

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Mercedes y Bernard de Rodriguez	License Number: Pending	Date of Inspection: 10.25.21
Address: 251 Greenwood Ave	Expiration Date: Pending	Time of Inspection: 8:00 AM
Town: Waterbury	Capacity: 6+3	Days/Hours: Mon-Fri 6 AM-4 PM
State/Zip Code: CT, 06704	Telephone: 903.721.3852	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
Email: jani@713@outlook.com		

Instructions: = Compliance/No violation found = 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).

Mercedes y Rodriguez
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

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

- 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 _____

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

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 8.24.23
- 14. First Aid Certificate-Exp. Date 10.21.22
- 15. CPR Certificate- Exp. Date 11.21.22
- 16. Judgment

- 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

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

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.

(Signature of OEC Representative) <i>A. Johnson</i>	Date Corrections Due By: 11.8.21	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Mercedes y Bernard de Rodriguez</i>
(Printed Name) Saharsh Johnson		(Printed Name) Mercedes y Rodriguez

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Mercedes y Bernard de Rodriguez</u>	License Number: <u>Priming</u>	Date of Inspection: <u>10-25-21</u>
<u>Responsibilities of Provider 19a-87b-10 (continued)</u> <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/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <u>Sick Child Care 19a-87b-11</u> <input checked="" type="checkbox"/> 91. Sick Child Care <u>Night Care 19a-87b-12 (N) (10pm to 5am)</u> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear	<u>Office Access, Inspections and Investigations 19a-87b-13</u> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <u>Administration of Medications 19a-87b-17</u> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <u>Additional Violations</u> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
<u>Discussions/Comments:</u> <p>29. Window exit in basement care doesn't meet Regulation Requirements.</p> <p>31. 2 stairway in home were not protected.</p> <p>32. Did not observe completed Emergency Plan</p> <p>19a-87(b)-10(c) - "Provider/applicant failed to comply with cold vaccine requirements in accordance with Governor's Executive order and C.G.S. section when during an initial inspection applicant could not provide proof of vaccination"</p>		
<p>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</p>		
(Signature of OEC Representative) (Printed Name) Janeysha Lopez	Date Corrections Due By: 11-8-21	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) (Printed Name) Mercedes y Bernard de Rodriguez

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mercedes y Bernard de Rodriguez License # Pending Date: 10.25.21

Observations/Corrections needed:

- proof of vaccination or proof of negative covid test.

Lined area for additional observations or corrections.

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: J. Lopez (OEC Representative)

Print Name: J. Lopez

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Mercedes y Rodriguez (Person in Charge)

OEC BY: 11.8.21

Print Name: Mercedes y Bernard de Rodriguez