



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

**FAMILY CHILD CARE HOME INSPECTION**

Provider	VERONICA V DELGADO DE PEGUERO				License Number	DCFH.57588	Date of Inspection	02/04/2026
					Expiration Date	12/31/2029	Time of Inspection	09:28 AM
Address	773 WILLIAM ST FL 2 BRIDGEPORT CT 06608-1016				Telephone	(203) 312-3293	Regular Capacity	6
					Hours of Operation	6:30 AM – 9:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	4	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Ana Sanchez		
Provider's Email	veronica87peguero@hotmail.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	
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	
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when the provider did not notify the OEC when her mother moved in to the home.

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

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	10/30/2026
X	14. First Aid Certificate	
	Expiration date:	08/02/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	08/02/2027	
<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:	Deifilia Moreira, Hugo Delgado	Appvl #	DCFS.90896,
	Type of Staff:	<b>Y</b>				
	Substitute					
<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>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		<b>Y</b>	
	Used for Care ?	Y/N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	32. Emergency Plan		

<b>O</b>	33. Emergency Evacuation Drills - Quarterly/Log	<b>Provider not in compliance with maintaining a complete written log of the practice drills when provider only documented 2 drills in 2025.</b>	
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	<b>Due to the excess amount of snow covering the outdoor play area, the outdoor play space utilized by children could not be thoroughly inspected for hazards. The specialist will schedule a follow-up inspection with the provider to thoroughly inspect the outdoor play area as soon as weather permits.</b>	
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: 1 cat Y Y	
<b>X</b>	52. Smoking Prohibited		

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

<b>X</b>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health records for 1 enrolled child.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining current and complete immunization records for 3 enrolled children. Provider did not maintain evidence of flu vaccination for 3 enrolled children prior to December 31, 2025.
<input type="radio"/>	56. Emergency Permission	Provider not in compliance with maintaining complete emergency care information for 1 enrolled child.
<input type="radio"/>	57. Authorized Release	Provider not in compliance with maintaining complete written parent permission to authorize removal of children for 3 enrolled children.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for transportation of children for 1 enrolled child.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="checkbox"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="checkbox"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<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? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>○</b>	100. Written Auth Prescriber/Parent Permission	Provider not in compliance with maintaining written parent permission and a written order from prescriber for medication for 1 enrolled child with a diagnosed allergy that requires emergency medication.
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds – Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>○</b>	104. Emergency Meds- Equip. Labeled/Current	Provider not in compliance with maintaining emergency medications and/or equipment are properly labeled when the specialist observed unlabeled emergency medication without the information required from an authorized prescriber. The medication was not in its original container.
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

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

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	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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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	9 out of 109
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**DISCUSSIONS/COMMENTS**

Discussed regulation requiring licensed providers to maintain evidence of current background checks and a current adult medical statement for all newly added household members. Discussed utilizing all equipment that can be used for infant safe sleep, including play pens, per manufacturer guidelines. All equipment used by infants and children should be cleaned regularly to maintain a sanitary environment. Discussed encouraging parents to update their children's enrollment forms annually to ensure the accuracy of all enrollment and emergency contact information. Discussed the regulation requiring licensed providers to maintain evidence of flu vaccination for all eligible, enrolled children between the ages of 6 months and 59 months. Specialist gave the provider: a blank notification of change form, a flyer with guidance regarding background checks, a blank emergency plan to log emergency drills, a sample medication administration policy, copies of child enrollment forms, copies of written permission forms, copies of blank individual plans of care, copies of written parent authorization to administer nonprescription topical medication forms, a checklist for maintaining regulatory compliance, a flyer with contact information for service navigators in her region. Specialist discussed technical assistance which is a type of visit providers can request to seek assistance with maintaining compliance with regulatory requirements, such as reviewing child enrollment forms for accuracy. DCFS.90896 was present during the inspection. DCFS.92543 was present for part of the inspection.

**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)
<b>Ana Sanchez</b> (Printed Name)	 (Printed Name)	<b>02/18/2026</b>	<b>VERONICA V DELGADO DE PEGUERO</b> (Printed Name)