



**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	YAMILKA SANTANA				License Number	DCFH.57182	Date of Inspection	07/23/2025
					Expiration Date	4/30/2027	Time of Inspection	10:59 AM
Address	416 SAVOY ST BRIDGEPORT CT 06606-4122				Telephone	(917) 319-3374	Regular Capacity	6
					Hours of Operation	6:00 AM – 6:00 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	0	Weekend Hours	No
					Total children present	7	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Alexandra Rodriguez		
Provider's Email	yamilkasantana@hotmail.com				Inspector's Email	alexandra.rodriguez@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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).</p> <p style="text-align: right;"><i>[Signature]</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	Provider not in compliance with notifying the Office of the addition of any household member when informed a newborn resides in the home as of November 2024. Observed childcare relocated on main level of home- no notification of change was submitted.

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

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	10/29/2027
X	14. First Aid Certificate	
	Expiration date:	01/19/2027

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	01/19/2027	
<b>X</b>	<b>16. Judgment</b>	

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

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

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

<b>X</b>	<b>19. Sub/Assistant</b>	Y/N	<b>Name:</b> Yazmin Santana	<b>Appvl #</b> 92666
	Type of Staff :	<b>Y</b>		
	Substitute			
<b>X</b>	<b>20. Emergency Caregiver</b>			

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

<b>X</b>	<b>21. Background Check(s)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. Clean/Sanitary Environment</b>			
<b>O</b>	<b>23. Freedom of Hazards</b>	Observed the following hazards- lawn mower and garage door open with tools/paint etc inside accessible to children. Sharp knives and cleaning products in kitchen cabinet and drawers accessible to children. Observed mop bucket in kitchen with water.		
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>			
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>			
<b>X</b>	<b>26. Safe Storage of Flammables</b>			
<b>X</b>	<b>27. Safe Door Fasteners</b>			
<b>X</b>	<b>28. Electrical Safety</b>			
<b>X</b>	<b>29. Safe Exits</b>			
<b>X</b>	<b>30. Basement Supervision</b>	Y/N		
		<b>Y</b>		
	<b>Used for Care ?</b>	Y/N		
<b>O</b>	<b>31. Stairways - Protected, Handrails</b>	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when observed gate at stairway not closed during inspection.		
<b>X</b>	<b>32. Emergency Plan</b>			

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with maintaining a written log of the drills for one year when log not available during inspection.	
<input type="radio"/>	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors when not operable in basement level.	
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions when observed fire extinguisher on a table.	
<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 checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Provider not in compliance with ensuring the location of emergency numbers is known to staff when observed no emergency numbers were posted on wall.	
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input type="radio"/>	51. Pet protection	Type: 1 dog	Provider not in compliance with maintaining current rabies vaccination certificate of one dog.
	Pets?	Y	
	Rabies Certs?	N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<input checked="" type="checkbox"/>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health records of two children.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization records of three children. Two children missing all vaccines and one child missing flu vaccine.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining written parent permission to authorize removal of three children. Children need adults listed in place of parents to remove children.
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<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 type="radio"/>	65. Handwashing	Provider not in compliance with ensuring the provider's, staff and children's hands are washed with soap and water after toileting when observed children either using no soap or dish soap to wash hands.
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<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	

<input checked="" type="checkbox"/>	74. Crib or Other Provision Free from Observable Hazards	
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="checkbox"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input checked="" type="checkbox"/>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<input type="radio"/>	81. Supervision- at all Times, Indoors, Outdoors	Provider not in compliance with providing supervision at all times when upon OEC's arrival 6 children were observed in outdoor play area alone while substitute was inside attempting to get additional child outside.
<input checked="" type="checkbox"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="checkbox"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="checkbox"/>	84. Immediate Attention	
<input checked="" type="checkbox"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="checkbox"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="checkbox"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="checkbox"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="checkbox"/>	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
<input checked="" type="checkbox"/>	91. Sick Child Care	
<b>NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N</b>		
<input checked="" type="checkbox"/>	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? Y**

**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

99. Documented  
Medication  
Trained Staff

**Provider not in compliance with maintaining training in the administration of oral, topical and inhalant medications when observed substitute alone with children did not have medication administration certificate.**

100. Written Auth  
Prescriber/Parent  
Permission

**Provider not in compliance with maintaining a written order from prescriber for medication when child diagnosed with intermittent asthma present in childcare.**

**X** 101. MAR  
Maintained

102. Prescription  
Meds -  
Stored/Labeled

**Observed one child diagnosed with intermittent asthma without medication on site.**

**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-18 Child 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

<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>	



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>16 out of 109</b>
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**DISCUSSIONS/COMMENTS**

Discussed with substitute importance of ensuring supervision inside and outside is always maintained. All children and staff must be outside together or inside all together.  
 Discussed with substitute importance of ensuring capacity is maintained at all times- during inspection substitute called a parent to pick up a child. Parent never came.  
 Discussed with substitute importance of knowing where all documents are located when provider is not present.  
 Discussed with substitute importance of having a current medication administration certification if alone with a child that has a medical need and medication.  
 Discussed with substitute importance of ensuring any changes in home such as relocating childcare from basement to main level and an additional household member must be notified to agency within five business days.

**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)	<b>DATE CORRECTIONS DUE BY:</b>  <b>08/06/2025</b>	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)	 (Printed Name)		<b>YAMILKA SANTANA</b> (Printed Name)