



**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	<b>BRENNY M FLORES MORALES</b>				License Number	<b>DCFH.58153</b>	Date of Inspection	<b>02/05/2026</b>
					Expiration Date	<b>3/31/2029</b>	Time of Inspection	<b>10:26 AM</b>
Address	<b>46 IWANICKI CIR BRIDGEPORT CT 06610-1019</b>				Telephone	<b>(203) 898-2210</b>	Regular Capacity	<b>5</b>
					Hours of Operation	<b>7:00 AM – 5:30 PM</b>	School Age Capacity	<b>2</b>
Is this a Change of Address?	Yes?		No?	<b>X</b>	Days of Operation	<b>Mon-Fri</b>	Summer Hours	<b>Open</b>
New Address					# Under 18 mths present	<b>1</b>	Weekend Hours	<b>No</b>
					Total children present	<b>1</b>	Night Hours	<b>No</b>
Type of Inspection	<b>ANNOUNCED INSPECTION - FULL</b>				Inspector's Name	<b>Ana Sanchez</b>		
Provider's Email	<b>Brennyf@live.com</b>				Inspector's Email	<b>ana.m.sanchez@ct.gov</b>		

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). *AS*

Signature of Provider/Substitute/Applicant

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

<b>X</b>	4. Capacity	
<b>X</b>	5. Non-transferability of license	Pending?
<b>X</b>	6. Infant/Toddler Restriction	
<b>X</b>	7. License Posted	
<b>X</b>	8. Parent Access to OEC Phone Number	
<b>X</b>	9. Photo ID	
<b>X</b>	10. Requests for Information	
<b>X</b>	11. Notification of Change	

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

<b>X</b>	12. Awareness of, Understanding of Regulations	
<b>X</b>	13. Medical statement	
	Expiration date:	<b>07/01/2027</b>
<b>X</b>	14. First Aid Certificate	
	Expiration date:	<b>08/10/2026</b>

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	08/10/2026	
<b>X</b>	<b>16. Judgment</b>	

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

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

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

<b>X</b>	<b>19. Sub/Assistant</b>	Y/N	<b>Name:</b>	<b>Socorro Leticia Morales Palma</b>	<b>Appvl #</b>	<b>DCFS.92886</b>
	Type of Staff:	<b>Y</b>				
	Substitute					
<b>X</b>	<b>20. Emergency Caregiver</b>					

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

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

<b>X</b>	<b>22. Clean/Sanitary Environment</b>					
<b>X</b>	<b>23. Freedom of Hazards</b>					
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>					
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>					
<b>X</b>	<b>26. Safe Storage of Flammables</b>					
<b>X</b>	<b>27. Safe Door Fasteners</b>					
<b>X</b>	<b>28. Electrical Safety</b>					
<b>X</b>	<b>29. Safe Exits</b>					
<b>X</b>	<b>30. Basement Supervision</b>	Y/N				
		<b>Y</b>				
	<b>Used for Care ?</b>	Y/N				
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>					
<b>X</b>	<b>32. Emergency Plan</b>					

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<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>O</b>	38. Safe Storage of Weapons and Ammunition	Provider not in compliance with ensuring guns are in a locked storage area when specialist observed two weapons mounted on a fireplace.
	39. Safe Space-Sufficient	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.
	Indoors Y    Outdoors Y	
<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	Type: 1 dog
	Pets?	Y
	Rabies Certs?	Y
<b>X</b>	52. Smoking Prohibited	

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

<b>X</b>	53. Enrollment Form	
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<b>X</b>	54. Child Health Record	
<b>O</b>	55. Immunizations	Provider not in compliance with maintaining evidence of flu vaccination for a 15-month-old infant by December 31, 2025.
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition-Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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? 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>	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>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>2 out of 109</b>
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**DISCUSSIONS/COMMENTS**

There are no children enrolled in the program at the moment. Specialist reminded provider that her first aid/CPR training will expire on August 10, 2026. Discussed notifying the OEC in writing if she installs a pool on the property. Specialist provided blank notification of change forms. Discussed the regulation requiring providers to maintain evidence of flu vaccination for all eligible, enrolled children between the ages of 6 months and 59 months by December 31 annually. Specialist gave the provider copies of the administration of nonprescription topical medication form, a checklist for maintaining regulatory compliance, a sample medication administration policy, and a flyer with contact information for Elevate service navigators. 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.

**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>	 (Signature of Provider/Applicant/Substitute)
<b>Ana Sanchez</b> (Printed Name)		<b>02/19/2026</b>	<b>BRENNY M FLORES MORALES</b> (Printed Name)