



**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                     | STEPHANIE PAREDEZ DIAZ                      |  |     |   | License Number          | DCFH.58035          | Date of Inspection  | 10/07/2025 |
|                              |   |  |     |   | Expiration Date         | 7/31/2028           | Time of Inspection  | 12:52 PM   |
| Address                      | 169 SHERIDAN ST<br>BRIDGEPORT CT 06610-2759 |  |     |   | Telephone               | (914) 327-8257      | Regular Capacity    | 6          |
|                              |   |  |     |   | Hours of Operation      | 6:00 AM – 6:00 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 | 3                   | Weekend Hours       | No         |
|                              |   |  |     |   | Total children present  | 6                   | Night Hours         | No         |
| Type of Inspection           | UNANNOUNCED INSPECTION - FULL               |  |     |   | Inspector's Name        | Candy Vargas        |                     |            |
| Provider's Email             | Stephanieparedez05@gmail.com                |  |     |   | Inspector's Email       | candy.vargas@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).

*Stephanie*

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:<br>02/20/2027                 |  |
| X | 14. First Aid Certificate                      |  |
|   | Expiration date:<br>06/08/2026                 |  |

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>15. CPR Certificate</b> |  |
|          | Expiration date:           |  |
|          | 06/08/2026                 |  |
| <b>X</b> | <b>16. Judgment</b>        |  |

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

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

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

|          |                                |            |                                   |                             |
|----------|--------------------------------|------------|-----------------------------------|-----------------------------|
| <b>X</b> | <b>19. Sub/Assistant</b>       | <b>Y/N</b> | <b>Name:</b> <b>Giovanna Lake</b> | <b>Appvl #</b> <b>92785</b> |
|          | Type of Staff:                 | <b>Y</b>   |                                   |                             |
| <b>X</b> | <b>20. Emergency Caregiver</b> |            |                                   |                             |

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

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

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

|          |  |   |
|----------|--|---|
| <b>X</b> | <b>22. Clean/Sanitary Environment</b>                |   |
| <b>X</b> | <b>23. Freedom of Hazards</b>                        |   |
| <b>X</b> | <b>24. Harmful Substances/Materials Inaccessible</b> |   |
| <b>X</b> | <b>25. Bio-contaminants Disposed Safely</b>          |   |
| <b>X</b> | <b>26. Safe Storage of Flammables</b>                |   |
| <b>X</b> | <b>27. Safe Door Fasteners</b>                       |   |
| <b>O</b> | <b>28. Electrical Safety</b>                         | <b>Provider not in compliance with maintaining electrical cords and/or appliances are secured. Electrical cord observed accessible to children.</b> |
| <b>X</b> | <b>29. Safe Exits</b>                                |   |
| <b>X</b> | <b>30. Basement Supervision</b>                      | <b>Y/N</b>  |
|          |  | <b>Y</b>  |
|          | <b>Used for Care ?</b>                               | <b>Y/N</b>  |
| <b>X</b> | <b>31. Stairways - Protected, Handrails</b>          |   |
| <b>X</b> | <b>32. Emergency Plan</b>                            |   |

|          |  |                 |  |
|----------|--|-----------------|--|
| <b>X</b> | <b>33. Emergency Evacuation Drills - Quarterly/Log</b>         |                 |  |
| <b>X</b> | <b>34. Smoke Detectors</b>                                     |                 |  |
| <b>X</b> | <b>35. Carbon Monoxide Detector</b>                            |                 |  |
| <b>X</b> | <b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>              |                 |  |
| <b>X</b> | <b>37. Auxiliary Heating System N</b>                          | Appvd?          |  |
|          | Type?  |                 |  |
| <b>X</b> | <b>38. Safe Storage of Weapons and Ammunition</b>              |                 |  |
| <b>X</b> | <b>39. Safe Space-Sufficient</b>                               |                 |  |
|          | <b>Indoors</b>   | <b>Outdoors</b> |  |
|          | Y  | Y               |  |
| <b>X</b> | <b>40. Body of Water-Type:</b>                                 | Y/N             |  |
|          | Barrier?   | N               |  |
| <b>X</b> | <b>41. Hot Tubs-Locked - Inaccessible</b>                      | Y/N             |  |
|          |  | N               |  |
| <b>X</b> | <b>42. Ventilation, Light and Temperature- 65°</b>             |                 |  |
| <b>X</b> | <b>43. Window Safety</b>                                       |                 |  |
| <b>X</b> | <b>44. Washing Toileting, Sewage Garbage Facilities</b>        |                 |  |
| <b>X</b> | <b>45. Adequate and Safe Water -</b>                           |                 |  |
|          | Type of System:  |                 |  |
|          | Public Water   |                 |  |
| <b>X</b> | <b>46. Water Temperature- 60°-120°</b>                         |                 |  |
| <b>X</b> | <b>47. Pasteurization of Milk Supply</b>                       |                 |  |
| <b>X</b> | <b>48. Working Phone, Emergency Numbers Posted</b>             |                 |  |
| <b>X</b> | <b>49. Safe Transportation Registered, Insured, Restraints</b> |                 |  |
| <b>X</b> | <b>50. First Aid supplies</b>                                  |                 |  |
| <b>X</b> | <b>51. Pet protection</b>                                      | Type:           |  |
|          | Pets?  | N               |  |
|          | Rabies Certs?  |                 |  |
| <b>X</b> | <b>52. Smoking Prohibited</b>                                  |                 |  |

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

|          |                            |  |
|----------|----------------------------|--|
| <b>X</b> | <b>53. Enrollment Form</b> |  |
|----------|----------------------------|--|

|                                     |  |   |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | 54. Child Health Record  |   |
| <input type="checkbox"/>            | 55. Immunizations  | Provider not in compliance with maintaining immunization record it was observed that one child was missing the influenza vaccine.   |
| <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="checkbox"/>            | 69. Individual Plan for Care (Written if Applicable)                     | Provider not in compliance with developing and implementing a written individual plan of care for one child with health care needs. |
| <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 |   |

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="radio"/>               | 74. Crib or Other Provision Free from Observable Hazards             | Provider not in compliance with ensuring no items are placed with an infant in a crib. Upon arrival two infants were observed sleeping covered with blankets |
| <input checked="" type="checkbox"/> | 75. Infants not Swaddled   |  |
| <input checked="" type="checkbox"/> | 76. Infants Supervised – minimum every 15 minutes                    |  |
| <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.  |
| <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 checked="" type="checkbox"/> | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| <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**

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds |  |
|----------|---|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
|----------|---|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s) |  |
|----------|--|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled |  |
|----------|---|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds |  |
|----------|--|--|

|          |   |  |
|----------|---|--|
| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff |  |
|----------|---|--|

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

|          |                        |  |
|----------|------------------------|--|
| <b>X</b> | 101. MAR<br>Maintained |  |
|----------|------------------------|--|

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

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

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization |  |
|----------|---|--|

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

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

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

|          |   |  |
|----------|---|--|
| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
|----------|---|--|

|          |  |  |
|----------|--|--|
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

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

**ADDITIONAL VIOLATIONS**

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



|  |            |  |                     |
|--|------------|--|---------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b> | <b>Yes</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>5 out of 110</b> |
|--|------------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Upon arrival the provider was observed with substitute caring for 6 children. Influenza vaccine requirements were discussed with the provider, as well as access regulation. It was discussed with the provider to update the children's medicals to the Connecticut form.

**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>Candy Vargas</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>10/21/2025</b>               | <b>STEPHANIE PAREDEZ DIAZ</b><br>(Printed Name)   |