



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	ANGELA WILLIAMS			<b>License Number</b>	DCFH.56499	<b>Date of Inspection</b>	09/16/2024
				<b>Expiration Date</b>	7/31/2026	<b>Time of Inspection</b>	11:39 AM
<b>Address</b>	107 HALLETT ST BRIDGEPORT CT 06608-2502			<b>Telephone</b>	(475) 298-5745	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	SUNDAY-SATURDAY 7:00 A.M.-6:00 P.M. AVAILABLE 7 DAYS	<b>School Age Capacity</b>	3
<b># Children Present</b>	1	<b># Under 18 months present</b>	0			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up Inspection			<b>Name of Inspector</b>	Eileen Ruiz		
<b>Provider's Email</b>	acwilliams10644@yahoo.com			<b>Inspector's Email</b>	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).

*Angela Williams*

Signature of Provider/Applicant/Substitute/Emergency Caregiver

### Regulatory Violations

<b>Statute and/or Regulation:</b> [19a-87b-5(f)(2)]	<b>Description:</b> 007-License Posted
Failed to post license in a conspicuous location.	
<b>Statute and/or Regulation:</b> [19a-87b-9(h)]	<b>Description:</b> 046-Water Temperature
Failed to maintain safe water temperature between 60-120 degrees, water measured 127.	
<b>Statute and/or Regulation:</b> [19a-87b-9(m) and/or 19a-87b-9(n)]	<b>Description:</b> 050-First Aid Supplies
Failed to maintain a complete first aid kit, provider has not corrected this yet from the inspection conducted in august 2024.	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(1)]	<b>Description:</b> 053-Enrollment Form
Failed to maintain complete child enrollment form(s) for the same child from August 2024 inspection.	
<b>Statute and/or Regulation:</b> [19a-87b-10(f)(8)]	<b>Description:</b> 077-Reqts for Sleeping Arrangements Posted/Discussed
Failed to post in a conspicuous place the requirements for sleep arrangements	

<b>Statute and/or Regulation:</b> [19a-87b-10(h)(10)]	<b>Description:</b> 080-Dev. Milestones
Failed to post a copy of the development milestones information sheet	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-5(i)]	Description: 010-Requests for Information
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 014-First Aid Certificate
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Statute and/or Regulation: [19a-87b-6(c)]	Description: 015-CPR Certificate
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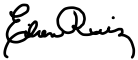


Statute and/or Regulation: [19a-87b-9(b)]	Description: 023-Freedom of Hazards
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YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

-Provider has appointment for pet cat on September 27th.  
-Reviewed items missing in the first aid kit.  
-Reviewed the Corrective Action Plan submitted, if an item is not corrected or in compliance, do not write so on the form as there were 6 items still out of compliance today. The Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance.

**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: 09/30/2024	 (Signature of Person in Charge)
Eileen Ruiz (Printed Name)	 (Printed Name)		ANGELA WILLIAMS (Printed Name)