

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL     UNANNOUNCED FULL/PARTIAL     FOLLOW UP     LOCATION CHANGE     OTHER

Provider: <i>Amanda Rodriguez</i>	License Number: <i>Pending</i>	Date of Inspection: <i>4/26/23</i>
	Expiration Date: <i>-</i>	Time of Inspection: <i>9:25</i>
Address: <i>21 Deepwood Dr</i>	Capacity: <i>6+3</i>	Days/Hours: <i>7am-5pm M-F</i>
Town: <i>Bethel</i>	Telephone: <i>203-512-0305</i>	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
State/Zip Code: <i>CT</i>	Email: <i>amanda.rodriguez120@hotmail.com</i>	

Instructions:  = Compliance/No violation found     = Non-compliance/Violation found     = Not applicable at this time

*Amuelle Robinson*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

1. Capacity: Total # Children Present: *-0-*

2. Nontransferability of License

3. Infant/Toddler Restriction- # Present: *-0-*

4. License Posted

5. Parent Access to OEC Phone Number

6. Photo ID

7. Requests for Information

8. Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

12. Awareness of/Understanding of Regulations

13. Medical Statement-Exp. Date *7/22/25*

14. First Aid Certificate-Exp. Date *7/9/24*

15. CPR Certificate- Exp. Date *7/9/24*

16. Judgment

**Members of the Household 19a-87b-7**

17. Medical Statement

18. Household Environment

**Qualifications of Staff 19a-87b-8**

19. Substitute/Assistant  (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: *none* 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:  (N) -Type: *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 OEG Representative) <i>Jannie Thornton</i>	Date Corrections Due By: <i>5/10/23</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Amuelle Robinson</i>
(Printed Name) <i>Jannie Thornton</i>		(Printed Name) <i>Amanda Rodriguez</i>



**Connecticut Office of Early Childhood**  
**Division of Licensing**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Amanda Rodriguez</u>	License Number: <u>Pending</u>	Date of Inspection: <u>4/26/23</u>
<p><b><u>Responsibilities of Provider 19a-87b-10 (continued)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 84. Immediate Attention</li> <li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b><u>Sick Child Care 19a-87b-11</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b><u>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b><u>Office Access, Inspections and Investigations 19a-87b-13</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b><u>Administration of Medications 19a-87b-17</u></b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b><u>Additional Violations</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u></li> </ul>	

**Discussions/Comments:** Discussed entire inspection sheet.  
Play area outside is completely fenced in.  
#39 - Safe space - Outdoor area under the deck, has rakes, lawn mower and other equipment.

**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) <u>Jannie Thornton</u> (Printed Name) <u>Jannie Thornton</u>	Date Corrections Due By: <u>5/10/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Amanda Rodriguez</u> (Printed Name) <u>Amanda Rodriguez</u>
--	--	---

