CONNECTICUT Early Childhood

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

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	GISELLE GIL-HEREDIA	LICENSE NUMBER	DCFH	DATE OF INSPECTION	06/03/2026
		EXPIRATION DATE		TIME OF INSPECTION	09:14 AM
ADDRESS	14 HOMESTEAD AVE DERBY CT 06418	TELEPHONE	(917) 935-7247	REGULAR CAPACITY	6
		HOURS OF OPERATION	8:00 AM – 6:00 PM	SCHOOL AGE CAPACITY	3
		DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES: ; NO: X ; NEW ADDRESS:	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
		TOTAL CHILDREN PRESENT	0	NIGHT HOURS	No
TYPE OF INSPECTION	INITIAL CREDENTIAL INSPECTION	INSPECTOR'S NAME	Ana Sanchez		
PROVIDER'S EMAIL	limitlesslearningct@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 THE LICENSE 19a-87b-5

X	4. 5(d)/10(a) CAPACITY		
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?	
X	6. 5(e) INFANT/TODDLER RESTRICTION		
X	7. 5(f)(2) LICENSE POSTED		
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER		
X	9. 5(h) PHOTO ID		
X	10. 5(i) REQUESTS FOR INFORMATION		
X	11. 5(j) NOTIFICATION OF CHANGE		

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE: 01/30/2028	

X	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 01/25/2027	
X	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 01/25/2027	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

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

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT? N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	

PHYSICAL ENVIRONMENT 19a-87b-9

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

X	29. 9(d)(4)-(A) SAFE EXITS	
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N: Y Y/N: N
O	31. 9(d)(4)(D) 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 licensing specialist observed an unprotected stairway the provider intends to use to lead children from the home to the outdoor play area.
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN	
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	
X	34. 9(d)(6) SMOKE DETECTORS	
X	35. 9d)(7) CARBON MONOXIDE DETECTOR	
O	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	Provider not in compliance with installing at least a 5lb ABC fire extinguisher when the licensing specialist observed a fire extinguisher that was less than 5 pounds.
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE: APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION	
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT	INDOORS: Yes; OUTDOORS: Yes
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE: BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE	
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°	
X	43. 9(g) WINDOW SAFETY	
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES	
X	45. 9(i) ADEQUATE AND SAFE WATER -	TYPE OF SYSTEM: Public Water
O	46. 9(h) WATER TEMPERATURE- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when the water temperature measured 127 degrees Fahrenheit.

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
O	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	Provider not in compliance with maintaining a complete first aid kit when the licensing specialist observed the first aid kit was missing a CPR mask and a thermometer.
O	51. 9(o) PET PROTECTION PETS? Y/N Y RABIES CERTS? Y/N Y	TYPE of PETS: 1 dog Provider not in compliance with maintaining a current rabies vaccination certificate for 1 dog.
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
X	54. 10(b)(2) CHILD HEALTH RECORD	
X	55. 10(b)(2)(v)/(l) IMMUNIZATIONS	
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION-TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

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**	
X	**68. 10(c)(5)** **PROPER REST PROVISIONS – SAFE CRIBS**	
X	**69. 10(d)** **INDIVIDUAL PLAN FOR CARE**	
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**	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) **Y/N? N**		
	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N		
X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)/(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF – ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
X	107. (d) POTASSIUM IODIDE (KI) N/A	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N		
X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

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

ADDITIONAL VIOLATIONS

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

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	5 out of 110

DISCUSSIONS/COMMENTS

Prospective provider plans to care for children on the main floor of the home.
Prospective provider will utilize the backyard as outdoor space for the children.
During today's initial inspection, the provider received: 1 copy of the infant safe sleep policy, a sample daily schedule, 1 copy of the child development milestones flyer, 1 blank list of emergency contact numbers, 1 blank emergency plan template, a sample medication administration policy, 1 copy of a blank individual care plan, 1 copy of a blank authorization for administration of nonprescription topical medications form, 1 set of Frequently Asked Questions regarding family child care home capacity, 1 flyer with guidance for seeking assistance with background checks, 1 blank copy of a notification of change form, 1 blank copy of the change of address application, 1 copy of the document with guidance for approved use of substitutes and assistants, 1 checklist for maintaining regulatory compliance, 1 copy of an OEC directory that includes the Help Desk phone number and other OEC websites and resources, 1 CACFP flyer, 1 Birth to Three flyer, 1 flyer with Elevate service navigator contact information, 2 medium sleep sacks, and 3 child enrollment packets. Most printed resources were provided in Spanish.
Discussed safe sleep and infant care regulations in detail.
Prospective provider plans to hire a substitute or assistant. Regulations regarding nontransferability of license, responsibilities of substitutes, and responsibilities of licensed providers were all discussed in detail.
Discussed maintaining evidence of flu vaccination for all enrolled children between the ages of 6 months and 59 months by December 31 annually.
Technical assistance was offered.

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	Ana Sanchez	Giselle Gil-Heredia	Signature of Provider/ Substitute
Printed Name	Ana Sanchez	GISELLE GIL-HEREDIA	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		**THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.**	

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Written Corrective Action Plan due by:

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CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf