

# 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

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> Cynthia Kelsia De Souza Rocha	<b>License Number:</b> 57652	<b>Date of Inspection:</b> 6/9/23
<b>Address:</b> 90 Folino Dr.	<b>Expiration Date:</b> 3/28/25	<b>Time of Inspection:</b> 11:45a
<b>Town:</b> Bridgeport	<b>Capacity:</b> 6+3	<b>Days/Hours:</b> M-F 7a-5p
<b>State/Zip Code:</b> Ct, 06606	<b>Telephone:</b> 203-690-7607	<b>Summer:</b> <input checked="" type="radio"/> Open <input type="radio"/> Closed
<b>Email:</b> cynthiakelsia28@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 Maria Lina Rocha*  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

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

- 4. Capacity: Total # Children Present: 10
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 4
- 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 3/1/2026
- 14. First Aid Certificate-Exp. Date 2/20/2024
- 15. CPR Certificate- Exp. Date 2/26/2024
- 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) 91913
- 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: dogs 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.**

<i>(Signature of OEC Representative)</i> Candy Vargas	<b>Date Corrections Due By:</b> 6/23/23	<i>(Signature of Provider/Applicant/Substitute/Emergency Caregiver)</i> Cynthia K. de Souza Rocha
<b>(Printed Name)</b> Candy Vargas		<b>(Printed Name)</b> Cynthia K. de Souza Rocha

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

Provider: <u>Cynthia Kelsia de Souza</u> <sup>Rocho</sup>	License Number: <u>57652</u>	Date of Inspection: <u>6/9/23</u>
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**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**


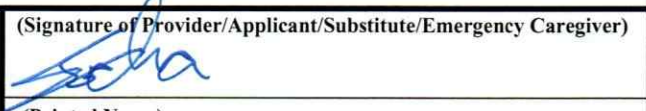
- 114. Consent Order/Negotiated Corrective Action Plan

**Discussions/Comments:**

— Access given at 11:52 am —

- Substitute claims to have not heard licensing specialists knock + ring door bells to basement back door and upstairs main floor. Specialist called provider while waiting outside, she alerted staff agency was here. Substitute found alone in basement with a children.
- Provider's son age 11 was upstairs sleeping. Provider stepped out momentarily leaving substitute alone. Additional staff was upstairs during arrival of agency.

**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: <u>6/23/23</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) <u>Elean Ruiz / Candy Vargas</u>		(Printed Name) <u>CYNTHIA K. de SOUZA ROCHO</u>

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cynthia Kelsia de Souza License # 57452 Date: 6/9/23

Observations/Corrections needed: \* Discussed Fisher-price rockers have a recall. Observed two in program.

- #46 water temperature measured 125°F at sink.
- #53 One enrollment form was not signed by parent.
- #54 One child medical incomplete/expired.
- #55 Immunizations incomplete for one child - page is missing + expired date
- #56 Due to missing signature, emergency permission not validated by parent.
- #57 Due to missing parent signature, authorized release is incomplete/not valid.
- #58 Due to missing parent signature, transportation permission is incomplete/not valid.
- #68 Two children observed sleeping in a rocker/bouncy chair, not an age appropriate device for their age and size. Provider showed evidence of cots on the way via amazon order.
- #85 Provider left the presence of the children without a second staff present to assume responsibilities.
- #93 Substitute failed to give immediate access to specialist.

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:


Print Name:

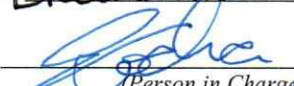
Signature:

Print Name:

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/23/23

  
(OEC Representative)  
Eileen Ruiz / Candy Vargas

  
(Person in Charge)  
CYNTHIA K. de SOUZA ROLTA

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cynthia Kelsia de Souza Rocha License # 57652 Date: 6/9/23

Observations/Corrections needed:

- Discussed that son counts in capacity until 12 years of age.
- Reviewed capacity with provider. No one can ever be alone with 9 children or more than 2 children under 18 months.

- #4 Provider failed to maintain capacity when 10 children were in the home, 9 downstairs with one staff.
- #6 Four toddlers/infants under 18 months present with one staff downstairs.
- #16 Provider failed to use good judgement when she left one staff with 9 children in the home, 4 under 18m.
- #21 Roster in BCIS is incomplete. Provider does not have access to BCIS.
- #24 In a room where one child slept, medications were accessible on bedside table.
- #32 Emergency plan is missing.
- #33 Drills are missing.
- #39 Outdoors/back yard where children play has: glass bottles in boxes, screws + nails on floor, garden tools that are metal - rake, hoe hanging on garden fence, windshield washer fluid.

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature] (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: 6/23/23