



**DIVISION OF LICENSING**  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	ANTONIA M DE LA CRUZ				License Number	DCFH.58131	Date of Inspection	12/09/2025
					Expiration Date	1/31/2029	Time of Inspection	10:55 AM
Address	275 HARLEM AVE BRIDGEPORT CT 06606-4532				Telephone	(646) 804-1488	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	0	Weekend Hours	No
					Total children present	1	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Ana Sanchez		
Provider's Email	Antoniamdelacruz73@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). *Antoniamdelacruz*

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: 01/09/2027	
X	14. First Aid Certificate	
	Expiration date: 05/18/2026	

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

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

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

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

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

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

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

<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<b>○</b>	28. Electrical Safety	Provider not in compliance with ensuring that electrical cords do not hang within reach of children when an electrical cord for an air conditioner in the child care area was unsecured and within reach of children. Two outlet	
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
<b>○</b>	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 the exterior stairs used by children to access the outdoor play area was not protected by a gate or other structure.	
<b>X</b>	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when only two drills were completed and documented in 2025.	
<input checked="" type="checkbox"/>	34. Smoke Detectors		
<input checked="" type="checkbox"/>	35. Carbon Monoxide Detector		
<input type="radio"/>	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 installed at a height exceeding five feet from the ground.	
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space- Sufficient Indoors   Outdoors Y   Y		
<input checked="" type="checkbox"/>	40. Body of Water- Type: Barrier?	Y/N N	
<input checked="" type="checkbox"/>	41. Hot Tubs- Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input checked="" type="checkbox"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection	Type:	
	Pets?	N	
	Rabies Certs?		
<input checked="" type="checkbox"/>	52. Smoking Prohibited		

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

<input checked="" type="checkbox"/>	53. Enrollment Form		
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<b>○</b>	<b>54. Child Health Record</b>	<b>Provider not in compliance with maintaining current child health record(s) when one enrolled child's health record was expired.</b>
<b>X</b>	<b>55. Immunizations</b>	
<b>X</b>	<b>56. Emergency Permission</b>	
<b>X</b>	<b>57. Authorized Release</b>	
<b>X</b>	<b>58. Field Trip and Transportation Permission- To/From School</b>	
<b>X</b>	<b>59. Swimming Permission</b>	
<b>X</b>	<b>60. Incident Log</b>	
<b>X</b>	<b>61. Confidentiality</b>	
<b>X</b>	<b>62. Meeting the Child's Needs</b>	
<b>X</b>	<b>63. Sufficient Play Equipment</b>	
<b>X</b>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<b>X</b>	<b>65. Handwashing</b>	
<b>X</b>	<b>66. Flexible and Balanced Written Schedule</b>	
<b>X</b>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<b>X</b>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<b>X</b>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<b>X</b>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<b>X</b>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<b>X</b>	<b>72. Infants Placed on Back for Sleeping</b>	
<b>X</b>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

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

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

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

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

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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

Although the provider does not have any infants enrolled, specialist reviewed infant care and safe sleep regulations with the provider. Discussed maintaining evidence of flu vaccination for all enrolled children between the ages of 6 months and 59 months by December 31 annually.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Ana Sanchez</b> (Printed Name)	 (Printed Name)	<b>12/23/2025</b>	<b>ANTONIA M DE LA CRUZ</b> (Printed Name)