



DIVISION OF LICENSING

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

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|-------------------------------------|---|-------------------------------------|------------------------------------|--------------------------|---------------------------|--|----------------------------|-------------------|
| Provider | ROSA A ACEVEDO | | | | License Number | DCFH.57768 | Date of Inspection | 11/19/2024 |
| | | | | | Expiration Date | 12/31/2026 | Time of Inspection | 08:05 AM |
| Address | 17 IVY PL # A NORWALK CT 06854-1405 | | | | Telephone | (347) 340-7353 | Regular Capacity | 6 |
| | | | | | Days and Hours | Monday - Friday 6:00 AM - 6:00 PM | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | <input checked="" type="checkbox"/> | No? | <input type="checkbox"/> | | | Summer Care | Open |
| New Address | 375 Cleveland Avenue Bridgeport CT 06604 | | | | Type of Inspection | CHANGE OF ADDRESS | | |
| | # of Infants - Toddlers Present | 2 | # of Total Children Present | 2 | Inspector's Name | Candy Vargas | | |
| Provider's Email | littlelambsfhdc@gmail.com | | | | Inspector's Email | candy.vargas@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). Rosa Acevedo
 Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

| | | |
|-------------------------------------|--------------------------------------|----------|
| <input checked="" type="checkbox"/> | 4. Capacity | |
| <input checked="" type="checkbox"/> | 5. Non-transferability of license | Pending? |
| <input checked="" type="checkbox"/> | 6. Infant/Toddler Restriction | |
| <input checked="" type="checkbox"/> | 7. License Posted | |
| <input checked="" type="checkbox"/> | 8. Parent Access to OEC Phone Number | |
| <input checked="" type="checkbox"/> | 9. Photo ID | |
| <input checked="" type="checkbox"/> | 10. Requests for Information | |
| <input checked="" type="checkbox"/> | 11. Notification of Change | |

QUALIFICATION OF PROVIDER 19a-87b-6

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| <input checked="" type="checkbox"/> | 12. Awareness of, Understanding of Regulations | |
| <input checked="" type="checkbox"/> | 13. Medical statement | |
| | Expiration date: | 09/01/2026 |
| <input checked="" type="checkbox"/> | 14. First Aid Certificate | |
| | Expiration date: | 09/01/2026 |

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|--|---|-----|-------|--|---------|
| X | 15. CPR Certificate | | | | |
| | Expiration date: 09/01/2026 | | | | |
| 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. Sub/Assistant | Y/N | Name: | | Appvl # |
| | Type of Staff : Substitute | Y | | | |
| 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 | | | |
| | Used for Care ? | Y | | | |
| X | 31. Stairways - Protected, Handrails | Y/N | | | |
| X | 32. Emergency Plan | | | | |

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| 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? | 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 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 | | |

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| 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 | |
| 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 | |

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| 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

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| 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**

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| 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**

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| 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 | |

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| X | 112. Finger Stick Blood Glucose Testing Records | |
| X | 113. Parent Notification of Test Results | |

ADDITIONAL VIOLATIONS

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

YES or NO?
No

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

There are two rooms that will be used for childcare. One room is adjacent to the dining room and the other one is in the back adjacent to the laundry room. The back room has its own entrance which will be used as the main entrance to the program. Both connect internally.

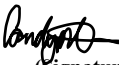

The second emergency egress will be the main entrance to the house. Currently the provider is living by herself, however, she plans to have her daughter, son in law, adult grandson, and two preschool grandchildren move in with her. Both her daughter and son in law are approved OEC substitutes.

Provider was informed that when the new household member are ready to move in, she has to send notification of change to their new specialist (contact information provided.). She was also informed that her adult grandchild has to undergo comprehensive background check, and a medical statement also needs to be submitted for him. The two preschool grandchildren are enrolled in the program, provider was reminded their medical and enrollment forms need to maintain up to date.

The provider's daughter was present at the time of inspection with her two children to assist her with the inspection. There are no violations cited.

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) |
| Candy Vargas (Printed Name) | (Printed Name) | | ROSA A ACEVEDO (Printed Name) |