



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>FELIPA CRUZ VILLATORO</b>				<b>License Number</b>	<b>DCFH.57480</b>	<b>Date of Inspection</b>	<b>07/11/2024</b>
					<b>Expiration Date</b>	<b>3/31/2025</b>	<b>Time of Inspection</b>	<b>01:01 PM</b>
<b>Address</b>	<b>61 WADE ST BRIDGEPORT CT 06604-1815</b>				<b>Telephone</b>	<b>(203) 212-8705</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Days and Hours</b>	<b>M-F 7AM-5PM</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		
	<b># of Infants - Toddlers Present</b>	<b>0</b>	<b># of Total Children Present</b>	<b>5</b>	<b>Inspector's Name</b>	<b>Eileen Ruiz</b>		
<b>Provider's Email</b>	<b>julie.cruz08@gmail.com</b>				<b>Inspector's Email</b>	<b>eileen.ruiz@ct.gov</b>		

**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).*

*[Signature]*  
 Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

<b>X</b>	<b>4. Capacity</b>	<b>One is provider's school ager home for the summer from public school.</b>
<b>X</b>	<b>5. Non-transferability of license</b>	<b>Pending?</b>
<b>X</b>	<b>6. Infant/Toddler Restriction</b>	
<b>X</b>	<b>7. License Posted</b>	
<b>X</b>	<b>8. Parent Access to OEC Phone Number</b>	
<b>X</b>	<b>9. Photo ID</b>	
<b>X</b>	<b>10. Requests for Information</b>	
<b>X</b>	<b>11. Notification of Change</b>	

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

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
<b>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>10/26/2026</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>03/10/2025</b>

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	03/10/2025	
<b>X</b>	16. Judgment	

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

<b>○</b>	17. Medical Statement	Failed to maintain medical statement(s) on file for her new household member (daughter).
<b>X</b>	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

<b>X</b>	19. Substitute or Assistant	Y/N	DCFS.95728 is present today.
	Type of Staff :		
	Substitute	Y	
<b>X</b>	20. Emergency Caregiver		

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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

<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>○</b>	27. Safe Door Fasteners	Failed to ensure safe door fasteners in the bathroom door. Provider could not find the key to open the door if locked.	
<b>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	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? Wood stove	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	
O	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers with the names and numbers of the current children enrolled.
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: Two dogs one cat Y
X	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
X	53. Enrollment Form	

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record(s) for two children, one of the children is the provider's grandchild that attends program. A third child's exam expired 7/07/2024 and will need to be replaced soon.
<input checked="" type="checkbox"/>	55. Immunizations	
<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 type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Failed to ensure children nap or rest on cribs, beds, cots, mats or other provisions when upon arrival two toddlers were sleeping in strollers inside the program.
<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	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<b>X</b>	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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



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

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

### Child with diabetes enrolled? **N** MONITORING OF DIABETES 19a-87b-18

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

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
YES or NO? Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p>Upon arrival two children (toddlers age 2) were found sleeping in strollers, and the specialist asked the provider to move the children to the yellow nap cots located in the program, the provider corrected this right away. Provider explains that she rocks the children to sleep in the stroller and then moves them.</p> <p>The provider has sealed off part of the playroom to create an extra bedroom for a household member and the children now exit to the hallway to utilize the bathroom. Supervision was reviewed, since when the main door to the program is closed, children cannot be seen in the bathroom. The provider states she never lets children toilet alone in the hallway.</p> <p>Outdoors it was observed to have a lot of flies near the deck, more than typical, it was inquired as to what is causing this, provider is unsure but states she will check into it with her spouse. Under the deck area there was observed to be some items stored. From that angle, it was difficult to determine a reason as to why there is an abundance of flies. It was discussed, when able to clear the area to be sure.</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)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Eileen Ruiz</b> (Printed Name)	  (Printed Name)	<b>07/25/2024</b>	<b>FELIPA CRUZ VILLATORO</b> (Printed Name)