



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ANA VILLEDA			License Number	DCFH.48069	Date of Inspection	08/23/2024
				Expiration Date	1/31/2026	Time of Inspection	10:59 AM
Address	682 BEECHWOOD AVE BRIDGEPORT CT 06605-1646			Telephone	(203) 218-3340	Regular Capacity	6
				Days and Hours	MON-FRI 8:00AM-5:30PM	School Age Capacity	3
# Children Present	4	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up - no CAP received			Name of Inspector	Eileen Ruiz		
Provider's Email	karla.rosa.smith@gmail.com			Inspector's Email	eileen.ruiz@ct.gov		

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/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
---------------------------------------	---------------------------------------

No violations were cited during this inspection

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
--	---

Provider has certificate at the program.

Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
--	---

Provider has certificate at the program.

Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
--	--

Provider completed her background check.

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---



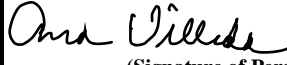
DISCUSSIONS/COMMENTS

Reviewed corrective action plans are due in a timely manner. As a courtesy, the specialist came to do a follow up and check compliance with first aid/CPR certificates as the agency did not receive evidence of compliance. During the visit, the specialist gave the provider a corrective action plan form. Now all items are online and it is the provider's responsibility to find them, print or fill out online. Discussed to add more activities to the flexible schedule as it mostly reflects food/feeding schedules. Need to note arrival time, times for play in and outside. Nap times and other activities are missing.

Los planes de acción correctiva revisados deben presentarse de manera oportuna. Como cortesía, el especialista vino a hacer un seguimiento y verificar el cumplimiento de los certificados de primeros auxilios/CPR, ya que la agencia no recibió pruebas de cumplimiento. Durante la visita, el especialista le dio al proveedor un formulario de plan de acción correctiva. Ahora todos los artículos están en línea y es responsabilidad del proveedor encontrarlos, imprimirlos o rellenarlos en línea. Se discutió para agregar más actividades al horario flexible, ya que refleja principalmente los horarios de alimentos/alimentación. Es necesario anotar la hora de llegada, los horarios para jugar dentro y fuera. Faltan los horarios de la siesta y otras actividades.

NOTE: 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: 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)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		ANA VILLEDA (Printed Name)