



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: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	LISSETTE ROA DE MATOS				License Number	DCFH.57660	Date of Inspection	04/23/2024
					Expiration Date	6/30/2026	Time of Inspection	12:38 PM
Address	27 DANNA MARIE DR WATERBURY CT 06708-4804				Telephone	(203) 443-9986	Regular Capacity	6
					Days and Hours	Monday- Friday 7am- 6pm	School Age Capacity	3
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	6	Inspector's Name	Alexandra Rodriguez		
Provider's Email	lissettero86@hotmail.com				Inspector's Email	alexandra.rodriguez@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		
X	11. Notification of Change		

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	
	04/14/2026	
X	14. First Aid Certificate	
	Expiration date:	
	03/23/2026	

X	15. CPR Certificate		
	Expiration date:		
	03/23/2026		
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	Y/N	
	Type of Staff :	Y	
	Substitute		
X	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		
X	24. Harmful Substances/Materials Inaccessible		
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	Y/N	
		Y	
	Used for Care ?	Y/N	
		Y	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log			
X	34. Smoke Detectors			
X	35. Carbon Monoxide Detector			
X	36. Fire Extinguisher- 5 lb. ABC/Installed			
X	37. Auxiliary Heating System N	Appvd?		
	Type?			
X	38. Safe Storage of Weapons and Ammunition			
X	39. Safe Space- Sufficient			
	Indoors			Outdoors
X	40. Body of Water- Type:	Y/N		
		N		
	Barrier?			
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			
X	46. Water Temperature- 60°-120°			
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	Type:		
	Pets?	N		
	Rabies Certs?			
X	52. Smoking Prohibited			
RESPONSIBILITIES OF PROVIDER 19a-87b-10				
X	53. Enrollment Form			

☐	54. Child Health Record	Failed to maintain current child health record of one child.
☒	55. Immunizations	
☒	56. Emergency Permission	
☒	57. Authorized Release	
☒	58. Field Trip and 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	
☒	67. Personal Articles- Blanket, Towel, Toilet Articles	
☒	68. Proper Rest Provisions – Safe Cribs	
☒	69. Individual Plan for Care (Written if Applicable)	
☒	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
☒	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
☒	72. Infants Placed on Back for Sleeping	
☒	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

☒	93. Access-Immediate, Entire or Part of Facility and Records	
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Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

☒	94. Policies and Procedures for Admin of Meds	
☒	95. Parent Permission for Nonprescription Topical Meds	
☒	96. Notification - Documentation of Med Error(s)	
☒	97. Nonprescription Topical Meds- Stored/Labeled	
☒	98. Unused - Expired Nonprescription Meds	
☒	99. Documented Medication Trained Staff	
☐	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication. Observed one child missing Asthma Action plan.
☒	101. MAR Maintained	
☐	102. Prescription Meds – Stored/Labeled	Observed one child's prescription medication not in original container and missing prescription label.
☒	103. Unused/Expired Prescription Meds	
☒	104. Emergency Meds- Equip. Labeled/Current	
☒	105. Self-Admin. Of Meds	
☒	106. Petition for Special Medication Authorization	

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

☒	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	

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				
<u>DISCUSSIONS:</u> Discussed with provider importance of having an Asthma Action plan and emphasizing policies and procedures pertaining to accepting medication.				
<u>COMMENTS:</u>				
<u>NOTE:</u> 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.				
<u>APPLICANTS- PLEASE NOTE:</u> You <u>MAY NOT OPERATE</u> 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:
Alexandra Rodriguez (Printed Name)		 (Printed Name)		05/07/2024
		 (Signature of Provider/Applicant/Substitute)		LISSETTE ROA DE MATOS (Printed Name)
				LISSETTE ROA DE MATOS (Printed Name)