



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 | VIOLETA REYES | | | | License Number | DCFH.54394 | Date of Inspection | 08/19/2025 |
| | | | | | Expiration Date | 10/31/2025 | Time of Inspection | 10:32 AM |
| Address | 3075 OLD TOWN RD BRIDGEPORT CT 06606-1245 | | | | Telephone | (203) 260-3018 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 6:30 AM – 5:30 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 | 1 | Weekend Hours | No |
| | | | | | Total children present | 8 | Night Hours | No |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Alexandra Rodriguez | | |
| Provider's Email | VIOLE.REYES@HOTMAIL.COM | | | | Inspector's Email | alexandra.rodriguez@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). *Violeta*

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

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|---|--------------------------------------|---|
| X | 4. Capacity | |
| X | 5. Non-transferability of license | Pending? |
| X | 6. Infant/Toddler Restriction | |
| O | 7. License Posted | Provider not in compliance with ensuring the license is posted in a conspicuous location when observed it not 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

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| X | 12. Awareness of, Understanding of Regulations | |
| X | 13. Medical statement | |
| | Expiration date: | 07/19/2026 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 01/19/2027 |

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| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 01/19/2027 | |
| O | 16. Judgment | Provider not in compliance with demonstrating good judgment about supervision and safety when observed outside with substitute with 7 children were outside while 8th child (infant of 4 months old) was sleeping in a rocker infant chair with a bib in the living room. |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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| X | 17. Medical Statement | |
| X | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

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|----------|-------------------------|----------|------------------------------|---------|-------------|
| X | 19. Sub/Assistant | Y/N | Name: Alejandro Reyes | Appvl # | 4024 |
| | Type of Staff: | Y | | | |
| | Substitute | | | | |
| X | 20. Emergency Caregiver | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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| X | 21. Background Check(s) | |
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PHYSICAL ENVIRONMENT 19a-87b-9

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| X | 22. Clean/Sanitary Environment | | |
| O | 23. Freedom of Hazards | Observed hair products in unlocked drawer under unlocked bathroom drawer, vitamins in unlocked kitchen cabinet, cleaning products in unlocked kitchen cabinet and sharp large knives in unlocked kitchen drawer, dog's water bowl in kitchen-all items accessible to children. | |
| X | 24. Harmful Substances/Materials Inaccessible | | |
| X | 25. Bio-contaminants Disposed Safely | | |
| X | 26. Safe Storage of Flammables | | |
| X | 27. Safe Door Fasteners | | |
| O | 28. Electrical Safety | Provider not in compliance with maintaining protective covers or approved safety outlets when observed multiple outlets without covers. | |
| X | 29. Safe Exits | | |
| X | 30. Basement Supervision | Y/N | |
| | | Y | |
| | Used for Care ? | Y/N | |
| X | 31. Stairways - Protected, Handrails | | |
| O | 32. Emergency Plan | Provider not in compliance with maintaining a written emergency plan when it was not available during inspection. | |

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| X | 33. Emergency Evacuation Drills - Quarterly/Log | |
| O | 34. Smoke Detectors | Provider not in compliance with maintaining operable smoke detector in basement level of home. |
| O | 35. Carbon Monoxide Detector | Provider not in compliance with maintaining operable carbon monoxide detector on second level of home. |
| 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: pool Barrier? | Y/N Y Y |
| 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 Pets? Rabies Certs? | Type: two dogs Y Y |
| X | 52. Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| O | 53. Enrollment Form | Provider not in compliance with maintaining child enrollment form of a child enrolled from 8/18-8/20/2025. Child is a sibling of another child enrolled. |
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| <input type="radio"/> | 54. Child Health Record | Provider not in compliance with maintaining child health record of a child enrolled from 8/18/25-8/20/25. Child is a sibling of another child enrolled. |
| <input type="radio"/> | 55. Immunizations | Provider not in compliance with maintaining immunization record when a child enrolled from 8/18/25-8/20/25. Child is a sibling of another child enrolled. |
| <input type="radio"/> | 56. Emergency Permission | Provider not in compliance with maintaining complete emergency contact information for two children. One of which is enrolled from 8/18/25-8/20/25. Child is a sibling of another child enrolled. |
| <input type="radio"/> | 57. Authorized Release | Provider not in compliance with maintaining written parent permission to authorize removal of two children. One of which is enrolled from 8/18/25-8/20/25. Child is a sibling of another child enrolled. |
| <input type="radio"/> | 58. Field Trip and Transportation Permission-To/From School | Observed all transportation permissions missing for one a child enrolled from 8/18/25-8/20/25. Child is a sibling of another child enrolled. |
| <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) | Observed three children missing individual care plans. One diagnosed with multiple food allergies (fish, peanuts and hazelnuts) and two children diagnosed with asthma. |
| <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 type="radio"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | Upon arrival while specialist was doing a head count outside of children playing provider went inside and appeared out of the doorway with an infant of four months old stating she was sleeping. When specialist asked where infant was sleeping provider demonstrated to specialist that infant was sleeping in a rocker. |

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| <input type="radio"/> | 74. Crib or Other Provision Free from Observable Hazards | Provider not in compliance with ensuring that bibs and garments with ties when observed four month old that provider admitted was sleeping in rocker and wearing a bib around neck. |
| <input checked="" type="checkbox"/> | 75. Infants not Swaddled | |
| <input checked="" type="checkbox"/> | 76. Infants Supervised – minimum every 15 minutes | Provider not in compliance with ensuring infants are physically observed at least every 15 minutes when |
| <input type="radio"/> | 77. Req. for Sleep Arrangements Posted/Discussed | Provider not in compliance with posting in a conspicuous place the requirements for sleep arrangements when observed posting not on wall. |
| <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 | Upon arrival while specialist was doing a head count outside of children playing provider went inside and appeared out of the doorway with a four month old stating she was sleeping. When specialist asked where infant was sleeping provider demonstrated to specialist that infant was sleeping in a rocker in |
| <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 | |
| SICK CHILD CARE 19a-87b-11 | | |
| <input checked="" type="checkbox"/> | 91. Sick Child Care | |
| NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N | | |
| <input checked="" type="checkbox"/> | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |

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

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| X | 93. Access-Immediate, Entire or Part of Facility and Records | |
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y

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| X | 94. Policies and Procedures for Admin of Meds | |
| O | 95. Parent Permission for Nonprescription Topical Meds | Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when observed three diaper creams without written parent permission forms. |
| 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 observed written authorization form of one child diagnosed with asthma missing parent signature. |
| X | 101. MAR Maintained | |
| O | 102. Prescription Meds - Stored/Labeled | Provider not in compliance with maintaining proper storage of medication when observed two children's asthma medication not in original containers and missing prescription labels. |
| 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

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| 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 | |

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| X | 112. Finger Stick Blood Glucose Testing Records | |
| X | 113. Parent Notification of Test Results | |

ADDITIONAL VIOLATIONS

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| | 114. Consent Order - Negotiated Corrective Action Plan | N/A? |
| | | X |

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| WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No? | Yes | LEVEL OF NON-COMPLIANCE THIS VISIT: | 21 out of 109 |
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DISCUSSIONS/COMMENTS

Discussed with provider the following-

- Importance of ensuring all children are provided with adequate supervision. Upon arrival specialist noticed provider and substitute were outside with children. While specialist was doing a head count outside while 7 children were playing, provider went inside and appeared with a four month old infant. Provider admitted infant was sleeping in living room in a rocker while wearing a bib. Specialist emphasized the importance of maintaining compliance with all safe sleep regulations and requirements.
- Importance of ensuring all medications are kept in original packaging with prescription labels.
- Importance of every child enrolled in childcare whether it be for a day or longer must have all enrollment documents complete.
- Importance of ensuring all children with diaper creams or non prescription topical medications have written parent permission forms complete.

IMPORTANT NOTES

- o *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.*
- o *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- o **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) |
| Alexandra Rodriguez (Printed Name) | (Printed Name) | 09/02/2025 | VIOLETA REYES (Printed Name) |