



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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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>	ANA VILLEDA				<b>License Number</b>	DCFH.48069	<b>Date of Inspection</b>	05/07/2024
<b>Address</b>	682 BEECHWOOD AVE BRIDGEPORT CT 06605-1646				<b>Expiration Date</b>	1/31/2026	<b>Time of Inspection</b>	11:25 AM
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X	<b>Telephone</b>	(203) 218-3340	<b>Regular Capacity</b>	6
<b>New Address</b>					<b>Days and Hours</b>	MON-FRI 8:00AM-5:30PM	<b>School Age Capacity</b>	3
							<b>Summer Care</b>	Open
<b>Inspector's Name</b>					<b>Inspector's Email</b>	eileen.ruiz@ct.gov		
<b>Inspector's Email</b>	karla.rosa.smith@gmail.com				<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
<b># of Infants - Toddlers Present</b>	0	<b># of Total Children Present</b>	2		<b>Inspector's Name</b>	Eileen Ruiz		

**Key:**  
Compliant = X  
Non-Compliant = O

*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).*

*Ana Villeda*  
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:	03/28/2025
O	14. First Aid Certificate	Failed to maintain current certificate.
	Expiration date:	03/06/2024

<input type="radio"/>	<b>15. CPR Certificate</b>	Failed to maintain current certificate.	
	Expiration date:	03/06/2024	
<input checked="" type="checkbox"/>	<b>16. Judgment</b>		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<input checked="" type="checkbox"/>	<b>17. Medical Statement</b>		
<input checked="" type="checkbox"/>	<b>18. Household Environment</b>		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<input checked="" type="checkbox"/>	<b>19. Substitute or Assistant</b>	Y/N	
	Type of Staff :	N	
<input checked="" type="checkbox"/>	<b>20. Emergency Caregiver</b>		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<input checked="" type="checkbox"/>	<b>21. Background Check(s)</b>		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<input checked="" type="checkbox"/>	<b>22. Clean/Sanitary Environment</b>		
<input checked="" type="checkbox"/>	<b>23. Freedom of Hazards</b>		
<input checked="" type="checkbox"/>	<b>24. Harmful Substances/Materials Inaccessible</b>		
<input checked="" type="checkbox"/>	<b>25. Bio-contaminants Disposed Safely</b>		
<input checked="" type="checkbox"/>	<b>26. Safe Storage of Flammables</b>		
<input checked="" type="checkbox"/>	<b>27. Safe Door Fasteners</b>		
<input checked="" type="checkbox"/>	<b>28. Electrical Safety</b>		
<input checked="" type="checkbox"/>	<b>29. Safe Exits</b>		
<input checked="" type="checkbox"/>	<b>30. Basement Supervision</b>	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>31. Stairways - Protected, Handrails</b>		
<input checked="" type="checkbox"/>	<b>32. Emergency Plan</b>		

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: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
O	53. Enrollment Form		Failed to maintain child enrollment form(s) for one child enrolled.

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain current child health record(s) for two children enrolled. One record was dated 10/13/2022, the other 7/5/2022.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain complete immunization record(s), two children do not have evidence of flu vaccine on their immunizations records.
<input type="radio"/>	<b>56. Emergency Permission</b>	Failed to maintain written parent permission for emergency medical care for two children enrolled.
<input checked="" type="checkbox"/>	<b>57. Authorized Release</b>	
<input checked="" type="checkbox"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input checked="" type="checkbox"/>	<b>60. Incident Log</b>	
<input checked="" type="checkbox"/>	<b>61. Confidentiality</b>	
<input checked="" type="checkbox"/>	<b>62. Meeting the Child's Needs</b>	
<input checked="" type="checkbox"/>	<b>63. Sufficient Play Equipment</b>	
<input checked="" type="checkbox"/>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<input checked="" type="checkbox"/>	<b>65. Handwashing</b>	
<input type="radio"/>	<b>66. Flexible and Balanced Written Schedule</b>	Failed to develop and implement a written schedule.
<input checked="" type="checkbox"/>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<input checked="" type="checkbox"/>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<input checked="" type="checkbox"/>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<input checked="" type="checkbox"/>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<input checked="" type="checkbox"/>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<input checked="" type="checkbox"/>	<b>72. Infants Placed on Back for Sleeping</b>	
<input checked="" type="checkbox"/>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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>	

X	113. Parent Notification of Test Results	
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**ADDITIONAL VIOLATIONS**

114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
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<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

Discussed to update BCIS roster, provider is CURR in the system but is not reflected in her program roster. Reviewed influenza vaccine is a requirement for all children under age 5 attending a licensed program. Begin collecting vaccines every season starting August 1st - December 31. Provider replace missing incident logs during the visit. Discussed updating enrollment forms, provider has a mix of old forms and new forms in her files. At the visit, specialist shared new documents and it was discussed how to find additional ones online at www.ctoec.org

**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)	  (Printed Name)	05/21/2024	ANA VILLEDA (Printed Name)