

# 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

|                                          |                                   |                                                          |
|------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Provider:<br><u>Rose B. DeCarlo</u>      | License Number: <u>50473</u>      | Date of Inspection: <u>2/18/22</u>                       |
| Address: <u>20 Hillside Dr.</u>          | Expiration Date: <u>1/31/2026</u> | Time of Inspection: <u>9:07 am</u>                       |
| Town: <u>Easton</u>                      | Capacity: <u>6+3</u>              | Days/Hours: <u>M-F 7<sup>00</sup>am-7<sup>00</sup>pm</u> |
| State/Zip Code: <u>CT 06012-2021</u>     | Telephone: <u>203-371-8988</u>    | Summer: <u>Open/Closed</u>                               |
| Email: <u>DeCarloR@regency@yahoo.com</u> |                                   |                                                          |

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).

Rose DeCarlo  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- ☒ 4. Capacity: Total # Children Present: 6
- ☒ 5. Nontransferability of License
- ☒ 6. Infant/Toddler Restriction- # Present: 1
- ☒ 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 5/18/2024
- ☒ 14. First Aid Certificate-Exp. Date 5/11/2024
- ☒ 15. CPR Certificate- Exp. Date 5/11/2024
- ☒ 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: ADOX Rabies Certificate(s)
- ☒ 52. Smoking Prohibited 0 Cat

#### 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)<br><u>Rebecca Cuellar</u> | Date Corrections Due By:<br><u>3/4/22</u> | (Signature of Provider/Applicant/Substitute/Emergency Caregiver)<br><u>Rose DeCarlo</u> |
| (Printed Name)<br><u>Rebecca Cuellar</u>                    |                                           | (Printed Name)<br><u>ROSE DeCarlo</u>                                                   |



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

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| <b>Provider:</b> <u>Rose B DeCarlo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>License Number:</b> <u>50473</u>              | <b>Date of Inspection:</b> <u>2/18/22</u>                                                      |
| <b>Responsibilities of Provider 19a-87b-10 (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                                                                                |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li><li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li><li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li><li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li><li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li><li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li><li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li><li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li><li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li><li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li><li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li><li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li><li><input checked="" type="checkbox"/> 79. Parent Information and Access</li><li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li><li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li><li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li><li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li><li><input checked="" type="checkbox"/> 84. Immediate Attention</li><li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li><li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li><li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li><li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li><li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li><li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li></ul></div><div style="width: 48%;"><b>Office Access, Inspections and Investigations 19a-87b-13</b><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li></ul><b>Administration of Medications 19a-87b-17</b><ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li><li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li><li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li><li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</li><li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li><li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li><li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li><li><input checked="" type="checkbox"/> 101. MAR Maintained</li><li><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</li><li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li><li><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</li><li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li><li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li><li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li><li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</li><li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li><li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li><li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li><li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li></ul></div></div> |                                                  |                                                                                                |
| <b>Sick Child Care 19a-87b-11</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 91. Sick Child Care</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                                |
| <b>Night Care 19a-87b-12 (X/N) (10pm to 5am)</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                |
| <b>Additional Violations</b> <ul style="list-style-type: none"><li><input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                                                                                |
| <b>Discussions/Comments:</b> <p>#21 observed background check for ② household members (who are also staff) to be over 5 years old.</p> <p>#51 observed no current rabies certificate for ① cat.</p> <p>#54 observed ① child's health record to be incomplete as child has documented asthma/mild persistent but, rescue meds required at child care setting was left blank - needs clarification.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                |
| <b>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                                |
| <b>(Signature of OEC Representative)</b><br><u>Rebecca Gruelle</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Date Corrections Due By:</b><br><u>3/4/22</u> | <b>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</b><br><u>Rose DeCarlo</u> |
| <b>(Printed Name)</b><br><u>Rebecca Gruelle</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | <b>(Printed Name)</b><br><u>Rose DeCarlo</u>                                                   |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Rose B. DeCarlo License # 50473 Date: 2/18/22

Observations/Corrections needed:

#54 Cont'd

- observed (2) children without current medical statements on file

#55 observed (2) children without current immunizations on file

- observed (3) children without documentation of a flu vaccine on file

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: Rebecca GruellesPrint Name: Rebecca Gruelles

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/4/22Signature: Rose DeCarloPrint Name: Rose DeCarlo