



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING


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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	FRANCIS D RODRIGUEZ				License Number	DCFH.57371	Date of Inspection	01/30/2025
					Expiration Date	9/30/2028	Time of Inspection	08:45 AM
Address	330 HIGHLAND AVE APT 1R TORRINGTON CT 06790-4731				Telephone	(860) 201-5795	Regular Capacity	6
					Days and Hours	M- F 6AM-5PM	School Age Capacity	3
Is this a Change of Address?	Yes?	X	No?				Summer Care	Closed
New Address	1 Henrietta St. Torrington CT 06790-5408				Type of Inspection	CHANGE OF ADDRESS		
	# of Infants - Toddlers Present	0	# of Total Children Present	0	Inspector's Name	Carmen Valenzuela		
Provider's Email	francisdoris27@gmail.com				Inspector's Email	carmen.valenzuela@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:	06/19/2027
X	14. First Aid Certificate	
	Expiration date:	09/26/2026

<b>X</b>	15. CPR Certificate				
	Expiration date: 09/26/2026				
<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 :	N			
<b>X</b>	20. Emergency Caregiver				
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>					
<input type="radio"/>	21. Background Check(s)	Failed to ensure comprehensive background check have been conducted on time it's renewal.			
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>					
<b>X</b>	22. Clean/Sanitary Environment				
<input type="radio"/>	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards when observed an unsecured shelf and an unsecured bookcase in the childcare area.			
<input type="radio"/>	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when observed multiple cleaning articles accessible to children in the bathroom and under kitchen sink.			
<b>X</b>	25. Bio-contaminants Disposed Safely				
<b>X</b>	26. Safe Storage of Flammables				
<b>X</b>	27. Safe Door Fasteners				
<input type="radio"/>	28. Electrical Safety	Failed to ensure that electrical cords do not hang within reach of children, when observed several cords hanging in designated child care area room and in the kitchen.			
<b>X</b>	29. Safe Exits				
<b>X</b>	30. Basement Supervision	Y/N			
	Used for Care ?	Y			
<input type="radio"/>	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 in front room next to front door.		
<input type="radio"/>	32. Emergency Plan	Failed to maintain a written emergency plan. As per provider she had, she has not completed one for this home. A			

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>O</b>	34. Smoke Detectors	Failed to maintain operable smoke detectors on each level of the home, none observed in the 2nd floor, and one observed not working in the basement.
<b>O</b>	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home, none observed in any of the three levels.
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?
<b>X</b>	38. Safe Storage of Weapons and Ammunition	
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors	
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N 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>O</b>	45. Adequate and Safe Water - Type of System: Private Well	Failed to maintain documentation of a safe and adequate water supply, when provider submitted one incomplete water test report, after submitting a previous one that indicated water was not safe for drinking.
<b>O</b>	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees, when the temperature of water reached 145 degrees.
<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 Pets? Rabies Certs?	Type: N
<b>X</b>	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
<b>X</b>	53. Enrollment Form	

<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>○</b>	68. Proper Rest Provisions – Safe Cribs	Failed to ensure clean/comfortable/safe napping/resting provision for each child, when observed one pack and play with the original pad in disrepair, not providing snug fitting.
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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>O</b>	80. Developmental Milestones – Posted	Failed to post a copy of the developmental milestones information sheet
<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 (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- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N**      **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

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

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

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, 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****#23 (Continuation)**

Observed iron cast radiator in the bathroom and in second kitchen next to the child care area, very hot at touch, and accessible to children.

Observed gas stove with uncovered knobs, with automatic lighting, accessible to children.

Observed outdoor/ play area space with no protection from traffic. Provider is considering area at the front, right side of the house and the back yard. None had protection from traffic.

**#24 (Continuation)**



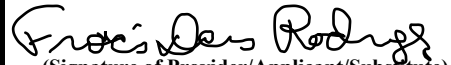
The cleaning articles observed included wood furniture clean & polish, fabric and rug cleaner, furniture polish, Lysol, Clorox wipes, Clorox liquid cleaner, and nail polish.

Capacity assigned 3 + 0 - Reduced capacity due to reduced indoor space designated for child care.

Inspection was completed in Spanish.

**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)
<b>Carmen Valenzuela</b> (Printed Name)	<b>Jenny Ferreira-Pichardo</b> (Printed Name)	<b>02/13/2025</b>	<b>FRANCIS D RODRIGUEZ</b> (Printed Name)