



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 | LESHONDA C LEE | | | | License Number | DCFH.57223 | Date of Inspection | 10/21/2025 |
| | | | | | Expiration Date | 7/31/2027 | Time of Inspection | 09:51 AM |
| Address | 127 ENGLEWOOD AVE BRIDGEPORT CT 06606-2866 | | | | Telephone | (475) 369-4339 | 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-Fri | Summer Hours | Open |
| New Address | | | | | # Under 18 mths present | 0 | Weekend Hours | No |
| | | | | | Total children present | 1 | Night Hours | Yes |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Rebecca LaRosa | | |
| Provider's Email | leshondalee@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).

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 | |
| 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: 06/19/2027 | |
| X | 14. First Aid Certificate | |
| | Expiration date: 09/13/2027 | |

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

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: | | 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 | |
| O | 23. Freedom of Hazards | Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when a section of fencing fell down allowing access to neighbors yard; fencing gate was broken off and allows access to the front road and there were exposed rusty nails; broken chair accessible. |
| 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 | Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when outside stairway located in the play area didn't have a gate in place barring access. |
| X | 32. Emergency Plan | |

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| X | 33. Emergency Evacuation Drills - Quarterly/Log | |
| O | 34. Smoke Detectors | Provider not in compliance with maintaining operable smoke detectors when smoke detector in the basement was not working. |
| O | 35. Carbon Monoxide Detector | Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when there was no carbon monoxide detector in the basement area of the home. |
| O | 36. Fire Extinguisher- 5 lb. ABC/Installed | Provider not in compliance with maintaining at least a 5lb ABC fire extinguisher in operating condition when fire extinguisher's gage was in the "recharge" position and not fully operational. |
| 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: 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 | |
| O | 50. First Aid supplies | Provider not in compliance with ensuring first aid kits are restocked after use when there were not 2 instant cold packs available. |
| O | 51. Pet protection Pets? Rabies Certs? | Type: 2 dogs Y N Provider not in compliance with maintaining current rabies vaccination certificate(s) when current rabies certificate was not available for 1 dog and 1 dog didn't have a rabies certificate on file. |
| X | 52. Smoking Prohibited | |

RESPONSIBILITIES OF PROVIDER 19a-87b-10

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| X | 53. Enrollment Form | |
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| X | 54. Child Health Record | |
| O | 55. Immunizations | Provider not in compliance with maintaining immunization record(s) when 1 child didn't have immunizations available. |
| 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 | |
| X | 69. Individual Plan for Care (Written if Applicable) | |
| 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 | |

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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 | | |
| 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

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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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