



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### FAMILY CHILD CARE HOME INSPECTION

|                              |  |   |                             |   |                    |                               |                     |            |
|------------------------------|--|---|-----------------------------|---|--------------------|-------------------------------|---------------------|------------|
| Provider                     | SUANY E CASTILLO RIVERA                  |   |                             |   | License Number     | DCFH.57719                    | Date of Inspection  | 08/01/2024 |
|                              |  |   |                             |   | Expiration Date    | 9/30/2026                     | Time of Inspection  | 12:28 PM   |
| Address                      | 739 WOOD AVE<br>BRIDGEPORT CT 06604-2124 |   |                             |   | Telephone          | (203) 414-6535                | Regular Capacity    | 6          |
|                              |  |   |                             |   | Days and Hours     | M-F 6:00 A.M. - 9:30 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          | 2 | # of Total Children Present | 9 | Inspector's Name   | Eileen Ruiz                   |                     |            |
| Provider's Email             | suany495@gmail.com                       |   |                             |   | Inspector's Email  | eileen.ruiz@ct.gov            |                     |            |

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).* Suany Castillo  
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:                               | 08/12/2025 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 08/10/2024 |

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| X  | 15. CPR Certificate                           |  |                                       |
|  | Expiration date:<br>08/10/2024                |  |                                       |
| X  | 16. Judgment                                  |  |                                       |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |  |                                       |
| X  | 17. Medical Statement                         |  |                                       |
| X  | 18. Household Environment                     |  |                                       |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |  |                                       |
| X  | 19. Substitute or Assistant                   | Y/N  | Present today at visit was dcfs.92182 |
|  | Type of Staff :                               | Y  |                                       |
|  | Substitute                                    |  |                                       |
| X  | 20. Emergency Caregiver                       |  |                                       |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |  |                                       |
| X  | 21. Background Check(s)                       |  |                                       |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |  |                                       |
| 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                |  |                                       |
| ○  | 27. Safe Door Fasteners                       | Failed to ensure safe door fasteners when there was no key to open the bathroom door if a child were to enclose themselves inside. |                                       |
| X  | 28. Electrical Safety                         |  |                                       |
| X  | 29. Safe Exits                                |  |                                       |
| X  | 30. Basement Supervision                      | Y/N  |                                       |
|  |   | N  |                                       |
|  | Used for Care ?                               | Y/N  |                                       |
| X  | 31. Stairways - Protected, Handrails          |  |                                       |
| X  | 32. Emergency Plan                            |  |                                       |

|  |  |  |  |
|--|--|--|--|
| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |  |
| <b>X</b>                                       | 34. Smoke Detectors  |  |  |
| <b>X</b>                                       | 35. Carbon Monoxide Detector                                     |  |  |
| <b>X</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |  |  |
| <b>X</b>                                       | 37. Auxiliary Heating System N Type?                             | Appvd?   |  |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |  |  |
| <b>X</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors                  |  |  |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |  |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N   |  |
| <b>X</b>                                       | 42. Ventilation, Light and Temperature- 65°                      |  |  |
| <b>X</b>                                       | 43. Window Safety  |  |  |
| <b>X</b>                                       | 44. Washing Toileting, Sewage Garbage Facilities                 |  |  |
| <b>X</b>                                       | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |  |  |
| <b>O</b>                                       | 46. Water Temperature- 60°-120°                                  | <b>Failed to maintain safe water temperature between 60-120 degrees at today's visit the water measured 133 degrees Fahrenheit</b> |  |
| <b>X</b>                                       | 47. Pasteurization of Milk Supply                                |  |  |
| <b>X</b>                                       | 48. Working Phone, Emergency Numbers Posted                      |  |  |
| <b>X</b>                                       | 49. Safe Transportation Registered, Insured, Restraints          |  |  |
| <b>X</b>                                       | 50. First Aid supplies   |  |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N   |  |
| <b>X</b>                                       | 52. Smoking Prohibited   |  |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |  |
| <b>X</b>                                       | 53. Enrollment Form  |  |  |

|   |  |   |
|---|--|---|
| X | 54. Child Health Record  |   |
| X | 55. Immunizations  |   |
| X | 56. Emergency Permission   |   |
| X | 57. Authorized Release   |   |
| X | 58. Field Trip and Transportation Permission-To/From School              |   |
| X | 59. Swimming Permission  |   |
| X | 60. Incident Log   |   |
| X | 61. Confidentiality  |   |
| X | 62. Meeting the Child's Needs  |   |
| X | 63. Sufficient Play Equipment  |   |
| X | 64. Good Nutrition- Meals/Snacks, Water Available                        |   |
| X | 65. Handwashing  |   |
| X | 66. Flexible and Balanced Written Schedule                               |   |
| X | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| X | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| X | 69. Individual Plan for Care (Written if Applicable)                     |   |
| X | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |   |
| ○ | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               | Failed to hold infants for bottle feedings, when upon arrival a baby of 9 months of age was in their pack and play crib holding their own bottle while laying down. |
| X | 72. Infants Placed on Back for Sleeping                                  |   |
| X | 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<br/>(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-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

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

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

|   |  |   |
|---|--|---|
| <b>X</b>  | 113. Parent Notification of Test Results               |   |
| <b>ADDITIONAL VIOLATIONS</b>  |  |   |
|   | 114. Consent Order - Negotiated Corrective Action Plan | N/A?<br><br><b>X</b>  |
| <u>YES or NO?</u><br>Yes  | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>        |   |
| <b>DISCUSSIONS/COMMENTS</b>   |  |   |
| <ul style="list-style-type: none"> <li>• CPR/First Aid certificate will expire in 8/10/2024.</li> <li>• Discussed that all infants must be held for bottle feedings. Discussed storage of milk after use. A baby bottle with milk was on the counter upon specialists arrival and remained there. Specialist checked in regarding the bottle. The formula milk was within proper time limit.</li> <li>• Discussed updating and position the ever emergency working phone numbers as the sheet presented was not up to date with current enrollment. The provider corrected this at visit.</li> <li>• One outlet was uncovered and accessible behind a pack and play crib, the provider covered it right away.</li> <li>• Discussed that the water temperature in the bathroom sink was out of compliance. Water must be between 60-120 degrees.</li> <li>• Discussed finding a key for the bathroom doorknob to be able to access the room from the outside in an emergency.</li> <li>• All children under age 5 are required to have influenza vaccines between August 1-December 31st of every season.</li> </ul> |  |   |
| <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>   |  |   |
| <br>(Signature of OEC Representative)   | <br>(Signature of OEC Representative)                  | DATE<br>CORRECTIONS<br>DUE BY:  |
| <b>Eileen Ruiz</b><br>(Printed Name)  | <br>(Printed Name)                                     | <b>08/15/2024</b>   |
|   |  | <br>(Signature of Provider/Applicant/Substitute) |
|   |  | <b>SUANY E CASTILLO RIVERA</b><br>(Printed Name)  |