31/2025	<b>Time of Inspection</b>	09:34 AM
<b>Address</b>	708 HUNTINGTON ROAD BRIDGEPORT CT 06610		<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># Children Present</b>	3	<b># Under 18 months present</b>	0	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Follow up - Documentation and corrections			<b>Name of Inspector</b>	Eileen Ruiz	
<b>Provider's Email</b>	jhocelyn.villa203@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
[19a-87b-6(e)]	016-Judgment	Failed to demonstrate good judgement when false statements were written on Corrective Action Plan. 7 out of 9 items on CAP were not corrected at follow up visit.
[19a-87b-9(d)(4)(D)]	031-Stairways: Protected/Handrails	The back stairway Handrail is still loose and not firmly attached to the wall.
[19a-87b-9(d)(5)]	032-Emergency Plan	Failed to maintain a written emergency plan.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Failed to maintain a written log of the practices drills
[19a-87b-10(b)(1)]	053-Enrollment Form	Failed to maintain child enrollment form(s) for the downstairs neighbors child who visits and leaves at their own discretion. Child is a nephew who lives downstairs.
[19a-87b-10(b)(2)]	054-Child Health Record	Failed to maintain current child health record(s) on file for the child that lives in the home.
[19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	055-Immunizations	Failed to maintain current immunization record(s) as three children still do not have evidence on file of a flu shot or an appointment.
[19a-87b-10(b)(3)(B)]	056-Emergency Permission Form	Failed to maintain written parent permission for emergency medical care for one child.

[19a-87b-10(h)(10)]	080-Dev. Milestones	Failed to post a copy of the development milestones information sheet despite saying so on the corrective action plan.
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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	

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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

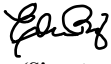

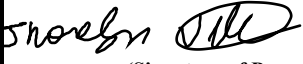
A provider cannot send in a Corrective Action plan stating items have been corrected if they are in fact still incomplete. All children who visit the program on a drop in basis regardless if they are related or neighbors should have proper enrollment records and permissions and child medical statements. Today a child was visiting who lives downstairs and on his own he left back downstairs to his home upon specialists arrival. Provider states he is family and lives in the apartment downstairs but is not part of the program.

**Comments:**

Discussions translated: Un proveedor no puede enviar un plan de acción correctiva indicando que los elementos han sido corregidos si, de hecho, todavía están incompletos. Todos los niños que visitan el programa, independientemente de si son relacionados o vecinos, deben tener registros y permisos de inscripción adecuados y declaraciones médicas de los niños. Hoy estaba visitando a un niño que vive abajo y por su cuenta se fue abajo a su casa al llegar a la especialista. El proveedor afirma que es de la familia y vive en el apartamento de abajo, pero no forma parte del programa.

**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)	<b>DATE CORRECTIONS DUE BY:</b> 02/09/2024	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	Eileen Ruiz (Printed Name)		JHOCELYN VILLA (Printed Name)