



**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](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|  |   |                                     |     |                          |                         |                       |                     |            |
|--|---|-------------------------------------|-----|--------------------------|-------------------------|-----------------------|---------------------|------------|
| Provider                                   | AMANDA ADDARIO-GATES  |                                     |     |                          | License Number          | DCFH.58120            | Date of Inspection  | 07/31/2025 |
|  |   |                                     |     |                          | Expiration Date         | 12/31/2028            | Time of Inspection  | 09:27 AM   |
| Address                                    | 103 BARNUM AVE UNIT A<br>BRIDGEPORT CT 06608-2102   |                                     |     |                          | Telephone               | (203) 993-2309        | Regular Capacity    | 6          |
|  |   |                                     |     |                          | Hours of Operation      | 24 HOURS – 24 HOURS   | School Age Capacity | 3          |
| Is this a Change of Address?               | Yes?  | <input checked="" type="checkbox"/> | No? | <input type="checkbox"/> | Days of Operation       | Mon-Fri               | Summer Hours        | Open       |
| New Address                                | 549 Jane St<br>Bridgeport CT 06608  |                                     |     |                          | # Under 18 mths present | 0                     | Weekend Hours       | No         |
|  |   |                                     |     |                          | Total children present  | 0                     | Night Hours         | No         |
| Type of Inspection                         | CHANGE OF ADDRESS   |                                     |     |                          | Inspector's Name        | Rebecca LaRosa        |                     |            |
| Provider's Email                           | addarioamanda@gmail.com   |                                     |     |                          | Inspector's Email       | rebecca.larosa@ct.gov |                     |            |
| Key:<br>Compliant = X<br>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>Rebecca LaRosa</i><br/>Signature of Provider/Substitute/Applicant</p> |                                     |     |                          |                         |                       |                     |            |

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

|                                     |                                      |          |
|-------------------------------------|--------------------------------------|----------|
| <input checked="" type="checkbox"/> | 4. Capacity                          |          |
| <input checked="" type="checkbox"/> | 5. Non-transferability of license    | Pending? |
| <input checked="" type="checkbox"/> | 6. Infant/Toddler Restriction        |          |
| <input checked="" type="checkbox"/> | 7. License Posted                    |          |
| <input checked="" type="checkbox"/> | 8. Parent Access to OEC Phone Number |          |
| <input checked="" type="checkbox"/> | 9. Photo ID                          |          |
| <input checked="" type="checkbox"/> | 10. Requests for Information         |          |
| <input checked="" type="checkbox"/> | 11. Notification of Change           |          |

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

|                                     |  |            |
|-------------------------------------|--|------------|
| <input checked="" type="checkbox"/> | 12. Awareness of, Understanding of Regulations |            |
| <input checked="" type="checkbox"/> | 13. Medical statement                          |            |
|                                     | Expiration date:                               | 02/07/2027 |
| <input checked="" type="checkbox"/> | 14. First Aid Certificate                      |            |
|                                     | Expiration date:                               | 02/23/2027 |

|          |                                |  |
|----------|--------------------------------|--|
| <b>X</b> | 15. CPR Certificate            |  |
|          | Expiration date:<br>02/23/2027 |  |
| <b>X</b> | 16. Judgment                   |  |

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

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

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

|          |                         |     |       |  |         |  |
|----------|-------------------------|-----|-------|--|---------|--|
| <b>X</b> | 19. Sub/Assistant       | Y/N | Name: |  | Appvl # |  |
|          | Type of Staff:          | N   |       |  |         |  |
| <b>X</b> | 20. Emergency Caregiver |     |       |  |         |  |

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

|          |                         |  |
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| <b>X</b> | 21. Background Check(s) |  |
|----------|-------------------------|--|

**PHYSICAL ENVIRONMENT 19a-87b-9**

|          |   |   |
|----------|---|---|
| <b>X</b> | 22. Clean/Sanitary Environment                |   |
| <b>O</b> | 23. Freedom of Hazards                        | Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when outdoor play area has a fire pit & brick grill accessible, an a/c unit accessible, a broken lattice on bottom of deck that is accessible and two blind spots for supervision near shed and sides of |
| <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>O</b> | 27. Safe Door Fasteners                       | Provider not in compliance with ensuring safe door fasteners when no key/pin was available to unlock bathroom door.   |
| <b>X</b> | 28. Electrical Safety                         |   |
| <b>X</b> | 29. Safe Exits                                |   |
| <b>X</b> | 30. Basement Supervision                      | Y/N<br>Y  |
|          | Used for Care ?                               | Y/N   |
| <b>O</b> | 31. Stairways - Protected, Handrails          | Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when gate was not installed at the stairway leading up stairs.  |
| <b>X</b> | 32. Emergency Plan                            |   |

|          |   |  |  |
|----------|---|--|--|
| <b>X</b> | 33. Emergency Evacuation Drills - Quarterly/Log         |  |  |
| <b>X</b> | 34. Smoke Detectors                                     |  |  |
| <b>O</b> | 35. Carbon Monoxide Detector                            | <b>Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when there were no carbon monoxide detectors on the 1st floor or basement levels.</b> |  |
| <b>X</b> | 36. Fire Extinguisher- 5 lb. ABC/Installed              |  |  |
| <b>X</b> | 37. Auxiliary Heating System N Type?                    | Appvd?   |  |
| <b>X</b> | 38. Safe Storage of Weapons and Ammunition              |  |  |
| <b>X</b> | 39. Safe Space- Sufficient                              |  |  |
|          | Indoors   | Y  |  |
|          | Outdoors  | Y  |  |
| <b>X</b> | 40. Body of Water- Type:                                | Y/N  |  |
|          | Barrier?  | N  |  |
| <b>X</b> | 41. Hot Tubs- Locked - Inaccessible                     | Y/N  |  |
|          |   | N  |  |
| <b>X</b> | 42. Ventilation, Light and Temperature- 65°             |  |  |
| <b>X</b> | 43. Window Safety                                       |  |  |
| <b>X</b> | 44. Washing Toileting, Sewage Garbage Facilities        |  |  |
| <b>X</b> | 45. Adequate and Safe Water - Type of System:           |  |  |
|          | Public Water  |  |  |
| <b>X</b> | 46. Water Temperature- 60°-120°                         |  |  |
| <b>X</b> | 47. Pasteurization of Milk Supply                       |  |  |
| <b>X</b> | 48. Working Phone, Emergency Numbers Posted             |  |  |
| <b>X</b> | 49. Safe Transportation Registered, Insured, Restraints |  |  |
| <b>X</b> | 50. First Aid supplies                                  |  |  |
| <b>X</b> | 51. Pet protection                                      | Type:  |  |
|          | Pets?   | N  |  |
|          | Rabies Certs?   |  |  |
| <b>X</b> | 52. Smoking Prohibited                                  |  |  |

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

|          |                     |  |  |
|----------|---------------------|--|--|
| <b>X</b> | 53. Enrollment Form |  |  |
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|----------|--|--|
| <b>X</b> | 54. Child Health Record  |  |
| <b>X</b> | 55. Immunizations  |  |
| <b>X</b> | 56. Emergency Permission   |  |
| <b>X</b> | 57. Authorized Release   |  |
| <b>X</b> | 58. Field Trip and Transportation Permission-To/From School              |  |
| <b>X</b> | 59. Swimming Permission  |  |
| <b>X</b> | 60. Incident Log   |  |
| <b>X</b> | 61. Confidentiality  |  |
| <b>X</b> | 62. Meeting the Child's Needs  |  |
| <b>X</b> | 63. Sufficient Play Equipment  |  |
| <b>X</b> | 64. Good Nutrition- Meals/Snacks, Water Available                        |  |
| <b>X</b> | 65. Handwashing  |  |
| <b>X</b> | 66. Flexible and Balanced Written Schedule                               |  |
| <b>X</b> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| <b>X</b> | 68. Proper Rest Provisions – Safe Cribs                                  |  |
| <b>X</b> | 69. Individual Plan for Care (Written if Applicable)                     |  |
| <b>X</b> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |  |
| <b>X</b> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |  |
| <b>X</b> | 72. Infants Placed on Back for Sleeping                                  |  |
| <b>X</b> | 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>X</b> | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| <b>X</b> | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <b>X</b> | 79. Parent Information and Access                                    |  |
| <b>X</b> | 80. Developmental Milestones – Posted                                |  |
| <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                       |  |

### SICK CHILD CARE 19a-87b-11

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 91. Sick Child Care |  |
|----------|---------------------|--|

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear |  |
|----------|---|--|

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

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| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
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| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
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| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
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| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
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| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
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| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
|----------|---|--|

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| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission |  |
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| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

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| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds |  |
|----------|---|--|

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| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current |  |
|----------|---|--|

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| <b>X</b> | 105. Self-Admin.<br>Of Meds |  |
|----------|-----------------------------|--|

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| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
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| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
|----------|--|--|

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| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

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|----------|--|--|
| <b>X</b> | <b>112. Finger Stick Blood Glucose Testing Records</b> |  |
| <b>X</b> | <b>113. Parent Notification of Test Results</b>        |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | 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>4 out of 109</b> |
|--|------------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Provider stated lead water test was conducted on 7/28/25 and it takes 5-7 business days for the results. Provider will send results and understands that she will not be approved without documentation of results. Provider had no access to outdoor shed initially but landlord came and unlocked the shed which contained the garden tools for lawn care. Landlord stated they will provide a key for access to future inspections.

**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.*

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Rebecca LaRosa</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>08/14/2025</b>               | <b>AMANDA ADDARIO-GATES</b><br>(Printed Name)   |