



**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	ANA PENA				License Number	DCFH.58074	Date of Inspection	12/03/2025
					Expiration Date	10/31/2028	Time of Inspection	12:22 PM
Address	120 KENT AVE BRIDGEPORT CT 06610-3007				Telephone	(347) 571-4102	Regular Capacity	6
					Hours of Operation	7:00 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	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Ana Sanchez		
Provider's Email	Anapena8607@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).

Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

X	4. Capacity	
	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	
	11. Notification of Change	

**QUALIFICATION OF PROVIDER 19a-87b-6**

	12. Awareness of, Understanding of Regulations	
	13. Medical statement	
	Expiration date:	05/18/2026
	14. First Aid Certificate	
	Expiration date:	05/18/2026

	<b>15. CPR Certificate</b>	
	Expiration date:	
	<b>05/18/2026</b>	
	<b>16. Judgment</b>	

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

	<b>17. Medical Statement</b>	
	<b>18. Household Environment</b>	

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

	<b>19. Sub/Assistant</b>	<b>Y/N</b>	<b>Name:</b>		<b>Appvl #</b>	
	Type of Staff :	<b>N</b>				
	<b>20. Emergency Caregiver</b>					

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

	<b>21. Background Check(s)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

	<b>22. Clean/Sanitary Environment</b>					
	<b>23. Freedom of Hazards</b>					
	<b>24. Harmful Substances/Materials Inaccessible</b>					
	<b>25. Bio-contaminants Disposed Safely</b>					
	<b>26. Safe Storage of Flammables</b>					
	<b>27. Safe Door Fasteners</b>					
	<b>28. Electrical Safety</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>31. Stairways - Protected, Handrails</b>					
	<b>32. Emergency Plan</b>					

	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?		
	38. Safe Storage of Weapons and Ammunition		
	39. Safe Space-Sufficient		
	Indoors		
	Outdoors		
	Y		
	Y		
	40. Body of Water-Type:	Y/N	
	Barrier?	N	
	41. Hot Tubs-Locked - Inaccessible	Y/N	
		N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
	44. Washing Toileting, Sewage Garbage Facilities		
	45. Adequate and Safe Water -		
	Type of System:		
	Public Water		
	46. Water Temperature- 60°-120°		
	47. Pasteurization of Milk Supply		
	48. Working Phone, Emergency Numbers Posted		
	49. Safe Transportation Registered, Insured, Restraints		
	50. First Aid supplies		
	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
	52. Smoking Prohibited		

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

	53. Enrollment Form		
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	<b>54. Child Health Record</b>	
	<b>55. Immunizations</b>	
	<b>56. Emergency Permission</b>	
	<b>57. Authorized Release</b>	
	<b>58. Field Trip and Transportation Permission- To/From School</b>	
	<b>59. Swimming Permission</b>	
	<b>60. Incident Log</b>	
	<b>61. Confidentiality</b>	
	<b>62. Meeting the Child's Needs</b>	
	<b>63. Sufficient Play Equipment</b>	
	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
	<b>65. Handwashing</b>	
	<b>66. Flexible and Balanced Written Schedule</b>	
	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
	<b>68. Proper Rest Provisions – Safe Cribs</b>	
	<b>69. Individual Plan for Care (Written if Applicable)</b>	
	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
	<b>72. Infants Placed on Back for Sleeping</b>	
	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

	74. Crib or Other Provision Free from Observable Hazards	
	75. Infants not Swaddled	
	76. Infants Supervised – minimum every 15 minutes	
	77. Req. for Sleep Arrangements Posted/Discussed	
	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
	79. Parent Information and Access	
	80. Developmental Milestones – Posted	
	81. Supervision- at all Times, Indoors, Outdoors	
	82. Personal Schedule- Alert, Competent Attention	
	83. Full Attention - Distractions, Employment, Socialization	
	84. Immediate Attention	
	85. Substitute – Emergency Caregiver Present	
	86. Appr. Discipline, Behavior Management	
	87. Discuss Beh. Management Methods w/Staff and Parents	
	88. Child Protection- Abuse/Neglect	
	89. Notify OEC within 24 hrs. - Death or Serious Injury	
	90. Mandated Reporting Abuse or Neglect to DCF	

**SICK CHILD CARE 19a-87b-11**

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

	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? N**

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

100. Written Auth  
Prescriber/Parent  
Permission

101. MAR  
Maintained

102. Prescription  
Meds -  
Stored/Labeled

103.  
Unused/Expired  
Prescription Meds

104. Emergency  
Meds- Equip.  
Labeled/Current

105. Self-Admin.  
Of Meds

106. Petition for  
Special  
Medication  
Authorization

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

108. Policies for  
Finger Stick Blood  
Glucose Testing

**X**

109. Finger Stick  
Blood Glucose  
Testing - Staff  
Trained

**X**

110. Self Admin of  
Finger Stick Blood  
Glucose Testing

**X**

111. Testing  
Equip. &  
Supplies-  
Maintain,  
Labeled, Locked,  
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?	
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<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>No</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>0 out of 20</b>
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**DISCUSSIONS/COMMENTS**

Walk through was completed. No children enrolled or present at this time. Provider had to leave for work, therefore full inspection was not completed but will be scheduled for a future date.

**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)		<b>DATE CORRECTIONS DUE BY:</b>	<i>Provider left work before signing document</i> (Signature of Provider/Applicant/Substitute)
<b>Ana Sanchez</b> (Printed Name)			<b>ANA PENA</b> (Printed Name)