



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: ocel.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JHOCELYN VILLA				License Number	DCFH.54580	Date of Inspection	01/09/2025
					Expiration Date	10/31/2025	Time of Inspection	12:09 PM
Address	708 HUNTINGTON ROAD BRIDGEPORT CT 06610				Telephone	(203) 612-6210	Regular Capacity	6
					Days and Hours	MON- FRI 6:00AM-6:00PM	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	4	Inspector's Name	Candy Vargas		
Provider's Email	jhocelyn.villa203@gmail.com				Inspector's Email	candy.vargas@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>Jhocelyn Villa</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	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	02/15/2025
X	14. First Aid Certificate	
	Expiration date:	03/11/2026

X	15. CPR Certificate				
	Expiration date: 03/11/2026				
X	16. Judgment				
MEMBERS OF THE HOUSEHOLD 19a-87b-7					
X	17. Medical Statement				
X	18. Household Environment				
QUALIFICATIONS OF STAFF 19a-87b-8					
X	19. Sub/Assistant	Y/N	Name:	Appvl #	
	Type of Staff :	N			
X	20. Emergency Caregiver				
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a					
X	21. Background Check(s)				
PHYSICAL ENVIRONMENT 19a-87b-9					
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. medicine bottles, and cleaning detergents were observed in a bedroom used by 3 year old child. The items were accessible. Cleaning supplies were also observed unlocked in the bathroom and kitchen cabinet.			
X	25. Bio-contaminants Disposed Safely				
X	26. Safe Storage of Flammables				
X	27. Safe Door Fasteners				
O	28. Electrical Safety	Failed to maintain protective covers in areas accessible to children.			
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 type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to log quarterly emergency evacuation drills. Last drill recorded was in January, 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	
<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 dispose of trash properly, when used toilet paper was observed on the floor near the toilet.	
<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	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
<input checked="" type="checkbox"/>	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain current child health records for two children.
O	55. Immunizations	Failed to maintain current immunization record(s) for three children all were also influenza.
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	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	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
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	
----------	--	--

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

Provider was reminded to ensure medical form is completed before it expires, regulation discussed. The provider was also reminded to schedule fingerprints for self and household members as BCIS status for all will expire soon. The inspection was conducted in Spanish, and the exit interview.

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)
Candy Vargas (Printed Name)	 (Printed Name)	01/23/2025	JHOCELYN VILLA (Printed Name)