



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

### FAMILY CHILD CARE HOME INSPECTION

|                              |  |   |                             |   |                    |                               |                     |            |
|------------------------------|--|---|-----------------------------|---|--------------------|-------------------------------|---------------------|------------|
| Provider                     | ANNI O DURAN DE LA CRUZ                        |   |                             |   | License Number     | DCFH.57958                    | Date of Inspection  | 01/09/2025 |
|                              |  |   |                             |   | Expiration Date    | 1/31/2028                     | Time of Inspection  | 07:36 AM   |
| Address                      | 1048 RESERVOIR AVE<br>BRIDGEPORT CT 06606-2921 |   |                             |   | Telephone          | (203) 993-3464                | Regular Capacity    | 6          |
|                              |  |   |                             |   | Days and Hours     | M-F 6am-5pm                   | 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   | Candy Vargas                  |                     |            |
| Provider's Email             | annyduran07@gmail.com                          |   |                             |   | Inspector's Email  | candy.vargas@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).*

*[Signature]*  
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:                               | 11/10/2025 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 05/18/2026 |

|  |   |  |       |  |         |
|--|---|--|-------|--|---------|
| <b>X</b>   | 15. CPR Certificate                           |  |       |  |         |
|  | Expiration date:<br>05/18/2026                |  |       |  |         |
| <b>X</b>   | 16. Judgment                                  |  |       |  |         |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |  |       |  |         |
| <b>X</b>   | 17. Medical Statement                         |  |       |  |         |
| <b>X</b>   | 18. Household Environment                     |  |       |  |         |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |  |       |  |         |
| <b>X</b>   | 19. Sub/Assistant                             | Y/N  | Name: |  | Appvl # |
|  | Type of Staff :<br>Substitute                 | Y  |       |  |         |
| <b>X</b>   | 20. Emergency Caregiver                       |  |       |  |         |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |  |       |  |         |
| <b>X</b>   | 21. Background Check(s)                       |  |       |  |         |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |  |       |  |         |
| <b>X</b>   | 22. Clean/Sanitary Environment                |  |       |  |         |
| <b>X</b>   | 23. Freedom of Hazards                        |  |       |  |         |
| <b>X</b>   | 24. Harmful Substances/Materials Inaccessible |  |       |  |         |
| <b>X</b>   | 25. Bio-contaminants Disposed Safely          |  |       |  |         |
| <b>X</b>   | 26. Safe Storage of Flammables                |  |       |  |         |
| <b>X</b>   | 27. Safe Door Fasteners                       |  |       |  |         |
| <b>X</b>   | 28. Electrical Safety                         |  |       |  |         |
| <b>X</b>   | 29. Safe Exits                                |  |       |  |         |
| <b>X</b>   | 30. Basement Supervision                      | Y/N  |       |  |         |
|  | Used for Care ?                               | Y  |       |  |         |
| <b>X</b>   | 31. Stairways - Protected, Handrails          | Y/N  |       |  |         |
| <b>O</b>   | 32. Emergency Plan                            | Failed to maintain a complete written emergency plan. Plan was observed missing information. |       |  |         |

|  |  |  |
|--|--|--|
| X  | 33. Emergency Evacuation Drills - Quarterly/Log                  |  |
| X  | 34. Smoke Detectors  |  |
| X  | 35. Carbon Monoxide Detector                                     |  |
| X  | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |  |
| X  | 37. Auxiliary Heating System<br>Type?                            | Appvd?   |
| X  | 38. Safe Storage of Weapons and Ammunition                       |  |
| X  | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y         |  |
| X  | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |
| X  | 41. Hot Tubs-Locked - Inaccessible                               | Y/N  |
| X  | 42. Ventilation, Light and Temperature- 65°                      |  |
| X  | 43. Window Safety  |  |
| X  | 44. Washing Toileting, Sewage Garbage Facilities                 |  |
| X  | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |  |
| O  | 46. Water Temperature- 60°-120°                                  | Failed to maintain safe water temperature between 60-120 degrees. Water temperature was recorded at 128 degrees. |
| X  | 47. Pasteurization of Milk Supply                                |  |
| X  | 48. Working Phone, Emergency Numbers Posted                      |  |
| X  | 49. Safe Transportation Registered, Insured, Restraints          |  |
| O  | 50. First Aid supplies   | Failed to maintain a complete first aid kit.   |
| X  | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N   |
| X  | 52. Smoking Prohibited   |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |  |
| O  | 53. Enrollment Form  | Failed to maintain child enrollment form for two children.   |

|          |  |   |
|----------|--|---|
| <b>X</b> | 54. Child Health Record  |   |
| <b>O</b> | 55. Immunizations  | Failed to maintain current immunization record when specialist observed that the provider's three year old son was missing the influenza vaccine. |
| <b>O</b> | 56. Emergency Permission   | Failed to maintain written parent permission for emergency medical care of one child.   |
| <b>O</b> | 57. Authorized Release   | Failed to maintain complete written parent permission to authorize removal of one child.  |
| <b>O</b> | 58. Field Trip and Transportation Permission-To/From School              | Failed to maintain written parent permission for transportation of one child.   |
| <b>X</b> | 59. Swimming Permission  |   |
| <b>O</b> | 60. Incident Log   | Failed to maintain an incident log for each child.  |
| <b>X</b> | 61. Confidentiality  |   |
| <b>X</b> | 62. Meeting the Child's Needs  |   |
| <b>X</b> | 63. Sufficient Play Equipment  |   |
| <b>X</b> | 64. Good Nutrition- Meals/Snacks, Water Available                        |   |
| <b>X</b> | 65. Handwashing  |   |
| <b>O</b> | 66. Flexible and Balanced Written Schedule                               | Failed to develop and implement a written schedule.   |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |   |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |   |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |   |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |   |
| <b>X</b> | 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<br>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. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>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? |  |
|----------|--|------|--|

YES or NO?  
**Yes**

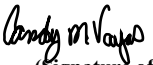

**WERE VIOLATIONS CITED DURING THIS VISIT?**

### DISCUSSIONS/COMMENTS

The provider was observed caring for one infant, child arrived at 9:35 am. Upon arrival the provider's own children were in the house and then were dropped off in school by the provider's husband. Enrollment form was emailed to the provider at the time of inspection, and it was explained that every child enrolled in the program must have the forms completed. The influenza vaccine requirements were explained to the provider, she was informed that children 6 months to 5 years of age need to have the vaccine to attend care, unless there is a documented medical exemption or parents that don't wish to have children get the vaccine must keep their children out of the program during flu season which ends on March 31st. Children's file organization was discussed. The inspection and exit interview were conducted fully in Spanish.

### 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.

|   |                                       |                                |   |
|---|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Candy Vargas</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>01/23/2025</b>              | <b>ANNI O DURAN DE LA CRUZ</b><br>(Printed Name)  |