

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: <u>Carmen Rodriguez</u>		License Number: <u>55981</u>	Date of Inspection: <u>3/15/23</u>
Address: <u>88 Sylvan Avenue</u>		Expiration Date: <u>7/30/25</u>	Time of Inspection: <u>9:10 AM</u>
Town: <u>New Haven</u>		Capacity: <u>6F3</u>	Days/Hours: <u>M-F 6A-</u>
State/Zip Code: <u>CT 06519</u>		Telephone: <u>863-820-0482</u>	Summer: <u>Open/Closed</u>
		Email: <u>carmerodriguez7777@gmail.com</u>	

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(b).

Carmer J. Rodriguez
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5		<input checked="" type="checkbox"/> 29. Safe Exits	<input checked="" type="checkbox"/> 30. Basement Supervision (Y/N)
<input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>0</u>	<input checked="" type="checkbox"/> 5. Nontransferability of License	<input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails	<input checked="" type="checkbox"/> 32. Emergency Plan
<input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>0</u>	<input checked="" type="checkbox"/> 7. License Posted	<input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log	<input checked="" type="checkbox"/> 34. Smoke Detectors
<input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number	<input checked="" type="checkbox"/> 9. Photo ID	<input checked="" type="checkbox"/> 35. Carbon Monoxide Detector	<input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb. ABC/Installed
<input checked="" type="checkbox"/> 10. Requests for Information	<input checked="" type="checkbox"/> 11. Notification of Change	<input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)	<input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition
Qualifications of Applicant and Provider 19a-87b-6		<input checked="" type="checkbox"/> 39. Safe Space - Sufficient	Indoor: _____ Outdoor: _____
<input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations	<input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>5/15/24</u>	<input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)	<input checked="" type="checkbox"/> 41. Hot Tubs- Locked/Inaccessible
<input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>8/13/24</u>	<input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>8/13/24</u>	<input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F	<input checked="" type="checkbox"/> 43. Window Safety
<input checked="" type="checkbox"/> 16. Judgment		<input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities	<input checked="" type="checkbox"/> 45. Adequate and Safe Water: Public/Approved
Members of the Household 19a-87b-7		<input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F	<input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply
<input checked="" type="checkbox"/> 17. Medical Statement	<input checked="" type="checkbox"/> 18. Household Environment	<input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted	<input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints
Qualifications of Staff 19a-87b-8		<input checked="" type="checkbox"/> 50. First Aid Supplies	<input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: <u>dog</u> Rabies Certificate(s)
<input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <u>0</u>	<input checked="" type="checkbox"/> 20. Emergency Caregiver	<input checked="" type="checkbox"/> 52. Smoking Prohibited	
Comprehensive Background Check 19a-87b-8a		Responsibilities of Provider 19a-87b-10	
<input checked="" type="checkbox"/> 21. Background Check(s)		<input checked="" type="checkbox"/> 53. Enrollment Form	<input checked="" type="checkbox"/> 54. Child Health Record
Physical Environment 19a-87b-9		<input checked="" type="checkbox"/> 55. Immunizations	<input checked="" type="checkbox"/> 56. Emergency Permission
<input checked="" type="checkbox"/> 22. Clean/Sanitary Environment	<input checked="" type="checkbox"/> 23. Freedom of Hazards	<input checked="" type="checkbox"/> 57. Authorized Release	<input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission-To/From School
<input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible	<input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely	<input checked="" type="checkbox"/> 59. Swimming Permission	<input checked="" type="checkbox"/> 60. Incident Log
<input checked="" type="checkbox"/> 26. Safe Storage of Flammables	<input checked="" type="checkbox"/> 27. Safe Door Fasteners	<input checked="" type="checkbox"/> 61. Confidentiality	<input checked="" type="checkbox"/> 62. Meeting the Child's Needs
<input checked="" type="checkbox"/> 28. Electrical Safety		<input checked="" type="checkbox"/> 63. Sufficient Play Equipment	<input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available
		<input checked="" type="checkbox"/> 65. Handwashing	<input checked="" type="checkbox"/> 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)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<u>Artos Abizua</u>		<u>Carmer J. Rodriguez</u>
(Printed Name)		(Printed Name)
<u>Artos Abizua</u>		<u>Carmer J. Rodriguez</u>

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 - Page 2

Provider: <i>Carman Rodriguez</i>	License Number: <i>55281</i>	Date of Inspection: <i>3/15/23</i>
-----------------------------------	------------------------------	------------------------------------

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

- 67. Personal Articles: Blanket/Towel/Toliet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Apppr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Slung 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
- 92. Night Care 19a-87b-12 (V/N) (10pm to 5am)
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
- 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:

Observed no violations at this time

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>[Signature]</i>	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Carman L. Rodriguez</i>
(Printed Name) <i>Carman L. Rodriguez</i>		(Printed Name) <i>Carman L. Rodriguez</i>