

Connecticut Office of Early Childhood
Division of Licensing
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Velma Alexander-Reid	License Number: 57274	Date of Inspection: 3/21/24
Address: 1471 Capitol Ave	Expiration Date: 10/31/27	Time of Inspection: 9:07am
Town: Bridgeport	Capacity: 6+3	Days/Hours: Sat 3-9pm, M-F 6:30-9am, closed Sun
State/Zip Code: CT 06604-1647	Telephone: 203-414-8523	Summer: Open/Closed
	Email: Alexander-Reid2002@yahoo.com	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 6 (-1 @ 9:45 am)
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 3/4/2025
- 14. First Aid Certificate-Exp. Date 1/26/2026
- 15. CPR Certificate- Exp. Date 1/20/2026
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor Outdoor
- 40. Body of Water (Y/N) Type: Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N)-Type: Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

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) <i>Rebecca LaRosa</i>	Date Corrections Due By: Prior to Approval	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Alexander Reid</i>
(Printed Name) Rebecca LaRosa		(Printed Name) Velma Alexander-Reid

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

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Responsibilities of Provider 19a-87b-10 (continued)

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

Sick Child Care 19a-87b-11

- 91. Sick Child Care

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

Office Access, Inspections and Investigations 19a-87b-13

- 93. Access- Immediate/Entire or Part of Facility/Records

Administration of Medications 19a-87b-17

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds – Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds – Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds – Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing – Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

Additional Violations

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

Discussions/Comments:

Change of Address + Full inspection conducted at 800 Wood Ave, Bridgeport, CT 06604. During inspection it was discovered that substitute who was present at licensed address - 1471 Capital Ave, Bridgeport CT - with 6 children did not have a current background check. Supervisor consulted and directive provided to return to 1471 Capital Ave to relieve substitute. Substitute notified that she needs a current background check in order to care for children. Substitute left + provider resumed care of all children.

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) <i>Rebecca LaRosa</i>	Date Corrections Due By: <i>Prior to Approval</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Alexandra - Reid</i>
(Printed Name) <i>Rebecca LaRosa</i>		(Printed Name) <i>Velma Alexander-Reid</i>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Velma Alexander-Reid License # 57274 Date: 3/21/24

Observations/Corrections needed:

Provider wants to change her hours at new location (800 Wood Ave) to be : M-F 24 hours; Sat. 8-2 closed Sunday; Open in the Summer.

#21 Background checks : Provider failed to maintain current background checks when (2) household members background checks had expired + (1) Substitute's background check had also expired. Submit background checks + BCIS Roster with all members + substitute complete and current.

#35 Carbon Monoxide Detector: Provider failed to have a carbon monoxide installed on the main floor.

#39 Outdoor space - Provider failed to have outdoor space free of hazards when deck railing was missing rungs posing a fall hazard; underneath crawl space to deck was missing lattice to bar access; temporary fence was not secured and no fence barring access to the front road.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Rebecca La Rosa
(OEC Representative)
Print Name: Rebecca La Rosa

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Velma Alexander-Reid
(Person in Charge)
Print Name: Velma Alexander-Reid

OEC BY: Prior to Approval

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Velma Alexander-Reid License # 51274 Date: 3/21/24

Observations/Corrections needed:

#56 Emergency Permissions - Provider failed to maintain emergency permissions for @ children; Blank form.

#57 Authorized Release - Provider failed to maintain authorized release for ① child; Blank form.

#58 Transportation Permission - Provider failed to maintain transportation permission for ① child; Blank form.

#92 Nightcare - Provider wants to add night care onto new address location but failed to have proper sleep provisions - separate bed - available. Discussed Night Care Regulations.

Provider understands she may not operate at new location until approved and in compliance; Provider understands substitute may not be present until a completed background check submitted and a BUS Roster showing a current status.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Print Name: Rebecca La Rosa

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to Approval

Signature: [Signature]
(Person in Charge)
Print Name: Velma Alexander-Reid