



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

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>JULIAN GORDON</b>			<b>LICENSE NUMBER</b>	<b>DCFH.54995</b>	<b>DATE OF INSPECTION</b>	<b>03/12/2026</b>
				<b>EXPIRATION DATE</b>	<b>8/31/2026</b>	<b>TIME OF INSPECTION</b>	<b>09:26 AM</b>
<b>ADDRESS</b>	<b>1668 FAIRFIELD AVE BRIDGEPORT  CT 06605-1941</b>			<b>TELEPHONE</b>	<b>(203)</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>24 HOUR - 24 HOUR</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Sun</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>1</b>	<b>WEEKEND HOURS</b>	<b>Yes</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>4</b>	<b>NIGHT HOURS</b>	<b>Yes</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Rebecca LaRosa</b>		
<b>PROVIDER'S EMAIL</b>	<b>shg2011crystal@yahoo.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>rebecca.larosa@ct.gov</b>		
<b>KEY:</b>	<i>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)</i>						
<b>COMPLIANT = X</b>	<i>[Signature]</i>						
<b>NON-COMPLIANT = O</b>							
<i>Signature of Provider/Substitute/Applicant</i>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)/10(a) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>O</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	Provider not in compliance with notifying the Office of a change of address when Provider stated she now lives at 1666 Fairfield Ave (downstairs apartment) and OEC was not notified within 5 business days.

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

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>09/09/2028</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 10/25/2027	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 10/25/2027	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

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

<b>X</b>	<b>17. 7(a)</b> MEDICAL STATEMENT	
<b>X</b>	<b>18. 7(b)</b> HOUSEHOLD ENVIRONMENT	

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

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:	Adriana Marcia De Lima	Appvl #	92775
	PRESENT AT VISIT?	Y	NAME:		Appvl #	
	Y					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

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

<b>X</b>	<b>21. 8a(a)-(f)</b> BACKGROUND CHECK(S)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<b>X</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

<b>X</b>	<b>29. 9(d)(4)-(A)</b> <b>SAFE EXITS</b>		
<b>X</b>	<b>30. 9(d)(4)(A)</b>	<b>Y/N</b>	
	<b>BASEMENT SUPERVISION</b>	<b>Y</b>	
	<b>USED FOR CARE ?</b>	<b>Y/N</b> <b>N</b>	
<b>X</b>	<b>31. 9(d)(4)(D)</b> <b>STAIRWAYS - PROTECTED, HANDRAILS</b>		
<b>X</b>	<b>32. 9(d)(4)(E)-(5)</b> <b>EMERGENCY PLAN</b>		
<b>X</b>	<b>33. 9(d)(5)</b> <b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b>		
<b>X</b>	<b>34. 9(d)(6)</b> <b>SMOKE DETECTORS</b>		
<b>X</b>	<b>35. 9(d)(7)</b> <b>CARBON MONOXIDE DETECTOR</b>		
<b>X</b>	<b>36. 9(d)(8)</b> <b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>		
<b>X</b>	<b>37. 9(d)(9)</b> N/A? <b>Y</b>	<b>TYPE:</b>	<b>APPROVED?</b>
	<b>AUXILIARY HEATING SYSTEM</b>		
<b>X</b>	<b>38. 9(e)</b> <b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>		
<b>X</b>	<b>39. 9(f)(1)-(2)</b> <b>SAFE SPACE- SUFFICIENT</b>		
	<b>INDOORS</b>   <b>OUTDOORS</b> Yes   Yes		
<b>X</b>	<b>40. 9(f)(2)</b> N/A? <b>Y</b>	<b>TYPE:</b>	<b>BARRIER:</b>
	<b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>		
<b>X</b>	<b>41. 9(f)(3)</b> N/A? <b>Y</b> <b>HOT TUBS- LOCKED -INACCESSIBLE</b>		
<b>X</b>	<b>42. 9(g)</b> <b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>		
<b>X</b>	<b>43. 9(g)</b> <b>WINDOW SAFETY</b>		
<b>X</b>	<b>44. 9(h)</b> <b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>		
<b>X</b>	<b>45. 9(i)</b> <b>ADEQUATE AND SAFE WATER -</b>		
	<b>TYPE OF SYSTEM:</b> <b>Public Water</b>		
<b>X</b>	<b>46. 9(h)</b> <b>WATER TEMPERATURE- 60°-120°</b>		

<b>X</b>	<b>47. 9(i)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION PETS?</b>	TYPE of PETS:
	<b>RABIES CERTS?</b>	Y/N N
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

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

<b>○</b>	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	Provider not in compliance with maintaining child enrollment form(s) when 3 children enrolled didn't have enrollment forms available for review.
<b>○</b>	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	Provider not in compliance with maintaining current child health record(s) when 2 children had expired health records. 1 child's was expired for over 1 year and 1 child's had expired almost 2 months ago. Provider not in compliance with maintaining child health record(s) when 3 children enrolled didn't have a health record available for review.
<b>○</b>	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	Provider not in compliance with maintaining immunization record(s) when 3 children didn't have immunization records available; 1 child's immunizations were not current; and, 2 children were missing documentation of a flu vaccine.
<b>○</b>	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	Provider not in compliance with maintaining written parent permission for emergency medical care when 3 children enrolled didn't have emergency permissions available for review.
<b>○</b>	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when 3 children enrolled didn't have authorized release permissions available for review.
<b>○</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	Provider not in compliance with maintaining written parent permission for transportation of child(ren) when 3 enrolled children didn't have transportation permissions available for review.
<b>X</b>	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
<b>○</b>	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	Provider not in compliance with maintaining an incident log for each child when 3 enrolled children didn't have incident logs available.
<b>X</b>	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
<b>X</b>	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
<b>X</b>	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
O	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	Provider not in compliance with ensuring clean/comfortable/safe napping/resting provision for each child when and extra mattress was placed in one pack n' play and 3 pack n' play cribs had mattresses that were not secured to the bottoms.
O	69. 10(d) INDIVIDUAL PLAN FOR CARE	Provider not in compliance with establishing a planned program of developmentally appropriate activities when 1 enrolled child with an inhaler with spacer on site didn't have an asthma action plan available for review.
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

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

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? Y**

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<input checked="" type="checkbox"/>	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
<input type="checkbox"/>	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when 3 children didn't have parent permissions for diaper creams observed in the unlocked drawer of the diapering table.
<input checked="" type="checkbox"/>	96. (a)(2)/(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
<input type="checkbox"/>	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	Provider not in compliance with maintaining proper storage of nonprescription topical medications when 4 diaper creams were accessible in an unlocked diaper changing table drawer. Provider not in compliance with maintaining proper labeling of nonprescription topical medications when 3 diaper creams in the unlocked drawer were unlabeled.
<input type="checkbox"/>	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	Provider not in compliance with ensuring that expired medication is destroyed or returned to the parent when 2 expired diaper creams were not returned to parents or destroyed.
<input type="checkbox"/>	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	Provider not in compliance with maintaining current or complete documentation of training in the administration of medication when Substitute didn't have documentation of medication training available for review and she was alone upon arrival with 4 children until Provider arrived 3 minutes later.
<input type="checkbox"/>	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	Provider not in compliance with maintaining a written order from prescriber and parent permission for medication when 1 inhaler on site didn't have a written order available for review.
<input type="checkbox"/>	101. (b)(4)(A-B) MAR MAINTAINED	Provider not in compliance with maintaining a medication administration record when 1 inhaler didn't have a medication administration record available for review.
<input type="checkbox"/>	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	Provider not in compliance with maintaining proper labeling of medication when 1 inhaler on site didn't have a proper label affixed with the medication on site.
<input checked="" type="checkbox"/>	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
<input checked="" type="checkbox"/>	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
<input checked="" type="checkbox"/>	105. (b)(6) SELF - ADMIN. OF MEDS	
<input checked="" type="checkbox"/>	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI)	
	N/A	Y

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

<input checked="" type="checkbox"/>	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
<input checked="" type="checkbox"/>	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
		Y	




WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	17 out of 109
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**DISCUSSIONS/COMMENTS**

Discussed: \_\_Substitute didn't hear OEC Specialists knocking at the door because she had the door closed to the room they were playing in and the music was on. She thought it was the children jumping up and down not knocking on the door. Substitute was the only one in attendance with 4 children for about 3 minutes when the Provider arrived at 9:26 am and let us in. Written statement from Provider and Substitute obtained regarding access by the Substitute and where about of the Provider upon arrival. Discussed non-transferability of the license in detail. \_\_Adding 2 OEC approved assistants onto the BCIS Roster. They were both current in the BCIS system.

**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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Rebecca LaRosa	JULIAN GORDON	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name	Ana Sanchez	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: <b>03/26/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
	OEC Representative's Email: <b>rebecca.larosa@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>