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: Kenia De la Rosa.	**License Number:** 570179	**Date of Inspection:** 3/24/23
	Expiration Date: 2/28/26	**Time of Inspection:** 8:32am
Address: 1 Kensington Cir	**Capacity:** 6+3	**Days/Hours:** M-F 6:30am - 8:30pm.
Town: Wolcott, CT	**Telephone:** 9143165328	**Summer:** Open/Closed
State/Zip Code: CT 06716	**Email:** keniadelarosa1215@gmail.com	

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).

X Miguelina Cabrera
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- ✓ 4. Capacity: Total # Children Present: 4
- ✓ 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 10/10/22
- ✓ 14. First Aid Certificate-Exp. Date 1/25/24
- ✓ 15. CPR Certificate- Exp. Date 1/25/24
- ✓ 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 cat 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)	Date Corrections Due By:	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Ciomara Elba Valenzuela	4/7/23	X Miguelina Cabrera
(Printed Name) Ciomara E Valenzuela		(Printed Name) MIGUELINA CABRERA

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: Kenia De la Rosa	License Number: 57019	Date of Inspection: 3/24/23

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

- ☑ 67. Personal Articles: Blanket/Towel/Toilet Articles
- ☑ 68. Proper Rest Provisions/Safe Cribs
- ☑ 69. Individual Plan for Care (Written if Applicable)
- ☑ 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- ☑ 71. Infant Care- Individual Attention/Held for Bottle Feedings
- ☑ 72. Infants Placed on Back for Sleeping
- ☑ 73. Infants Placed in Well-Const. Crib/Snug 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

Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- ☑ 92. 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:

Information on assistance with background checks provided to the staff present.

- #13 observed Provider's Medical Statement expired.
- #21 Provider failed to maintain evidence of the family child care home of compliance with background check for a substitute observed today providing care to the children.
  Provider failed to maintain compliance with background check for herself and a household member..

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)
Carmen Elsa Valenzuela	4/7/23	X Miguelina Cabreta X YCLA LIDIA BAUTISTA
(Printed Name) Carmen E. Valenzuela		(Printed Name) Miguelina Cabreta

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De La Rosa License # 57019 Date: 5/24/23

Observations/Corrections needed:

32 Observed no Emergency Plan available at this visit.

33 Observed no quarterly log of emergency evacuation drills.

48 Observed Emergency Contact number not current.

51 Observed no rabies vaccine for one cat

53 Observed no enrollment form for two children.

54 Observed no current child health record/physical for 1 child

#55 Observed three (3) vaccines records not current.

56 Observed no emergency permissions for one child, and an incomplete emergency permission, missing an adult to contact in case of emergencies, for one child.

57. Observed no authorized release for one child.

58 Observed no permission for transportation, field trips, activities for one child.

60 observed no incident log for one child.

100 Observed no written authorization from prescriber, and no parent permission for Albuterol for one child.

101 Observed no Medication Administration Record for two children with medication for asthma.

NOTE: Two approved substitutes were present today. Provider was not present during this visit due to medical appointment, as stated by both substitutes

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 Valenzuela
(OEC Representative)

Print Name: Carmen E Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/7/23

Signature: Miguelina Cabrera
(Person in Charge)

Print Name: NUCEA CIDIA BAUTISTA
Miguelina Cabrera