



**DIVISION OF LICENSING**

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**FAMILY CHILD CARE HOME INSPECTION**

<b>Provider</b>	<b>ESTHER VASSELL-ROSS</b>				<b>License Number</b>	<b>DCFH.57390</b>	<b>Date of Inspection</b>	<b>05/16/2025</b>
					<b>Expiration Date</b>	<b>10/31/2028</b>	<b>Time of Inspection</b>	<b>12:04 PM</b>
<b>Address</b>	<b>278 PASADENA PL BRIDGEPORT CT 06610-1136</b>				<b>Telephone</b>	<b>(646) 546-2038</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Hours of Operation</b>	<b>6:30 AM 6:30 PM</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>	<b>Days of Operation</b>	<b>Mon-Sat</b>	<b>Summer Hours</b>	<b>Open</b>
<b>New Address</b>					<b># Under 18 mths present</b>	<b>2</b>	<b>Weekend Hours</b>	<b>Yes</b>
					<b>Total children present</b>	<b>8</b>	<b>Night Hours</b>	<b>No</b>
<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>				<b>Inspector's Name</b>	<b>Rebecca LaRosa</b>		
<b>Provider's Email</b>	<b>esthervross@yahoo.com</b>				<b>Inspector's Email</b>	<b>rebecca.larosa@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O	<b><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).</b>							
	 Signature of Provider/Substitute/Applicant							

**TERMS OF REGISTRATION 19a-87b-5**

<b>O</b>	<b>4. Capacity</b>	<b>Regulation was not in compliance when capacity when substitute was sick in her bedroom and not able to care for children leaving provider to care for 8 children by herself.</b>	
<b>X</b>	<b>5. Non-transferability of license</b>	<b>Pending?</b>	
<b>X</b>	<b>6. Infant/Toddler Restriction</b>		
<b>X</b>	<b>7. License Posted</b>		
<b>X</b>	<b>8. Parent Access to OEC Phone Number</b>		
<b>X</b>	<b>9. Photo ID</b>		
<b>X</b>	<b>10. Requests for Information</b>		
<b>X</b>	<b>11. Notification of Change</b>		

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

<b>O</b>	<b>12. Awareness of, Understanding of Regulations</b>	<b>Regulation was not in compliance when provider did not demonstrate an awareness and/or understanding of the regulations when she was caring for 8 children by herself without her substitute</b>	
<b>X</b>	<b>13. Medical statement</b>		
	<b>Expiration date:</b>	<b>11/01/2026</b>	
<b>X</b>	<b>14. First Aid Certificate</b>		
	<b>Expiration date:</b>	<b>06/05/2026</b>	

<b>X</b>	15. CPR Certificate	
	Expiration date: 06/05/2026	
<b>O</b>	16. Judgment	Regulation was not in compliance when good judgment about supervision and safety of children when provider was caring for 8 children by herself without her substitute present and assisting (she was sick in her bedroom) and she didn't reduce her capacity.

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>O</b>	17. Medical Statement	Regulation was not in compliance when medical statement(s) for 1 household member and the substitute was not available for review.
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name: <b>Sarina Gordon</b>	Appvl # <b>92633</b>
	Type of Staff : Substitute	Y		
<b>X</b>	20. Emergency Caregiver			

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>O</b>	21. Background Check(s)	Regulation was not in compliance when a comprehensive background check(s) have not been conducted (every 5 years) for substitute.
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<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 Y
	Used for Care ?	Y/N
<b>X</b>	31. Stairways - Protected, Handrails	
<b>O</b>	32. Emergency Plan	Regulation was not in compliance when a written emergency plan was not available for review.

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Regulation was not in compliance when a written log of the drills for one year was not available for review.	
<input type="radio"/>	34. Smoke Detectors	Regulation was not in compliance when operable smoke detectors on each level of the home was missing from the basement & attic (3rd floor finished area).	
<input type="radio"/>	35. Carbon Monoxide Detector	Regulation was not in compliance when operable carbon monoxide detectors on each occupied level of the home was missing from the basement & attic (3rd floor finished area).	
<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		
<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 type="radio"/>	46. Water Temperature- 60°-120°	Regulation was not in compliance when a safe water temperature between 60-120 degrees was not maintained at the bathroom sink or kitchen sink when both measured over 150 F and was still climbing	
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Regulation was not in compliance when emergency numbers were not posted in an area where child care services are provided and the list available on provider's phone was not up to date with all current children enrolled.	
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input type="radio"/>	50. First Aid supplies	Regulation was not in compliance when first aid kits were not restocked after use as kits were missing 2 instant cold packs.	
<input type="radio"/>	51. Pet protection	Type: 1 dog	
<input type="radio"/>	Pets?	Y	Regulation was not in compliance when current rabies vaccination certificate(s) was not available for review.
	Rabies Certs?	N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
<input type="radio"/>	53. Enrollment Form	Regulation was not in compliance when child enrollment form(s) were missing for 2 children and incomplete for 4 children as there was no start date for 4 children and 2 children had no days and hours of care.	

<input type="radio"/>	54. Child Health Record	Regulation was not in compliance when child health record(s) were not available for 1 child and not current for 1 child.
<input type="radio"/>	55. Immunizations	Regulation was not in compliance when immunization record(s) when 1 child had no immunization records available and 5 children had no documentation of having a flu vaccine for the 2024-2025 flu season.
<input type="radio"/>	56. Emergency Permission	Regulation was not in compliance when written parent permission for emergency medical care was not available for 2 children.
<input type="radio"/>	57. Authorized Release	Regulation was not in compliance when written parent permission to authorize removal of child(ren) was not available for 2 children.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Regulation was not in compliance when written parent permission for transportation of child(ren) was not available for 3 children.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input type="radio"/>	60. Incident Log	Regulation was not in compliance when an incident log for each child was not available for 5 children.
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input type="radio"/>	66. Flexible and Balanced Written Schedule	Regulation was not in compliance when the schedule was incomplete as it did not include time for free choice play, outdoor play, snacks, meals and a rest period.
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	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>○</b>	77. Req. for Sleep Arrangements Posted/Discussed	<b>Regulation was not in compliance when the posting of the requirements for sleep arrangements was not posted. Provider reports recently painting for reason not posted. Copy provided at visit for posting.</b>
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>○</b>	80. Developmental Milestones – Posted	<b>Regulation was not in compliance when a copy of the developmental milestones information sheet was not posted. Provider reports recently painting for why they were not posted. Copy provided at visit for posting.</b>
<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>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</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	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

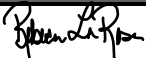

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		<b>X</b>	

**YES or NO?****Yes****Were Violations Cited during this visit?****Total Number of Violations this visit:****23****DISCUSSIONS/COMMENTS**

Follow up will be required.

**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>Rebecca LaRosa</b> (Printed Name)	 (Printed Name)	<b>05/30/2025</b>	<b>ESTHER VASSELL-ROSS</b> (Printed Name)

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