☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De La Rosa. Date: 4/12/22 Time: 10:28am

Location Address: 1 Kensington Cir Wolcott, CT. Telephone #: _____

e-mail address: Keniadelarosa1215@gmail.com. License #: 59019 Expiration Date: 2/28/24

Capacity: 6+3 # of Children Present: 4 5 ow. # of Staff Present: 1

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** X

Purpose of visit: Follow-up to visit on 2/1/22

Observations/Corrections needed:

(NS) #28 Observed electrical cords covered / secured in child care area.
(NS) #32 Observed. Emergency Plan completed.
(NS) #33 Observed written log of evacuation's drills.
(NS) #44 Observed trash can with lid in bathroom.
(NS) #50 Observed. complete first aid supplies.
(NS) #51 Observed current Rabies Certificate for cat.
(NS) #53 Observed complete enrollment forms for the two children who needed it.
(NS) #54 Observed current health record for all three children who didn't have one.
(NS) #55 Observed current vaccine records for all three children who didn't have one.
(NS) #56 Observed emergency permissions for the two children who didn't have them.
(NS) #57 Observed authorized release for the two children who didn't have them.
(NS) #58 Observed permission for transportation for children who didn't have them.
(NS) #60 Observed Incident logs for all children.
(NS) #66 Observed written schedule during visit. / posted.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: Carmen Elsa Valenzuela.
(OEC Representative)
Print Name: Carmen E. Valenzuela.

Signature: X
(Person in Charge)
Print Name: Kenia De La Rosa

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De La Rosa. License # 57019 Date: 4/28/22

Observations/Corrections needed:

(W) # 69 Observed asthma action plan for child who needed one and didnot have it.

(W) # 104. Observed expired emergency medication. Child was not in attendance. As per provider she contacted the parent and requested a new medication with current label and informed the parent the child cannot attend without a non expired medidion. and the label on original container.

Technical T. Assistance was offered to provider, and it will be scheduled once she coordinates with her approved substitute tentative mid May.

There were four children upon arrival. No the child arrived during visit.

No additional violations cited/observed during this visit.

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: Carmen Elena Velazquez (OEC Representative)

Print Name: Carmen E. Velazquez

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A.

Signature: (Person in Charge)

Print Name: Kenia De La Rosa