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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De la Rosa. Date: 4/5/23 Time: 12:57 pm.

Location Address: 1 Kensington Cir. Wolcott CT Telephone #: 914-316-5328

e-mail address: Keniadelarosa1215@gmail.com License #: 57019 Expiration Date: 2/28/26

Capacity: 6+3 # of Children Present: 7 # 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 of compliance with. operating in compliance with the Regulation. / Background check.

Observations/Corrections needed:

- Capacity.

(2) 19a-87b-10(a) Provider failed to maintain compliance with her approved capacity when 7 children, of regular capacity, 4 years old and under, where present today with only one approved substitute in child care area with the children. Substitute present stated other sub was with her but left around noon. *

(1) - 19a-87b-10(F)(3) Provider failed to maintain pack-n-play free from hazards when two blankets (loose blankets) were observed on pack-n-play where a child under 1 year old was sleeping; one blanket was under the child and one on top covering him.

* 19a-87b-10(a) (continuation.) A mother came to pick-up one child during this visit at 1:42 p.m.

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 Elsa Valenzuela
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/19/23

Signature: X
(Person in Charge)

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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kenia De La Rosa. License # 57019 Date: 4/5/23

Observations/Corrections needed:

- (S) 19a-87b-6(e). Judgement.
Provider failed to demostrate good judgement when she allowed a substitute to leave the program during the day, leaving only one approved staff with seven children of Regular Capacity, and allowed blankets in pack-n-play with an infant sleeping there.
- Background Checks.

(NS) 19-a 87b-8a(a) Upon arrival observed one approved substitute in child care area.
Provider was on the 2nd Floor of the home, and did not came doownstairs during this visit.
As per provider the forms for background check were completed on March 30, 2023 and the fingerprints were completed on April 3, 2023. She is waiting for results

NOTE: At the end of this visit, 2:25 pm. the second approved substitute had not arrived.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 4/19/23

Signature: [illegible]
(Person in Charge)
Print Name: [illegible]