



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	ANGELA WILLIAMS				License Number	DCFH.56499	Date of Inspection	07/31/2025
					Expiration Date	7/31/2026	Time of Inspection	12:33 PM
Address	107 HALLETT ST BRIDGEPORT CT 06608-2502				Telephone	(475) 298-5745	Regular Capacity	6
					Hours of Operation	24 HOURS – 24 HOURS	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	No
					Total children present	3	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Rebecca LaRosa		
Provider's Email	acwilliams10644@yahoo.com				Inspector's Email	rebecca.larosa@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). *Angela Williams*

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:	07/29/2028
X	14. First Aid Certificate	
	Expiration date:	10/14/2025

X	15. CPR Certificate	
	Expiration date:	
	10/14/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Provider not in compliance with maintaining medical statements when medical statement was not available for review for 1 household members.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff:	N				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when background check per OEC had expired; provider states having trouble accessing BCIS.
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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				
		Y				
	Used for Care ?	Y/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	Appvd?	
	Type?		
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient		
	Indoors	Outdoors	
	Y	Y	
X	40. Body of Water-Type:	Y/N	
	Barrier?	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		
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: 1 cat	
	Pets?	Y	
	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 current child health record(s) when 2 children didn't have a current health record available for review
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current immunization record(s) when 2 children didn't have current immunizations available for review.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<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 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	

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

X 99. Documented
Medication
Trained Staff

O 100. Written Auth
Prescriber/Parent
Permission **Provider not in compliance with maintaining written parent permission for medication when 1 child with diagnosed asthma and needing rescue medication didn't have an authorization /parent permission form available for review.**

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-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:	5 out of 109
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DISCUSSIONS/COMMENTS

Discussed needing to restock 1 instant cold pack in the first aid kit.

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)
Rebecca LaRosa (Printed Name)	 (Printed Name)	08/14/2025	ANGELA WILLIAMS (Printed Name)