



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	JEANETTE JIMENEZ				License Number	DCFH.56898	Date of Inspection	10/14/2025
					Expiration Date	2/28/2029	Time of Inspection	09:40 AM
Address	547 BRUCE ST STRATFORD CT 06614-2106				Telephone	(203) 526-0693	Regular Capacity	6
					Hours of Operation	7:00 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	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Stefanie Russo		
Provider's Email	Jeanettejimenez106@gmail.com				Inspector's Email	stefanie.russo@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). *Jeanette Jimenez*

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: 09/19/2026	
X	14. First Aid Certificate	
	Expiration date: 09/13/2027	

X	15. CPR Certificate	
	Expiration date:	
	09/13/2027	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
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

X	21. Background Check(s)	
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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	
O	31. Stairways - Protected, Handrails	The Provider is not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when, the knob on basement door to stairs does not have a lock and is accessible to children.	
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	The Provider is not in compliance with maintaining operable smoke detectors on each level of the home when, the basement level smoke detectors are not working.
O	35. Carbon Monoxide Detector	The Provider is not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when, the carbon monoxide detector on the basement level is not working.
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 N Outdoors Y	
X	40. Body of Water- Type: Barrier?	Y/N 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: 2 dogs
	Pets?	Y
	Rabies Certs?	Y
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	
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X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission- To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
O	69. Individual Plan for Care (Written if Applicable)	The Provider is not in compliance with ensuring individual plans of care have been signed by the provider, parent and approved staff when, 2 children enrolled have mild persistent asthma that require a care plan.
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	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	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

93. Access-
Immediate, Entire
or Part of Facility
and Records

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

94. Policies and
Procedures for
Admin of Meds

95. Parent
Permission for
Nonprescription
Topical Meds

96. Notification -
Documentation of
Med Error(s)

97.
Nonprescription
Topical Meds-
Stored/Labeled

98. Unused -
Expired
Nonprescription
Meds

99. Documented
Medication
Trained Staff

The Provider is not in compliance with maintaining training in the administration of oral, topical and inhalant medications when, 2 children enrolled require medication that have mild persistent asthma per health records/ and a administration of medication form for 1 child.

100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

The Provider is not in compliance with maintaining a medication administration record when, the form was not on site for 1 child that has mild persistent asthma per health records.

102. Prescription
Meds -
Stored/Labeled

103.
Unused/Expired
Prescription Meds

104. Emergency
Meds- Equip.
Labeled/Current

The Provider is not in compliance with maintaining emergency medication and/or equipment when, the medication for 2 children enrolled that require meds for mild persistent asthma was not on site.

105. Self-Admin.
Of Meds

106. Petition for
Special
Medication
Authorization

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

108. Policies for
Finger Stick Blood
Glucose Testing

109. Finger Stick
Blood Glucose
Testing - Staff
Trained

110. Self Admin of
Finger Stick Blood
Glucose Testing

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:	7 out of 109
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DISCUSSIONS/COMMENTS

Discussed that the flu vaccine is required by 12/31/25, for all children, 6 months to 49 months.

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)
Stefanie Russo (Printed Name)	 (Printed Name)	10/28/2025	JEANETTE JIMENEZ (Printed Name)