



Connecticut Office of  
Early Childhood

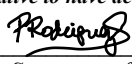
## DIVISION OF LICENSING

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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

|                              |   |   |                             |   |                    |                               |                     |            |
|------------------------------|---|---|-----------------------------|---|--------------------|-------------------------------|---------------------|------------|
| Provider                     | PATRICIA JOSEFINA RODRIGUEZ                           |   |                             |   | License Number     | DCFH.57338                    | Date of Inspection  | 01/15/2025 |
|                              |   |   |                             |   | Expiration Date    | 4/30/2028                     | Time of Inspection  | 09:05 AM   |
| Address                      | 115 SAINT AUGUSTINE ST<br>WEST HARTFORD CT 06110-1029 |   |                             |   | Telephone          | (860) 983-7141                | Regular Capacity    | 6          |
|                              |   |   |                             |   | Days and Hours     | Sunday-Saturday 6AM-8PM       | 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                       | 0 | # of Total Children Present | 8 | Inspector's Name   | Melina Perez                  |                     |            |
| Provider's Email             | patriciavergara@live.com                              |   |                             |   | Inspector's Email  | melina.perez@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:                               | 12/06/2027 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 02/02/2026 |

|  |   |     |       |  |         |
|--|---|-----|-------|--|---------|
| <b>X</b>   | 15. CPR Certificate                           |     |       |  |         |
|  | Expiration date:<br>02/02/2026                |     |       |  |         |
| <b>X</b>   | 16. Judgment                                  |     |       |  |         |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |     |       |  |         |
| <b>X</b>   | 17. Medical Statement                         |     |       |  |         |
| <b>X</b>   | 18. Household Environment                     |     |       |  |         |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |     |       |  |         |
| <b>X</b>   | 19. Sub/Assistant                             | Y/N | Name: |  | Appvl # |
|  | Type of Staff :                               | Y   |       |  |         |
|  | Substitute                                    |     |       |  |         |
| <b>X</b>   | 20. Emergency Caregiver                       |     |       |  |         |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |     |       |  |         |
| <b>X</b>   | 21. Background Check(s)                       |     |       |  |         |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |     |       |  |         |
| <b>X</b>   | 22. Clean/Sanitary Environment                |     |       |  |         |
| <b>X</b>   | 23. Freedom of Hazards                        |     |       |  |         |
| <b>X</b>   | 24. Harmful Substances/Materials Inaccessible |     |       |  |         |
| <b>X</b>   | 25. Bio-contaminants Disposed Safely          |     |       |  |         |
| <b>X</b>   | 26. Safe Storage of Flammables                |     |       |  |         |
| <b>X</b>   | 27. Safe Door Fasteners                       |     |       |  |         |
| <b>X</b>   | 28. Electrical Safety                         |     |       |  |         |
| <b>X</b>   | 29. Safe Exits                                |     |       |  |         |
| <b>X</b>   | 30. Basement Supervision                      | Y/N |       |  |         |
|  |   | Y   |       |  |         |
|  | Used for Care ?                               | Y/N |       |  |         |
| <b>X</b>   | 31. Stairways - Protected, Handrails          |     |       |  |         |
| <b>X</b>   | 32. Emergency Plan                            |     |       |  |         |

|  |  |            |  |
|--|--|------------|--|
| <b>X</b>                                       | 33. Emergency Evacuation Drills - Quarterly/Log                  |            |  |
| <b>X</b>                                       | 34. Smoke Detectors  |            |  |
| <b>X</b>                                       | 35. Carbon Monoxide Detector                                     |            |  |
| <b>X</b>                                       | 36. Fire Extinguisher- 5 lb. ABC/Installed                       |            |  |
| <b>X</b>                                       | 37. Auxiliary Heating System N<br>Type?                          | Appvd?     |  |
| <b>X</b>                                       | 38. Safe Storage of Weapons and Ammunition                       |            |  |
| <b>X</b>                                       | 39. Safe Space-Sufficient<br>Indoors   Outdoors<br>Y   Y         |            |  |
| <b>X</b>                                       | 40. Body of Water-Type:<br>Barrier?                              | Y/N<br>N   |  |
| <b>X</b>                                       | 41. Hot Tubs-Locked - Inaccessible                               | Y/N<br>N   |  |
| <b>X</b>                                       | 42. Ventilation, Light and Temperature- 65°                      |            |  |
| <b>X</b>                                       | 43. Window Safety  |            |  |
| <b>X</b>                                       | 44. Washing Toileting, Sewage Garbage Facilities                 |            |  |
| <b>X</b>                                       | 45. Adequate and Safe Water -<br>Type of System:<br>Public Water |            |  |
| <b>X</b>                                       | 46. Water Temperature- 60°-120°                                  |            |  |
| <b>X</b>                                       | 47. Pasteurization of Milk Supply                                |            |  |
| <b>X</b>                                       | 48. Working Phone, Emergency Numbers Posted                      |            |  |
| <b>X</b>                                       | 49. Safe Transportation Registered, Insured, Restraints          |            |  |
| <b>X</b>                                       | 50. First Aid supplies   |            |  |
| <b>X</b>                                       | 51. Pet protection<br>Pets?<br>Rabies Certs?                     | Type:<br>N |  |
| <b>X</b>                                       | 52. Smoking Prohibited   |            |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |  |            |  |
| <b>X</b>                                       | 53. Enrollment Form  |            |  |

|                                     |  |   |
|-------------------------------------|--|---|
| <input type="radio"/>               | 54. Child Health Record  | Failed to maintain current child health record(s) for 1 enrolled child when their physical was observed to be expired.  |
| <input type="radio"/>               | 55. Immunizations  | Failed to maintain current immunization record(s) for 1 enrolled child when proof of flu vaccine was not observed in their file.  |
| <input checked="" type="checkbox"/> | 56. Emergency Permission   |   |
| <input type="radio"/>               | 57. Authorized Release   | Failed to maintain written parent permission to authorize removal of child(ren) for 1 enrolled child when the information was observed to have been left blank by the parent. |
| <input checked="" type="checkbox"/> | 58. Field Trip and Transportation Permission-To/From School              |   |
| <input checked="" type="checkbox"/> | 59. Swimming Permission  |   |
| <input checked="" type="checkbox"/> | 60. Incident Log   |   |
| <input checked="" type="checkbox"/> | 61. Confidentiality  |   |
| <input checked="" type="checkbox"/> | 62. Meeting the Child's Needs  |   |
| <input checked="" type="checkbox"/> | 63. Sufficient Play Equipment  |   |
| <input checked="" type="checkbox"/> | 64. Good Nutrition- Meals/Snacks, Water Available                        |   |
| <input checked="" type="checkbox"/> | 65. Handwashing  |   |
| <input checked="" type="checkbox"/> | 66. Flexible and Balanced Written Schedule                               |   |
| <input checked="" type="checkbox"/> | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |   |
| <input checked="" type="checkbox"/> | 68. Proper Rest Provisions – Safe Cribs                                  |   |
| <input checked="" type="checkbox"/> | 69. Individual Plan for Care (Written if Applicable)                     |   |
| <input checked="" type="checkbox"/> | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |   |
| <input checked="" type="checkbox"/> | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |   |
| <input checked="" type="checkbox"/> | 72. Infants Placed on Back for Sleeping                                  |   |
| <input checked="" type="checkbox"/> | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet |   |

|  |  |  |
|--|--|--|
| <b>X</b>   | 74. Crib or Other Provision Free from Observable Hazards             |  |
| <b>X</b>   | 75. Infants not Swaddled   |  |
| <b>X</b>   | 76. Infants Supervised – minimum every 15 minutes                    |  |
| <b>X</b>   | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| <b>X</b>   | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| <b>X</b>   | 79. Parent Information and Access                                    |  |
| <b>X</b>   | 80. Developmental Milestones – Posted                                |  |
| <b>X</b>   | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| <b>X</b>   | 82. Personal Schedule- Alert, Competent Attention                    |  |
| <b>X</b>   | 83. Full Attention - Distractions, Employment, Socialization         |  |
| <b>X</b>   | 84. Immediate Attention  |  |
| <b>X</b>   | 85. Substitute – Emergency Caregiver Present                         |  |
| <b>X</b>   | 86. Appr. Discipline, Behavior Management                            |  |
| <b>X</b>   | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| <b>X</b>   | 88. Child Protection- Abuse/Neglect                                  |  |
| <b>X</b>   | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| <b>X</b>   | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| <b>X</b>   | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| <b>X</b>   | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

|          |  |  |
|----------|--|--|
| <b>X</b> | 93. Access-<br>Immediate, Entire<br>or Part of Facility<br>and Records |  |
|----------|--|--|

Are Medications Administered? **Y**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

|          |   |  |
|----------|---|--|
| <b>X</b> | 94. Policies and<br>Procedures for<br>Admin of Meds             |  |
| <b>X</b> | 95. Parent<br>Permission for<br>Nonprescription<br>Topical Meds |  |
| <b>X</b> | 96. Notification -<br>Documentation of<br>Med Error(s)          |  |
| <b>X</b> | 97.<br>Nonprescription<br>Topical Meds-<br>Stored/Labeled       |  |
| <b>X</b> | 98. Unused -<br>Expired<br>Nonprescription<br>Meds              |  |
| <b>X</b> | 99. Documented<br>Medication<br>Trained Staff                   |  |
| <b>X</b> | 100. Written Auth<br>Prescriber/Parent<br>Permission            |  |
| <b>X</b> | 101. MAR<br>Maintained  |  |
| <b>X</b> | 102. Prescription<br>Meds -<br>Stored/Labeled                   |  |
| <b>X</b> | 103.<br>Unused/Expired<br>Prescription Meds                     |  |
| <b>X</b> | 104. Emergency<br>Meds- Equip.<br>Labeled/Current               |  |
| <b>X</b> | 105. Self-Admin.<br>Of Meds                                     |  |
| <b>X</b> | 106. Petition for<br>Special<br>Medication<br>Authorization     |  |

Child with diabetes enrolled? **N**      **MONITORING OF DIABETES 19a-87b-18**

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing                         |  |
| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained                   |  |
| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing                        |  |
| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |

|          |   |  |
|----------|---|--|
| <b>X</b> | 112. Finger Stick Blood Glucose Testing Records |  |
| <b>X</b> | 113. Parent Notification of Test Results        |  |

### ADDITIONAL VIOLATIONS

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

YES or NO?  
**Yes**


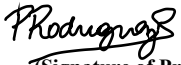
**WERE VIOLATIONS CITED DURING THIS VISIT?**

### DISCUSSIONS/COMMENTS

-Have parents/guardians review enrollment/written permissions annually for any changes  
 -Notification of Change  
 -Approved use of a substitute  
 \*\*\*DCFS.92528 was also present during today's full inspection.  
 \*\*\*Provider has 2 additional substitutes that she utilizes: DCFS.92539 on Saturdays from 9:30AM-530PM. DCFS.92719 is her back-up substitute when DCFS.92528 is not available Monday-Friday. Provider also has DCFS.92491 available to assist in case she has no one else available to assist her.\*\*\*

### 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.**

|   |                                       |                                |   |
|---|---------------------------------------|--------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Melina Perez</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>01/29/2025</b>              | <b>PATRICIA JOSEFINA RODRIGUEZ</b><br>(Printed Name)  |