



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	VICKY ROCIO DE LA CRUZ				License Number	DCFH.58032	Date of Inspection	07/24/2025
					Expiration Date	7/31/2028	Time of Inspection	11:38 AM
Address	43 BARKER ST HARTFORD CT 06114-1816				Telephone	(959) 223-7667	Regular Capacity	6
					Hours of Operation	5:00 AM – 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	vickydelacruz758@gmail.com				Inspector's Email	silvana.carreon-zegarra@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 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:	05/22/2027
X	14. First Aid Certificate	
	Expiration date:	02/02/2026

X	15. CPR Certificate	
	Expiration date: 02/22/2026	
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:	NICOLE B. AUQUI/ ELENA GUTIERREZ	Appvl #	95590///92902
	Type of Staff : Substitute	Y				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

○	21. Background Check(s)	Provider not in compliance with maintaining evidence of compliance with background checks for her staff when she could not access to her BCIS account to show her roster. The OEC representative
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
	Used for Care ?	N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

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 N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors Y Y		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N 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		
O	46. Water Temperature- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when the water temperature was 141 F at the moment of the inspection.	
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:	
	Pets?	N	
	Rabies Certs?		
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining child health record(s) when after reviewing twenty children's files, the OEC representative observed that one child health record was missing
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s) when after reviewing twenty children's files, the OEC representative observed that two children were missing flu
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care when the OEC representative observed that four children were missing complete emergency permissions and two children were missing dentist's information.
<input checked="" type="checkbox"/>	57. Authorized Release	
<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 checked="" type="checkbox"/>	65. Handwashing	
<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 type="radio"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with ensuring individual plans of care have been signed by the provider, parent and approved staff when the OEC representative observed four asthma action plans and one allergy action plan were missing provider and staff signatures.
<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	

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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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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

O 94. Policies and
Procedures for
Admin of Meds
Provider not in compliance with maintaining complete written policies on the administration of medication when the provider could not provide evidence of the policy or stated about her policy

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

O 100. Written Auth
Prescriber/Parent
Permission
Provider not in compliance with maintaining a written order from prescriber for medication when the OEC representative observed an authorization form expired on 6/6/2025

X 101. MAR
Maintained

X 102. Prescription
Meds -
Stored/Labeled

X 103.
Unused/Expired
Prescription Meds

O 104. Emergency
Meds- Equip.
Labeled/Current
Provider not in compliance with maintaining emergency medications and/or equipment are properly labeled when the OEC representative observed an Epi-Pen without label. Provider not in compliance

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

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	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	9 out of 109
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DISCUSSIONS/COMMENTS

#21 The roster of 57740 was on provider's file. The provider do not have a Roster of her license 58032. The provider has reviewed the OEC REGULATIONS using aids. including medication, safe sleep, capacity, and enrollment documentation.

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)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	08/07/2025	VICKY ROCIO DE LA CRUZ (Printed Name)