



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	ROSE B DECARLO				License Number	DCFH.50473	Date of Inspection	12/20/2024
					Expiration Date	1/31/2026	Time of Inspection	11:36 AM
Address	20 HILLSIDE DR EASTON CT 06612-2027				Telephone	(203) 371-8928	Regular Capacity	6
					Days and Hours	M-F 7:00 A.M. - 7:00 P.M.	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	3	# of Total Children Present	8	Inspector's Name	Rebecca LaRosa		
Provider's Email	DECARLOGREGORY@YAHOO.COM				Inspector's Email	rebecca.larosa@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:	
	12/19/2026	
X	14. First Aid Certificate	
	Expiration date:	
	06/13/2025	

X	15. CPR Certificate						
	Expiration date:						
	05/11/2023						
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 :	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					
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
	Y			Y
X	40. Body of Water- Type:	Y/N		
	Barrier?	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	Type: 2 Dogs		
	Pets?	Y		
	Rabies Certs?	Y		
X	52. Smoking Prohibited			
RESPONSIBILITIES OF PROVIDER 19a-87b-10				
X	53. Enrollment Form			

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	

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	
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

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
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YES or NO?
No

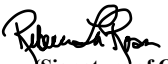
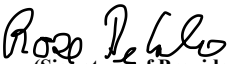
WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Discussed Substitute and/or Assistant approvals are separate from Background Check. Approvals must be on site for substitute and/or assistant.
Discussed 1 flu shot documentation needed for 1 child by December 31, 2024.

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)
Rebecca LaRosa (Printed Name)	(Printed Name)		ROSE B DECARLO (Printed Name)