



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|------------------------------|--------------------------------------|--|-----|---|-------------------------|----------------------|---------------------|------------|
| Provider | ROSA ALMAZAN | | | | License Number | DCFH.57674 | Date of Inspection | 11/19/2025 |
| | | | | | Expiration Date | 7/31/2026 | Time of Inspection | 08:46 AM |
| Address | 82 TAIT RD TRUMBULL CT 06611-3844 | | | | Telephone | (203) 400-1232 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 6:00 AM – 10:00 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 | 0 | Weekend Hours | No |
| | | | | | Total children present | 5 | Night Hours | No |
| Type of Inspection | UNANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Ana Sanchez | | |
| Provider's Email | Brightblessingshdc@gmail.com | | | | Inspector's Email | ana.m.sanchez@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).

Rosa Almazan

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: | 06/19/2028 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 05/17/2027 |

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| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 05/17/2027 | |
| 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: | Pablo Almazan-Rojas, Victoria Almazan | Appvl # | DCFS.92625, |
| | Type of Staff : | Y | DCFS.93001 Yaneisi Mantilla was present today. This substitute has never worked for this program. She will care for the children this afternoon when the provider leaves for a doctors appointment. | | | |
| | 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 | | |
| X | 23. Freedom of Hazards | | |
| 0 | 24. Harmful Substances/Materials Inaccessible | Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when laundry detergent was observed on the ground in a bathroom used by children. | |
| 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 | |
| O | 36. Fire Extinguisher- 5 lb. ABC/Installed | Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions when the fire extinguisher was observed to have been installed at a height exceeding 5 feet. |
| 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 | |
| X | 50. First Aid supplies | |
| X | 51. Pet protection Pets? Rabies Certs? | Type: 1 dog Y Y |
| 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 | |
| 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) | 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 one child with a diagnosed skin condition did not have an individual plan of care. |
| 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

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

ADDITIONAL VIOLATIONS

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| X | 114. Consent Order - Negotiated Corrective Action Plan | N/A? | |
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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?

Yes

LEVEL OF NON-COMPLIANCE THIS VISIT:



3 out of 110

DISCUSSIONS/COMMENTS

Discussed checking all smoke detectors regularly to ensure they are in proper working condition. The provider immediately replaced the batteries in one combined smoke and carbon monoxide detector in the basement.
 All children's enrollment forms and written permissions are complete and up to date. Provider will maintain a file for her own child.
 Provider received a blank copy of an individual plan of care, a sample medication administration policy, a notification of change form, and flyer for assistance with background checks.
 Discussed encouraging parents to review enrollment forms annually to ensure information is current.
 Discussed maintaining evidence of flu vaccination for all enrolled children by December 31st annually.
 DCFS.93001 was present during today's inspection. Yaneisi Montilla does not work for this program. It was her first time meeting the provider. Ms. Montilla brought a copy of her OEC license, photo identification, evidence of current background checks, and evidence of current first aid/CPR certification.

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) |
| Ana Sanchez (Printed Name) | (Printed Name) | 12/03/2025 | ROSA ALMAZAN (Printed Name) |

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