



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	ANGELA WILLIAMS				License Number	DCFH.56499	Date of Inspection	08/02/2024
					Expiration Date	7/31/2026	Time of Inspection	10:25 AM
Address	107 HALLETT ST BRIDGEPORT CT 06608-2502				Telephone	(475) 298-5745	Regular Capacity	6
					Days and Hours	SUNDAY-SATURDAY 7:00 A.M.-6:00 P.M. AVAILABLE 7 DAYS	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	0	# of Total Children Present	3	Inspector's Name	Eileen Ruiz		
Provider's Email	acwilliams10644@yahoo.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).

Angela Williams
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	
O	7. License Posted	Failed to post license in a conspicuous location.
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:	11/17/2026
O	14. First Aid Certificate	Failed to maintain current certificate, unable to find recent copy during visit.
	Expiration date:	09/28/2023

<input type="radio"/>	15. CPR Certificate Expiration date: 09/28/2023	Failed to maintain current certificate, unable to find recent copy during visit.	
<input checked="" type="checkbox"/>	16. Judgment		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
<input checked="" type="checkbox"/>	19. Substitute or Assistant Type of Staff :	Y/N N	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
<input checked="" type="checkbox"/>	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input type="radio"/>	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards, outdoor fence has a protruding nail. Stagnant water was found in a bucket with beverages.	
<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 type="radio"/>	28. Electrical Safety	Failed to maintain protective covers or approved safety outlets total of 5 outlets uncovered.	
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision Used for Care ?	Y/N Y Y/N N	
<input type="radio"/>	31. Stairways - Protected, Handrails	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children, basement stairway and stairway leading upstairs.	
<input checked="" type="checkbox"/>	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input type="radio"/>	39. Safe Space-Sufficient	Failed to protect outdoor play area from traffic when the outside fence does not properly shut.	
	Indoors	Outdoors	
<input checked="" type="checkbox"/>	40. Body of Water-Type:	Y/N	
	Barrier?	N	
<input checked="" type="checkbox"/>	41. Hot Tubs-Locked - Inaccessible	Y/N	
		N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities	Failed to maintain soap and drying mechanism (towels or paper towels) in the bathroom environment.	
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input type="radio"/>	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees,123.6	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Failed to maintain a complete first aid kit, see list of missing items in discussions.	
<input type="radio"/>	51. Pet protection	Type: Cat	
	Pets?	Y	
	Rabies Certs?	N	Failed to maintain current rabies vaccination certificate(s).
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
<input type="radio"/>	53. Enrollment Form	Failed to maintain complete child enrollment form(s) for one child enrolled.	

<input type="radio"/>	54. Child Health Record	Failed to maintain current child health record(s) for three children enrolled. Dates of expiry are; 6/10/2023, 2/03/2024 and 04/13/2024.
<input type="radio"/>	55. Immunizations	Failed to maintain current immunization record(s) for two children enrolled. Dates of exams that expired are; 6/10/2023, and 04/13/2024.
<input type="radio"/>	56. Emergency Permission	Failed to maintain complete emergency care information for one child.
<input type="radio"/>	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for one child.
<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	
○	77. Req. for Sleep Arrangements Posted/Discussed	Failed to post in a conspicuous place the requirements for sleep arrangements, must be posted regardless if there are no infants enrolled.
X	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
○	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet in a visible area.
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?		
DISCUSSIONS/COMMENTS			
<p>Discussed outdoor play space; provider stated the maintenance worker will be coming to cut the grass. The grass was long at today's visit and there was one protruding nail around knee level by the fence exit. The fence does not properly shut therefore cannot effectively keeping children inside the yard. Provider has a temporary fencing that she presented to specialist stored indoors that could be utilized. Recommend to use the fencing until the outdoor wooden fence is property corrected.</p> <p>Pet vaccines for the house cat expired 11/26/2023.</p> <p>Fill in evacuation location, shelter in place location on the emergency plan, it is blank.</p> <p>Provider failed to show BCIS access to show compliance with Background checks. Provider attempted to reset password during the visit but was unable to do so. -</p> <p>Discussed protecting stairway that leads up to second level and basement level.</p> <p>First aid kit is missing sterile individual wrapped three or four inches gauze squares, two inch roller gauze, two instant cold packs and CPR mouth barrier.</p>			
<p>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.</p>			
<p>APPLICANTS- PLEASE NOTE: 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 Provider/Applicant/Substitute)	
Eileen Ruiz (Printed Name)		ANGELA WILLIAMS (Printed Name)	
		DATE CORRECTIONS DUE BY:	08/16/2024
		(Signature of OEC Representative)	
		(Printed Name)	