



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: ocel.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	NANCY M RODRIGUEZ				License Number	DCFH.56586	Date of Inspection	10/07/2024
					Expiration Date	1/31/2027	Time of Inspection	11:00 AM
Address	5 1ST ST FL 1 DANBURY CT 06810-5001				Telephone	(203) 947-7013	Regular Capacity	6
					Days and Hours	Monday - Saturday 24hours	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	8	Inspector's Name	Eileen Ruiz		
Provider's Email	0609mariana@gmail.com				Inspector's Email	eileen.ruiz@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><i>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).</i></p> <p style="text-align: right;"><i>Nancy Rodriguez</i> Signature of Provider/Substitute/Applicant</p>							

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

O	12. Awareness of Understanding of Regulations	Failed to demonstrate an awareness and/or understanding of the regulations based on knowledge of individual care plans for medications, MAR for each medication needed and correct med authorization
X	13. Medical statement Expiration date: 08/22/2026	
X	14. First Aid Certificate Expiration date: 03/30/2026	

X	15. CPR Certificate				
	Expiration date: 03/30/2026				
O	16. Judgment	Failed to demonstrate good judgement when failing to present documents for three children no longer enrolled even after specialist asks twice to present all children.			
MEMBERS OF THE HOUSEHOLD 19a-87b-7					
X	17. Medical Statement				
X	18. Household Environment				
QUALIFICATIONS OF STAFF 19a-87b-8					
X	19. Sub/Assistant	Y/N	Name:	Appvl #	
	Type of Staff : Substitute	Y	Present today was number 92314		
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				
O	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children in bathroom cabinets, shaving cream, blow dryer, bath soap.			
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			
	Used for Care ?	Y			
O	31. Stairways - Protected, Handrails	Y/N	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children		
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 Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Outdoors Y Y		
X	40. Body of Water- Type: Barrier?	Y/N Y	
X	41. Hot Tubs- Locked - Inaccessible	Y/N Y	
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			
○	53. Enrollment Form	Failed to maintain child enrollment form(s) for three children no longer enrolled for one year. Did not present them when asked by specialist.	

X	54. Child Health Record	
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	
O	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs of child with penicillin allergy.
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? **Y** **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	
○	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication with correct name of medication for Zyrtec medication.
○	101. MAR Maintained	Failed to maintain a medication administration record for Zyrtec.
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

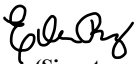

	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		X

YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –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 (Printed Name)	 (Printed Name)	10/21/2024	NANCY M RODRIGUEZ (Printed Name)