



**DIVISION OF LICENSING**  
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## SUPPLEMENTAL REPORT OF INSPECTION

<b>Program Name</b>	MONICA J RONDON				<b>License Number</b>	DCFH.58015	<b>Date of Inspection</b>	April 07, 2025
					<b>Expiration Date</b>	5/31/2028	<b>Time of Inspection</b>	3:16 P.M.
<b>Address</b>	MONICA J RONDON 14 BARKER ST FL 1 HARTFORD, CT 06114-1815				<b>Telephone</b>	(860) 816-3543	<b>Total Capacity</b>	9
					<b>Days and Hours</b>	M-F 5:00AM- Midnight	<b>Under Three Capacity</b>	
<b>#Children Present</b>	/	<b># Under 3 Present</b>	/	<b># Staff Present</b>	/	<b>Summer Care</b>	Open	
<b>Purpose of Visit</b>	To document discussion with provider				<b>Name of Inspector</b>	Carmen Valenzuela		
<b>Program's Email</b>	monicark40@gmail.com				<b>Inspector's Email</b>	carmen.valenzuela@ct.gov		

**Consent to inspect Family Child Care Home** *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.*  
**Provider/Applicant/Substitute:** \_\_\_\_\_

### Discussions/Comments/Observations:

This addendum is sent to clarify citation #100 and to document the points discussed with provider during follow-up

Citation under Administration of Medications 19a-87b-17 item in list #100 indicated that one child had authorization from the doctor and parent's permission. This addendum corrects that statement and further clarifies it.

#### 100-Written Authorized Prescriber/Parent Permission

Failed to maintain written order from prescriber for medication for one child, and parent permission for two children with chronic conditions and medication at the program. The provider had two new medications for one child, but no authorization from doctor or parents. For the second child, the provider had authorization from doctor, but was missing the parent's permission, no signature provided.

#### **Reviewed and Discussed:**

Requirement for an individual plan of care for children with disabilities, special care needs, including children with allergies, developmental delays, or children with chronic conditions, allergies, etc., who require special care during their time at the childcare program.

Individual Plan of care shall be based on the recommendations of the child's health care provider, developed with the parents at intake. The plan shall include appropriate care in a medical or other emergency and shall be signed by the parent, provider, and any approved staff responsible for the care of the child.

Storage of non-prescription and prescription medications, including control substances.

Samples of the Individual Plan of Care were reviewed with the provider during the visit.

Addendum sent by e-mail to provider.

**NOTE:** Operators/providers are required by statutes and regulations to be in compliance at all times.  
**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

<i>Carmen Valenzuela</i> (Signature of OEC Representative)	(Signature of OEC Representative)	<b>DATE CORRECTIONS DUE BY:</b>	(Signature of Person in Charge)
Carmen Valenzuela (Printed Name)	(Printed Name)	4/16/25	(Printed Name)