



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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	ROSANA MATEO RIOS				License Number	DCFH	Date of Inspection	05/21/2025
					Expiration Date		Time of Inspection	09:00 AM
Address	186 CLINTON AVE FL 2 NEW HAVEN CT 06513-3144				Telephone	(203) 887-7264	Regular Capacity	6
					Hours of Operation	6:30 AM 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	INITIAL CREDENTIAL INSPECTION				Inspector's Name	Jenny Ferreira		
Provider's Email	mateo.rosana@myyahoo.com				Inspector's Email	jenny.ferreira@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:	12/22/2026	
X	14. First Aid Certificate		
	Expiration date:	08/20/2026	

X	15. CPR Certificate	
	Expiration date:	
	08/20/2026	
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 :	N				
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Regulation was not in compliance when evidence of compliance with background checks was not observed at the time of this inspection.
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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					

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 Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient		
	Indoors	Y	
	Outdoors	Y	
X	40. Body of Water- Type:	Y/N	
	Barrier?		
X	41. Hot Tubs- Locked - Inaccessible	Y/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:	
	Pets?	N	
	Rabies Certs?		
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	

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	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
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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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

X	94. Policies and Procedures for Admin of Meds	
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X	95. Parent Permission for Nonprescription Topical Meds	
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

X	108. Policies for Finger Stick Blood Glucose Testing	
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X	109. Finger Stick Blood Glucose Testing - Staff Trained	
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X	110. Self Admin of Finger Stick Blood Glucose Testing	
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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

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

YES or NO?	Were Violations Cited during this visit?	Total Number of Violations this visit:	1
Yes			

DISCUSSIONS/COMMENTS**1- Technical Assistance offered.****Pending:**

At the time of today's inspection, it was revealed the applicant is not residing at the program's location. It was explained that per regulation "Residence" means a home occupied by the provider for occupancy as home as evidence by a valid certificate of occupancy.


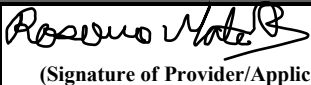
The applicant chosen to contact New Haven Building/Zoning Department to obtain a certificate of occupancy in order to qualify for a DCFH license. As a second option, the provider indicates that she and her 15 years old daughter would move into program's location if necessary to comply with regulations.

Follow-up visit to be conducted to verify occupancy before license approval.

Initial inspection and exit interview conducted 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)
Jenny Ferreira (Printed Name)	 (Printed Name)		ROSANA MATEO RIOS (Printed Name)

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