

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> Francis Rodriguez	License Number: 57371	Date of Inspection: 8/25/2021
	Expiration Date: 9/30/2024	Time of Inspection: 9:44a.m.
<b>Address:</b> 330 Highland Ave Apt 1R	Capacity: 6+3	Days/Hours: M-F 6:00am 5:00p.m.
<b>Town:</b> Torrington	Telephone: 860 201 5795	Summer: <input checked="" type="checkbox"/> Open/Closed
<b>State/Zip Code:</b> CT 06790	Email: Francisdris27@gmail.com	

**Instructions:** ✓ = Compliance/No violation found   O = Non-compliance/Violation found   N/A = Not applicable at this time

*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).

*Francis Rodriguez*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 2
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 2/26/2022
- 14. First Aid Certificate-Exp. Date 7/26/2022
- 15. CPR Certificate- Exp. Date 7/26/2022
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb, ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
Indoor  Outdoor
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water:  Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) Type: \_\_\_\_\_ Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

<b>(Signature of OEC Representative)</b> <i>Karmon E. Valenzuela</i>	<b>Date Corrections Due By:</b> Sept 8, 2021	<b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b> <i>Francis Rodriguez</i>
<b>(Printed Name)</b> Karmon E. Valenzuela		<b>(Printed Name)</b> Francis Rodriguez

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### FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

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**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Sick Child Care 19a-87b-11**

- 91. Sick Child Care

**Night Care 19a-87b-12 (Y/N) (10pm to 5am)**

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

- 93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds – Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds – Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds – Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 107. Potassium Iodide (KI) Pills – Permission/Storage/Labeled
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing – Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Additional Violations**

- 114. Consent Order/Negotiated Corrective Action Plan

**Discussions/Comments:**

*Discussed sending notification of change if or when a new member of household moves in, difference between a short visit and moving in.*

*Discussed changes to regulations, including protection of stairways. when children present are only school age, gate needs to be available, but not installed, however if one child is not of school age, it needs to be installed at every stairway entrance, and at top if upper level is used.*

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Carman Eliza Valenzuela</i>	Date Corrections Due By: <i>Sept 8, 2021</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Francis Rodriguez</i>
(Printed Name) <i>Carman E. Valenzuela</i>		(Printed Name) <i>Francis Donis Rodriguez</i>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Francis Rodriguez License # 57371 Date: 8/25/21

Observations/Corrections needed:

- # 35 Observed no Carbon Monoxide detectors installed in neither of the two beds of home.
- # 46 Observed water temperature about 120°F, water temperature reached 133°F.
- # 50 Observed <sup>some</sup> first aid supplies not all available during visit, First aid kit is missing: three or four inches gauze squares, a roll of hypoallergenic adhesive tape, two instant cold packs, and a CPR mouth barrier.
- # 53 An enrollment form not available for one child, during visit.
- # 56 Emergency permission not available for one child during visit.
- # 57 Authorized Release not available for one child during visit.
- # 58 Permission for activities, transportation, not available for one child, during this visit.
- # 69 No individual plan of care available during visit, for a child with an allergy indicated on physical form.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carman Eliza Valenzuela  
(OEC Representative)  
Print Name: Carman E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Francis Rodriguez  
(Person in Charge)  
Print Name: Francis Denis Rodriguez

OEC BY: Sept 8, 2021