



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	CARMEN RODRIGUEZ				<b>License Number</b>	DCFH.55201	<b>Date of Inspection</b>	01/26/2024
					<b>Expiration Date</b>	9/30/2025	<b>Time of Inspection</b>	09:17 AM
<b>Address</b>	80 SYLVAN AVE NEW HAVEN CT 06519-1023				<b>Telephone</b>	(203) 800-0482	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	Monday- Saturday 5:30AM-5:30PM	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
					<b>Inspector's Name</b>	Silvana Carreon Zegarra		
<b>Provider's Email</b>	carmenrodriguez7777@gmail.com				<b>Inspector's Email</b>	silvana.carreon-zegarra@ct.gov		
<b>Key:</b> Compliant = X Non-Compliant = O	<b>Consent to Inspect:</b> 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). <i>Carmen Rodriguez</i> Signature of Provider/Substitute/Applicant							

### TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
O	7. License Posted	Failed to post new license with current address in a conspicuous location
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

### QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	03/10/2024
X	14. First Aid Certificate	
	Expiration date:	08/13/2024

<input checked="" type="checkbox"/>	15. CPR Certificate		
	Expiration date:		
	08/13/2024		
<input checked="" type="checkbox"/>	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<input checked="" type="checkbox"/>	17. Medical Statement		
<input checked="" type="checkbox"/>	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<input checked="" type="checkbox"/>	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
<input checked="" type="checkbox"/>	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<input checked="" type="checkbox"/>	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<input checked="" type="checkbox"/>	22. Clean/Sanitary Environment		
<input type="radio"/>	23. Freedom of Hazards	Failed to maintain the playground equipment in good repair and free of hazards. The screws are coming out.	
<input checked="" type="checkbox"/>	24. Harmful Substances/Materials Inaccessible		
<input checked="" type="checkbox"/>	25. Bio-contaminants Disposed Safely		
<input checked="" type="checkbox"/>	26. Safe Storage of Flammables		
<input checked="" type="checkbox"/>	27. Safe Door Fasteners		
<input checked="" type="checkbox"/>	28. Electrical Safety		
<input checked="" type="checkbox"/>	29. Safe Exits		
<input checked="" type="checkbox"/>	30. Basement Supervision	Y/N	
		N	
	Used for Care ?	Y/N	
<input type="radio"/>	31. Stairways - Protected, Handrails	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children	
<input checked="" type="checkbox"/>	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Failed to maintain operable smoke detectors 1
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors 2
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to install fire extinguisher according to manufacturer's instructions
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors   Outdoors	
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees (125FP)
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
X	53. Enrollment Form	

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain current immunization record / FLU (3)
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

<input checked="" type="checkbox"/>	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

<input type="checkbox"/>	94. Policies and Procedures for Admin of Meds	Failed to develop written policies and procedures for Administration of meds.
<input checked="" type="checkbox"/>	95. Parent Permission for Nonprescription Topical Meds	
<input checked="" type="checkbox"/>	96. Notification - Documentation of Med Error(s)	
<input checked="" type="checkbox"/>	97. Nonprescription Topical Meds- Stored/Labeled	
<input checked="" type="checkbox"/>	98. Unused - Expired Nonprescription Meds	
<input checked="" type="checkbox"/>	99. Documented Medication Trained Staff	
<input checked="" type="checkbox"/>	100. Written Auth Prescriber/Parent Permission	
<input checked="" type="checkbox"/>	101. MAR Maintained	
<input checked="" type="checkbox"/>	102. Prescription Meds – Stored/Labeled	
<input checked="" type="checkbox"/>	103. Unused/Expired Prescription Meds	
<input checked="" type="checkbox"/>	104. Emergency Meds- Equip. Labeled/Current	
<input checked="" type="checkbox"/>	105. Self-Admin. Of Meds	
<input checked="" type="checkbox"/>	106. Petition for Special Medication Authorization	

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

<input checked="" type="checkbox"/>	108. Policies for Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<input checked="" type="checkbox"/>	110. Self Admin of Finger Stick Blood Glucose Testing	
<input checked="" type="checkbox"/>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
<input checked="" type="checkbox"/>	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results	
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**ADDITIONAL VIOLATIONS**

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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**YES or NO?**

Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?****DISCUSSIONS:**


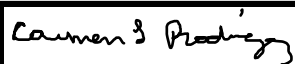
The communication with provider was in Spanish.  
 The provider received new forms: Emergency Plan, Emergency Number, and enrollment packet  
 The provider reviewed ALL OEC Regulation using visual cues. Safe Sleep/Infant Care  
 The provided received information about Night Care and she was notify that she must sent Change of Notification if she will like to change her schedule.

**COMMENTS:**

**NOTE:** Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

**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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	02/09/2024	CARMEN RODRIGUEZ (Printed Name)