


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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JULISSA PERDOMO				License Number	DCFH.56953	Date of Inspection	05/14/2025
					Expiration Date	8/31/2025	Time of Inspection	01:31 PM
Address	111 S MAIN ST UNIT 4 NORWALK CT 06854-3148				Telephone	(347) 261-0460	Regular Capacity	6
					Hours of Operation	8:00 AM 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Candy Vargas		
Provider's Email	Delaney.200@gmail.com				Inspector's Email	candy.vargas@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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>N. Howard</i> <div style="text-align: right;">_____ Signature of Provider/Substitute/Applicant</div>							

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:	05/06/2026
X	14. First Aid Certificate	
	Expiration date:	06/16/2025

X	15. CPR Certificate	
	Expiration date:	
	06/16/2025	
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:	Nikaury Perez Suero	Appvl #	92872
	Type of Staff :					
	Substitute	Y				
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	
O	23. Freedom of Hazards	Regulation was not in compliance when the facility was not observed free of hazards. Closet door in a bedroom used for napping by the daycare children was observed unhinged.
X	24. Harmful Substances/Materials Inaccessible	
X	25. Bio-contaminants Disposed Safely	
X	26. Safe Storage of Flammables	
X	27. Safe Door Fasteners	
O	28. Electrical Safety	Regulation was not in compliance when protective covers or approved safety outlets were observed missing in living room, bedroom, and bedroom where child care is provided.
X	29. Safe Exits	
X	30. Basement Supervision	Y/N
		N
	Used for Care ?	Y/N
X	31. Stairways - Protected, Handrails	
O	32. Emergency Plan	Regulation was not in compliance when a written emergency plan was observed incomplete.

O	33. Emergency Evacuation Drills - Quarterly/Log	Regulation was not in compliance when quarterly emergency evacuation drills were not observed logged for the first quarter of 2025.	
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Outdoors		
X	40. Body of Water- Type: Barrier?	Y/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 - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection	Type: Dog and cat	
	Pets?	Y	
	Rabies Certs?	Y	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

X	54. Child Health Record	
O	55. Immunizations	Regulation was not in compliance when immunization records disclosed three children missing influenza vaccines.
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	
X	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	
O	69. Individual Plan for Care (Written if Applicable)	Regulation was not in compliance when a written individual plan of care for a child with disabilities was not observed on file.
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	
○	77. Req. for Sleep Arrangements Posted/Discussed	Regulation was not in compliance when the posting of the requirements for sleep arrangements was not observed.
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	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
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	
----------	--	--

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

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	
----------	---	--

MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

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

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
----------	--	------	--



YES or NO?	Were Violations Cited during this visit?	Total Number of Violations this visit:	7
Yes			

DISCUSSIONS/COMMENTS

Upon arrival the provider was not observed in the program. Substitute 92872 was observed caring for three children, one is an infant. The provider spoke to the specialist and said she was in an appointment and arrived shortly after. Sleep arrangements was provided by the specialist at the time of inspection. Provider updated BCIS roster at the time of inspection. Influenza vaccine requirements discussed with the provider.

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)	05/28/2025	JULISSA PERDOMO (Printed Name)

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 Website: www.ctoec.org