

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: <i>Maria Del Carmen Rodriguez</i>	License Number: <i>56155</i>	Date of Inspection: <i>5/17/22</i>
Address: <i>68 Footpath Ln</i>	Expiration Date: <i>7/31/24</i>	Time of Inspection: <i>8:23am</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>M-F 6:30am-6:30pm</i>
Town: <i>East Hartford</i>	Telephone: <i>540-729-3953</i>	Summer: <input checked="" type="checkbox"/> Open/Closed
State/Zip Code: <i>CT 06118</i>	Email: <i>mimelita1481@yahoo.com</i>	

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).

Maria del Carmen 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: 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 2/13/24
- 14. First Aid Certificate-Exp. Date 5/30/23
- 15. CPR Certificate- Exp. Date 5/30/23
- 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: 1 dog 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.

(Signature of OEC Representative)
Carmen P. Valenzuela
(Printed Name)
Carmen P. Valenzuela

Date Corrections Due By:
5/31/22

(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Maria del Carmen Rodriguez
(Printed Name)
Maria del Carmen Rodriguez

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Maria Del Carmen Rodriguez</u>	License Number: <u>56155</u>	Date of Inspection: <u>5/17/22</u>
Responsibilities of Provider 19a-87b-10 (continued)		
<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		
Sick Child Care 19a-87b-11		
<input checked="" type="checkbox"/> 91. Sick Child Care		
Night Care 19a-87b-12 (Y/N) (10pm to 5am)		
<input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
Office Access, Inspections and Investigations 19a-87b-13		
<input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records		
Administration of Medications 19a-87b-17		
<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		
Additional Violations		
<input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan		

Discussions/Comments:

#22 Observed plastic Little Tikes swing chair (4) outside, dirty, some with water collected, one with a dirty rag on top.

#23 Observed ~~box~~ in front of storage unit in the outdoor/play area several pieces of broken glass presenting a hazards for children. As per provider they had found them before and they keep cleaning and removing them. It happens particularly after it rains. When they first moved, they cleaned the area that had windows, old frames, and glass left there, in the back left corner of the backyard.

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(Signature of OEC Representative) <u>Carmen Eliza Hernandez</u>	Date Corrections Due By: <u>5/31/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Maria del Carmen Rodriguez</u>
(Printed Name) <u>Carmen E Hernandez</u>		(Printed Name) <u>Maria del Carmen Rodriguez</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Del Carmen Rodriguez License # 56155 Date: _____

Observations/Corrections needed:

56 Observed no emergency permissions for four (4) children enrolled.

57 Observed no authorized releases for four (4) children enrolled.

58 observed no permission for activities, walks, away from the program & transportation for four (4) children enrolled.

Observed no permission for transition to/from school for two (2) children.

66 Observed no written schedule for program.

54 Observed no health record on file for one of the children enrolled.

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 Calvezada
(OEC Representative)
Print Name: Carmen E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maria del Carmen Rodriguez
(Person in Charge)
Print Name: Maria del Carmen Rodriguez

OEC BY: 5/31/22