

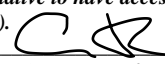


Connecticut Office of
Early Childhood

DIVISION OF LICENSING

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

FAMILY CHILD CARE HOME INSPECTION

Provider	CARMEN M RODRIGUEZ				License Number	DCFH.56309	Date of Inspection	05/13/2024
					Expiration Date	6/30/2025	Time of Inspection	08:33 AM
Address	214 ROGERS RD NORWICH CT 06360-4036				Telephone	(860) 970-4972	Regular Capacity	6
					Days and Hours	Monday - Friday 7:00AM - 6:00 PM	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	1	# of Total Children Present	2	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	ichina2010@gmail.com				Inspector's Email	evelyn.vicente-quinones@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). <div style="text-align: right;">  Signature of Provider/Substitute/Applicant </div>							

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:	08/28/2025
X	14. First Aid Certificate	
	Expiration date:	06/04/2024

X	15. CPR Certificate	
	Expiration date: 06/04/2024	
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	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

○	21. Background Check(s)	Failed to maintain evidence of compliance with background checks provider stated she is locked out of the system. Provided guidance on how to proceed in resetting password, next steps for renewing background check and evidence available during each inspection.
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PHYSICAL ENVIRONMENT 19a-87b-9

○	22. Clean/Sanitary Environment	Failed to maintain the facility and/or equipment in a clean and sanitary condition observed overgrowth of grass and weeds in grass area where children play. Provider stated children have not played in grassy area due to deer in the area.	
○	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards observed fencing in outdoor area where children play broken and leaning over on lower brick patio. Observed rusty hydraulic jack accessible to children. Observed metal curtain rods in lying on brick patio where children did chalk play.	
○	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when OEC representative observed hair cutting scissors on bathroom sink where children wash their hands.	
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 Y Type? Wood	Appvd? Y	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors		
O	40. Body of Water- Type: Pond Barrier?	Y/N Y	Failed to maintain a sturdy fence/barrier 4 feet high around decorative pond on front of home.
X	41. Hot Tubs- Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
O	44. Washing Toileting, Sewage Garbage Facilities		Failed to maintain a sanitary environment when OEC representative observed bathroom sink with clippings of human hair and debris.
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 Pets? Rabies Certs?	Type: 1 dog Y Y	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
O	53. Enrollment Form		Failed to maintain child enrollment form(s) for three out of four children enrolled

X	54. Child Health Record	
O	55. Immunizations	Failed to maintain complete immunization record(s) when missing documentation for flu vaccines for two of the children enrolled
O	56. Emergency Permission	Failed to maintain complete emergency care information for three children enrolled.
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for three children enrolled
O	58. Field Trip and Transportation Permission-To/From School	Failed to maintain complete written parent permission for transitioning children to/from school for three children enrolled
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	
O	65. Handwashing	Failed to ensure the provider's, staff and children's hands are washed with soap and water before eating or handling food when OEC representative observed provider give snack to one children without either washing their hands.
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	
O	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	Failed to ensure that infants are not put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, upon OEC arrival, OEC representative observed infant sleeping in car restraint seat.

X	74. Crib or Other Provision Free from Observable Hazards	
O	75. Infants not Swaddled	Failed to ensure infants are not swaddled when upon OEC representative arrival, observed infant swaddled while sleeping
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

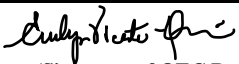

<input checked="" type="checkbox"/>	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? N **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<input checked="" type="checkbox"/>	94. Policies and Procedures for Admin of Meds	
<input type="checkbox"/>	95. Parent Permission for Nonprescription Topical Meds	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications for Destin for infant
<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		
ADDITIONAL VIOLATIONS			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
<p>~ Provider turned on TV during OEC visit; discussed appropriate screen time respective to children's ages. ~ Reviewed process in accessing BCIS to reset password, initiating process to renew background and evidence during OEC visits ~ Discussed sleep arrangement for infants and to review with parent again. ~ Discussed notification of change for new household members if/when it would occur. ~ Discussed documentation required for each child's file (enrollment form, permissions form, child health record, immunizations, and incident log; medications and respective document when applicable. ~ OEC website forms and documents available I.e nonprescription medication for infant with Desitin; www.ct.gov/oec</p>			
<p>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.</p>			
<p>APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)	05/27/2024	CARMEN M RODRIGUEZ (Printed Name)