



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: [ocelicensing@ct.gov](mailto:ocelicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

Provider	ANDREA CASTILLO				License Number	DCFH.52901	Date of Inspection	10/02/2024
					Expiration Date	1/31/2025	Time of Inspection	02:37 PM
Address	175 BROWN ST FL 1 HARTFORD CT 06114-2906				Telephone	(860) 296-1910	Regular Capacity	6
					Days and Hours	M - F 6:30 AM - 2:30 AM	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	2	Inspector's Name	Jenny Ferreira		
Provider's Email	marlenny_c@yahoo.com				Inspector's Email	jenny.ferreira@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><i>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).</i></p> <p style="text-align: right;"><i>Andrea Castillo</i> Signature of Provider/Substitute/Applicant</p>							

### 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	
O	11. Notification of Change	Failed to notify the Office of the addition of any household member who have been living in the basement for approximately 5 and 1 year.

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

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	11/30/2025
X	14. First Aid Certificate	
	Expiration date:	11/17/2026

X	15. CPR Certificate				
	Expiration date: 11/17/2026				
O	16. Judgment	Program knowingly furnished or made false or misleading statement to OEC staff when initially the provider informed specialist that in the basement there were rooms furnished for guest, and subsequently after inspectors requested access to inspect rooms in the basement the provider said that			
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>					
O	17. Medical Statement	Failed to maintain medical statements for two household members that have been living in the basement for over 1 and 5 years.			
X	18. Household Environment				
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>					
X	19. Sub/Assistant	Y/N	Name:	Appvl #	
	Type of Staff :	N			
X	20. Emergency Caregiver				
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>					
O	21. Background Check(s)	Failed to ensure comprehensive background check(s) have been conducted for two additional household members living in the basement.			
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>					
X	22. Clean/Sanitary Environment				
X	23. Freedom of Hazards				
O	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children inside the kitchen cabinet when cleaning supplies were observed accessible inside an unlocked cabinet.			
X	25. Bio-contaminants Disposed Safely				
X	26. Safe Storage of Flammables				
X	27. Safe Door Fasteners				
X	28. Electrical Safety				
X	29. Safe Exits				
X	30. Basement Supervision	Y/N			
	Used for Care ?	Y			
X	31. Stairways - Protected, Handrails	Y/N			
X	32. Emergency Plan				

<input checked="" type="checkbox"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to practice quarterly emergency evacuation drills. Last evacuation drill was recorded on January 22, 2024.	
<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 checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	Failed to protect outdoor play area from hazards when garage window adjacent to the playground used by the daycare children was observed with shattered glass.	
<input checked="" type="checkbox"/>	40. Body of Water-Type: Barrier?	Y/N 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 checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<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 checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection Pets? Rabies Certs?	Type: N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input checked="" type="checkbox"/>	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain child health record(s) for two children enrolled.
<input checked="" type="radio"/>	55. Immunizations	
<input type="radio"/>	56. Emergency Permission	Failed to maintain complete emergency care information when observed form with missing emergency contact for two children.
<input type="radio"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of (2) child(ren).
<input checked="" type="radio"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="radio"/>	59. Swimming Permission	
<input checked="" type="radio"/>	60. Incident Log	
<input checked="" type="radio"/>	61. Confidentiality	
<input checked="" type="radio"/>	62. Meeting the Child's Needs	
<input checked="" type="radio"/>	63. Sufficient Play Equipment	
<input checked="" type="radio"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="radio"/>	65. Handwashing	
<input checked="" type="radio"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="radio"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Failed to ensure cribs comply with current CPSC standards when additional mattresses were observed in two play pens used by infants registered in the program.
<input checked="" type="radio"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="radio"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="radio"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="radio"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="radio"/>	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	Failed to allow OEC staff immediate access during customary business hours to two locked bedrooms in the basement.
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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>○</b>	100. Written Auth Prescriber/Parent Permission	Failed to maintain written parent permission for topical medication.
<b>X</b>	101. MAR Maintained	
<b>○</b>	102. Prescription Meds – Stored/Labeled	Failed to maintain proper labeling of medication when observed Cortisone ointment and Zinc Oxide Paste skin protectant for child use unlabeled.
<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	
<b>X</b>	113. Parent Notification of Test Results	

### ADDITIONAL VIOLATIONS

<b>X</b>	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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**YES or NO?**  
**Yes**



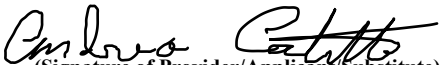
**WERE VIOLATIONS CITED DURING THIS VISIT?**

### DISCUSSIONS/COMMENTS

Immediate access to two locked bedrooms in the basement was not granted. The provider was able to have someone open the two bedroom doors prior to the inspection finalizing. The last bedroom door was opened at 5:50 pm. The access violation was removed, and the regulation was explained in detailed to the provider. The provider also spoke to a supervisor that explained possible what could happened as a result for not granting immediate access to all parts of the house during an inspection.

### IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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 Provider/Applicant/Substitute)
<b>Jenny Ferreira</b> (Printed Name)	<b>Candy Vargas</b> (Printed Name)	<b>10/16/2024</b>	<b>ANDREA CASTILLO</b> (Printed Name)