



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	YENNY CAROLINA ROZO ACOSTA				License Number	DCFH	Date of Inspection	07/30/2024
					Expiration Date		Time of Inspection	09:30 AM
Address	572 SOUTH ST NEW BRITAIN CT 06051-3846				Telephone	(860) 839-4851	Regular Capacity	6
					Days and Hours	7am-5pm	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	INITIAL CREDENTIAL INSPECTION		
	# of Infants - Toddlers Present	1	# of Total Children Present	1	Inspector's Name	Eileen Ruiz		
Provider's Email	carolaynrozo83@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).

Yenny Carolina Rozo Acosta
 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:	12/05/2026
X	14. First Aid Certificate	
	Expiration date:	10/06/2025

X	15. CPR Certificate		
	Expiration date: 10/06/2025		
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			
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	
○	31. Stairways - Protected, Handrails	Failed to ensure that stairways have a sturdy handrail installed at the hatch egress.	
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Failed to install operable smoke detectors on main floor.
O	35. Carbon Monoxide Detector	Failed to maintain install the carbon monoxide detector on main floor.
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to maintain at least a 5lb ABC fire extinguisher in operating condition in the basement level.
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	
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: N
X	52. Smoking Prohibited	
RESPONSIBILITIES OF PROVIDER 19a-87b-10		
X	53. Enrollment Form	

O	54. Child Health Record	Failed to maintain complete child health record(s) for her daughter who will attend the program full time.
X	55. Immunizations	
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	
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

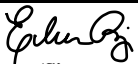

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** ADMINISTRATION OF MEDICATIONS 19a-87b-17

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
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?	
DISCUSSIONS/COMMENTS		
<ul style="list-style-type: none"> •• Each room used for child care must have two readily accessible means of escape. Every room used for sleeping, living or dining shall have two means of escape to travel to the outside of the home. The room presented at today's visit for nap does not meet the criteria. It cannot be used to care for the children. The only approved spaces are the main basement area and the upstairs level that will be used briefly at drop off times and at pick up times. •• A discussion was had about OEC statutes and regulations; specifically the regulation about egresses and basement supervision. This basement complies with OEC (2) egress requirement, proper ventilation, adequate washing, toileting, with the exception of a handrail missing at one stairway. This must be corrected prior to approval. Every town's zoning department has their own requirements for permits and permissions for basements. It is the applicants responsibility to be aware of their towns requirements. •• The downstairs bathroom needs paper towels or drying mechanism. 		
<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:
Eileen Ruiz (Printed Name)	 (Printed Name)	 (Signature of Provider/Applicant/Substitute)
		YENNY CAROLINA ROZO ACOSTA (Printed Name)