



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	ESTHER VASSELL-ROSS				<b>License Number</b>	DCFH.57390	<b>Date of Inspection</b>	06/10/2024
					<b>Expiration Date</b>	10/31/2024	<b>Time of Inspection</b>	09:47 AM
<b>Address</b>	278 PASADENA PL BRIDGEPORT CT 06610-1136				<b>Telephone</b>	(646) 546-2038	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	MONDAY - SATURDAY 6:30AM - 6:30PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	2	<b># of Total Children Present</b>	7	<b>Inspector's Name</b>	Eileen Ruiz		
<b>Provider's Email</b>	esthervross@yahoo.com				<b>Inspector's Email</b>	eileen.ruiz@ct.gov		
<b>Key:</b> 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

O	<b>4. Capacity</b>	Failed to maintain licensed capacity when a 7th child was dropped off today during the visit. Based on enrollment records, provider has 8 children, without approved staff.
X	<b>5. Non-transferability of license</b>	Pending?
X	<b>6. Infant/Toddler Restriction</b>	
X	<b>7. License Posted</b>	
X	<b>8. Parent Access to OEC Phone Number</b>	
X	<b>9. Photo ID</b>	
X	<b>10. Requests for Information</b>	
X	<b>11. Notification of Change</b>	

### QUALIFICATION OF PROVIDER 19a-87b-6

O	<b>12. Awareness of, Understanding of Regulations</b>	Failed to demonstrate an awareness and/or understanding of the regulations as she was unaware of procedures for staff approvals and had unapproved staff working in the home today, also failed to have proper enrollment requirements for children that attend on drop in basis.
X	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	11/01/2026
X	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	06/05/2026

<input checked="" type="checkbox"/>	15. CPR Certificate		
	Expiration date:		
	06/05/2026		
<input checked="" type="checkbox"/>	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<input type="checkbox"/>	19. Substitute or Assistant	Y/N	Failed to utilize agency approved substitute, upon arrival provider's sister was present, provider stated her sister just started working with her. There is no approval with agency to work as licensed substitute or assistant.
	Type of Staff :	Y	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<input checked="" type="checkbox"/>	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input checked="" type="checkbox"/>	23. Freedom of Hazards		
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible		
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely		
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables		
<input checked="" type="checkbox"/>	27. Safe Door Fasteners		
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<input checked="" type="checkbox"/>	31. Stairways - Protected, Handrails		
<input type="checkbox"/>	32. Emergency Plan	Failed to maintain a complete written emergency plan.	

<input type="radio"/>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	Failed to maintain a written log of the practices drills. Last one documented was 8/11/2023.	
<input type="radio"/>	<b>34. Smoke Detectors</b>	Failed to maintain operable smoke detectors, detector in basement level was not operating.	
<input type="radio"/>	<b>35. Carbon Monoxide Detector</b>	Failed to maintain operable carbon monoxide detectors on each occupied level of the home, all three levels missing carbon monoxide.	
<input checked="" type="checkbox"/>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<input checked="" type="checkbox"/>	<b>37. Auxiliary Heating System</b> N	Appvd?	
	Type?		
<input checked="" type="checkbox"/>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<input checked="" type="checkbox"/>	<b>39. Safe Space-Sufficient</b>		
	Indoors		
	Outdoors		
<input checked="" type="checkbox"/>	<b>40. Body of Water-Type:</b>	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	<b>41. Hot Tubs-Locked - Inaccessible</b>	Y/N	
		N	
<input checked="" type="checkbox"/>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<input checked="" type="checkbox"/>	<b>43. Window Safety</b>		
<input checked="" type="checkbox"/>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<input checked="" type="checkbox"/>	<b>45. Adequate and Safe Water -</b>		
	Type of System:		
	Public Water		
<input type="radio"/>	<b>46. Water Temperature- 60°-120°</b>	Failed to maintain safe water temperature between 60-120 degrees, measured 135 degrees.	
<input checked="" type="checkbox"/>	<b>47. Pasteurization of Milk Supply</b>		
<input type="radio"/>	<b>48. Working Phone, Emergency Numbers Posted</b>	Failed to maintain complete emergency phone numbers list. It was blank and posted on the wall.	
<input checked="" type="checkbox"/>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<input type="radio"/>	<b>50. First Aid supplies</b>	Failed to maintain a complete first aid kit, missing a CPR barrier mask.	
<input type="radio"/>	<b>51. Pet protection</b>	Type: Dog	
	Pets?	Y	
	Rabies Certs?	N	Failed to maintain current rabies vaccination certificate(s) for dog in the home.
<input checked="" type="checkbox"/>	<b>52. Smoking Prohibited</b>		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input type="radio"/>	<b>53. Enrollment Form</b>	Failed to maintain child enrollment form(s) for two children, one that is the neighbor's child attending for the first time and another child present today. Total of two children missing the form at today's visit.	

<input type="radio"/>	<b>54. Child Health Record</b>	Failed to maintain complete child health record(s) for 7 children.
<input type="radio"/>	<b>55. Immunizations</b>	Failed to maintain current immunization record(s)n for the 7 children missing their exams.
<input type="radio"/>	<b>56. Emergency Permission</b>	Failed to maintain complete emergency care information for three children missing the written permission form.
<input type="radio"/>	<b>57. Authorized Release</b>	Failed to maintain written parent permission to authorize removal of child(ren) for three children missing the written permission form.
<input type="radio"/>	<b>58. Field Trip and Transportation Permission-To/From School</b>	Failed to maintain written parent permission for transportation of child(ren) for three children missing the written permission form.
<input checked="" type="checkbox"/>	<b>59. Swimming Permission</b>	
<input type="radio"/>	<b>60. Incident Log</b>	Failed to maintain an incident log for each child, one missing for the child who has no records on site today.
<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

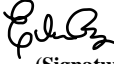

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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### Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<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		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p>At approximately 10:42 am a 7th child got dropped off putting the provider over capacity as the additional person present did not have a licensed staff to assist her. Provider was under the impression that her household member who has a background check could assist her as well. It was explained that a background check is not agency approval. They must hold a license. An application was sent via email during the visit so the provider can begin the process for substitute approval today. It was also discussed that All children must have completed enrollment forms, written permissions, and current medical exams regardless if they are family, friends or godchildren. Emergency numbers must be posted, it is not acceptable to only have them stored on the cell phone. The regulations state they must be written and posted in an accessible area.</p>			
<p><b>NOTE:</b> 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><b>APPLICANTS- PLEASE NOTE:</b> 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)	<b>DATE CORRECTIONS DUE BY:</b>  06/24/2024	 (Signature of Provider/Applicant/Substitute)
Eileen Ruiz (Printed Name)	 (Printed Name)		ESTHER VASSELL-ROSS (Printed Name)