

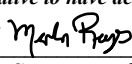


Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	MIRLIN REYES				License Number	DCFH.57005	Date of Inspection	04/30/2024
					Expiration Date	1/31/2026	Time of Inspection	09:23 AM
Address	236 HUNTINGTON TPKE BRIDGEPORT CT 06610-1426				Telephone	(347) 431-6241	Regular Capacity	6
					Days and Hours	MONDAY-FRIDAY 6:30 A.M.-6:00 P.M.	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	1	# of Total Children Present	7	Inspector's Name	Eileen Ruiz		
Provider's Email	dynamichands236@gmail.com				Inspector's Email	eileen.ruiz@ct.gov		
Key: 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>Signature of Provider/Substitute/Applicant</i>								

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:	05/05/2025
X	14. First Aid Certificate	
	Expiration date:	04/23/2025

X	15. CPR Certificate	
	Expiration date: 04/03/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Failed to maintain medical statement(s) for daughter that lives in the home.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	Substitute	Y	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

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	
		Y	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: Cat Y Y	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain child health record(s) for one child, last medical exam was dated 12/18/2022
<input type="radio"/>	55. Immunizations	Failed to maintain immunization record(s) for one child whose exam was dated 12/18/2022.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	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	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

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

N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

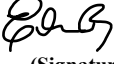

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X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

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

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

X	113. Parent Notification of Test Results		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
<p><u>DISCUSSIONS:</u></p> <p>Discussed ensuring all hours and days of enrollment are filled out on children's forms and that addresses are up to date. When using an individual care plan, be sure to have all staff sign the reverse side of the form. One child has a plan for egg sensitivity but staff did not have it signed. Reviewed regulations for night care. Night care runs from 10pm to 5 am. Beds are required, a blue cot is not considered a bed. Reviewed capacity: Capacity includes all household children living in the home until age 12. Provider states her 8 year old son doesn't ever put her over capacity as she has a plan for sick days or school closures. Even in the summer, she must not exceed 9 children with her approved staff working alongside her. If both her children are home, on any given day, she would have 10 children in the home. Provider was missing three incident logs out of 8 children enrolled. During the visit she made copies to replace them.</p>			
<p><u>COMMENTS:</u></p> <p>Translation of discussions into Spanish: Se discutió de que todas las horas y días de inscripción se completen en los formularios de los niños y que las direcciones estén actualizadas. Cuando utilice un plan de atención individual, asegúrese de que todo el personal firme el reverso del formulario. Un niño tiene un plan para la sensibilidad a los huevos, pero el personal no lo firmó. Regulaciones revisadas para el cuidado nocturno. La atención nocturna funciona de 10 p.m. a 5 a.m. Se requieren camas, un catre azul no se considera una cama. Capacidad revisada: La capacidad incluye a todos los niños del hogar que viven en el hogar hasta los 12 años. El proveedor afirma que su hijo de 8 años nunca la pone por encima de su capacidad, ya que tiene un plan para los días de enfermedad o el cierre de escuelas. Incluso en el verano, no debe superar a 9 niños con su personal aprobado trabajando junto a ella. Si sus dos hijos están en casa, en un día cualquiera, tendría 10 niños en el hogar. Al proveedor le faltaban tres registros de incidentes de 8 niños inscritos. Durante la visita, hizo copias para reemplazarlas.</p>			
<p><u>NOTE:</u> 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><u>APPLICANTS- PLEASE NOTE:</u> 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)	05/14/2024	MIRLIN REYES (Printed Name)