Connecticut Office of Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	VIVIAN ROSADO	**License Number**	DCFH.57764	**Date of Inspection**	02/05/2024
		Expiration Date	12/31/2026	**Time of Inspection**	09:09 AM
Address	3 EAST CT DERBY CT 06418-2638	**Telephone**	(203) 768-7722	**Regular Capacity**	3
		Days and Hours	Monday to Friday, 7:30am to 5:30pm	**School Age Capacity**	0
Is this a Change of Address?	**Yes?**	**No?** X		**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present 0	**# of Total Children Present** 1	**Inspector's Name**	Eileen Ruiz		
Provider's Email	VIVI4376@GMAIL.COM	**Inspector's Email**	eileen.ruiz@ct.gov		

Key:
Compliant = X
Non-Compliant = O

***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).*

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**	
X	**7. License Posted**	
X	**8. Parent Access to OEC Phone Number**	
X	**9. Photo ID**	
X	**10. Requests for Information**	
O	**11. Notification of Change**	Failed to notify the Office of the addition of any household members, there are two foster children in the home.

QUALIFICATION OF PROVIDER 19a-87b-6

X	**12. Awareness of, Understanding of Regulations**	
X	**13. Medical statement** **Expiration date:** **05/17/2025**	
X	**14. First Aid Certificate** **Expiration date:** 10/25/2024	

X	**15. CPR Certificate** **Expiration date:** 10/25/2024		
X	**16. Judgment**		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
X	**17. Medical Statement**		
X	**18. Household Environment**		
QUALIFICATIONS OF STAFF 19a-87b-8			
X	**19. Substitute or Assistant** **Type of Staff :** Substitute	**Y/N** Y	Substitute present today DCFS.92128
	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	**21. Background Check(s)**		
PHYSICAL ENVIRONMENT 19a-87b-9			
X	**22. Clean/Sanitary Environment**		
X	**23. Freedom of Hazards**		
O	**24. Harmful Substances/Materials Inaccessible**		Failed to ensure harmful substances and materials are inaccessible to children in the downstairs bathroom cabinet. Personal products found in unlocked cabinet such as glass cleaners and lotions.
X	**25. Bio-contaminants Disposed Safely**		
X	**26. Safe Storage of Flammables**		
X	**27. Safe Door Fasteners**		
X	**28. Electrical Safety**		
X	**29. Safe Exits**		
X	**30. Basement Supervision** **Used for Care ?**	**Y/N** N **Y/N**	
X	**31. Stairways - Protected, Handrails**		
X	**32. Emergency Plan**		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills. Only one was recorded for 2023.	
X	**34. Smoke Detectors**		
X	**35. Carbon Monoxide Detector**		
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**		
X	**37. Auxiliary Heating System** N **Type?**	**Appvd?**	
X	**38. Safe Storage of Weapons and Ammunition**		
X	**39. Safe Space- Sufficient** **Indoors** Y / **Outdoors** N		
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. Measures 135 degrees.	
X	**47. Pasteurization of Milk Supply**		
X	**48. Working Phone, Emergency Numbers Posted**		
X	**49. Safe Transportation Registered, Insured, Restraints**		
O	**50. First Aid supplies**	Failed to maintain a complete first aid kit, missing CPR face barrier.	
O	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** Cat Y N	Failed to maintain current rabies vaccination certificate(s) for pet cat.
X	**52. Smoking Prohibited**		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	**53. Enrollment Form**	

X	**54. Child Health Record**	
O	**55. Immunizations**	Failed to maintain complete immunization record(s) for one child who was missing the flu vaccine. Must be completed every year by December 31, 2023.
X	**56. Emergency Permission**	
X	**57. Authorized Release**	
X	**58. Field Trip and Transportation Permission- To/From School**	
X	**59. Swimming Permission**	
O	**60. Incident Log**	Failed to maintain an incident log for each child, one child is missing 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**	
	SICK CHILD CARE 19a-87b-11	
X	**91. Sick Child Care**	
IS NIGHT CARE PROVIDED?	N	**NIGHT CARE 19a-87b-12 (10pm to 5am)**
X	**92. Separate Bed- Location of Bed - Appropriate Sleepwear**	

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

X	93. Access- Immediate, Entire or Part of Facility and Records	

Are Medications Administered? N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? N

MONITORING OF DIABETES 19a-87b-18

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

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

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	**N/A?** X	

YES or NO?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

DISCUSSIONS:

Access: provider's mother is also a substitute and they denied access to agency upon arrival. Substitute was unaware that they may allow agency in for inspections. This was discussed over the phone with the provider who was on their way from dropping off her son at daycare. Provider arrived shortly and explained this to the substitute.
Capacity: provider has two foster children and one biological child of her own. That's three children as household members. She has one additional child enrolled in the program. Her capacity is only 3+0 and she is over capacity at 4 children. Provider states that the children in the home never overlap. She is never over 3 children. The outside enrollment leaves around 5 pm. Foster children come by DCF transport by 6pm. She also states that the foster children are leaving next month to be placed with a relative. A written statement is going to be submitted regarding this.

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)**
Eileen Ruiz		02/19/2024	VIVIAN ROSADO
(Printed Name)	**(Printed Name)**		**(Printed Name)**