



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 | ANCELLA ROBINSON | | | | License Number | DCFH.53628 | Date of Inspection | 09/22/2025 |
| | | | | | Expiration Date | 3/31/2029 | Time of Inspection | 09:11 AM |
| Address | 1923 PARK AVE BRIDGEPORT CT 06604-1922 | | | | Telephone | (203) 572-0128 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 7:00 AM – 6:30 PM | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Sat | Summer Hours | Open |
| New Address | | | | | # Under 18 mths present | 0 | Weekend Hours | Yes |
| | | | | | Total children present | 0 | Night Hours | No |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Rebecca LaRosa | | |
| Provider's Email | Ancellarobinson54@gmail.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).

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

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|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations | |
| X | 13. Medical statement | |
| | Expiration date: | 12/16/2025 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 04/22/2027 |

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|----------|---------------------|--|
| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 04/22/2027 | |
| X | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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| O | 17. Medical Statement | Provider not in compliance with maintaining medical statements when 2 household members needed a current medical statement on file. |
| 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

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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 | | | | | |
| 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 | | | | | |

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| 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: | |
| | Pets? | N | |
| | Rabies Certs? | | |
| X | 52. Smoking Prohibited | | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| 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 1 child didn't have a current health record available. |
| <input type="radio"/> | 55. Immunizations | Provider not in compliance with maintaining current immunization record(s) when 1 child didn't have current immunizations available. |
| <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 type="radio"/> | 69. Individual Plan for Care (Written if Applicable) | Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when there was no care plan available for 1 child with diagnosed 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 checked="" type="checkbox"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | |

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| 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

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| X | 91. Sick Child Care | |
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

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| X | 92. Separate Bed- Location of Bed - Appropriate Sleepwear | |
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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 | |
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| X | 95. Parent Permission for Nonprescription Topical Meds | |
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| X | 96. Notification - Documentation of Med Error(s) | |
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| X | 97. Nonprescription Topical Meds- Stored/Labeled | |
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| X | 98. Unused - Expired Nonprescription Meds | |
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| X | 99. Documented Medication Trained Staff | |
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| X | 100. Written Auth Prescriber/Parent Permission | |
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| X | 101. MAR Maintained | |
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| X | 102. Prescription Meds - Stored/Labeled | |
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| X | 103. Unused/Expired Prescription Meds | |
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| X | 104. Emergency Meds- Equip. Labeled/Current | |
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| X | 105. Self-Admin. Of Meds | |
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| X | 106. Petition for Special Medication Authorization | |
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MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

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| X | 108. Policies for Finger Stick Blood Glucose Testing | |
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| X | 109. Finger Stick Blood Glucose Testing - Staff Trained | |
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| X | 110. Self Admin of Finger Stick Blood Glucose Testing | |
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| X | 111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed | |
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