



**DIVISION OF LICENSING**

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

**FAMILY CHILD CARE HOME INSPECTION**

Provider	YESENIA ROMAN				License Number	DCFH.56544	Date of Inspection	07/09/2025
					Expiration Date	10/31/2026	Time of Inspection	09:30 AM
Address	148 COLONIAL AVE WATERBURY CT 06704-1308				Telephone	(203) 247-7067	Regular Capacity	6
					Hours of Operation	6:30 AM 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?	<input checked="" type="checkbox"/>	No?	<input type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address	229 Buckshill Road Waterbury CT 06704				# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	CHANGE OF ADDRESS				Inspector's Name	Alexandra Rodriguez		
Provider's Email	yesyrogonzalez2284@gmail.com				Inspector's Email	alexandra.rodriguez@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**

<input checked="" type="checkbox"/>	4. Capacity	
<input checked="" type="checkbox"/>	5. Non-transferability of license	Pending?
<input checked="" type="checkbox"/>	6. Infant/Toddler Restriction	
<input checked="" type="checkbox"/>	7. License Posted	
<input checked="" type="checkbox"/>	8. Parent Access to OEC Phone Number	
<input checked="" type="checkbox"/>	9. Photo ID	
<input checked="" type="checkbox"/>	10. Requests for Information	
<input checked="" type="checkbox"/>	11. Notification of Change	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<input checked="" type="checkbox"/>	12. Awareness of, Understanding of Regulations	
<input checked="" type="checkbox"/>	13. Medical statement	
	Expiration date:	10/05/2027
<input checked="" type="checkbox"/>	14. First Aid Certificate	
	Expiration date:	10/01/2026

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date: <b>10/01/2026</b>	
<b>X</b>	<b>16. Judgment</b>	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	<b>17. Medical Statement</b>	
<b>X</b>	<b>18. Household Environment</b>	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. Sub/Assistant</b>	<b>Y/N</b>	<b>Name:</b>		<b>Appvl #</b>	
	Type of Staff :	<b>N</b>				
<b>X</b>	<b>20. Emergency Caregiver</b>					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	<b>21. Background Check(s)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. Clean/Sanitary Environment</b>					
<b>X</b>	<b>23. Freedom of Hazards</b>					
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>					
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>					
<b>X</b>	<b>26. Safe Storage of Flammables</b>					
<b>X</b>	<b>27. Safe Door Fasteners</b>					
<b>X</b>	<b>28. Electrical Safety</b>					
<b>X</b>	<b>29. Safe Exits</b>					
<b>X</b>	<b>30. Basement Supervision</b>	<b>Y/N</b>				
	Used for Care ?	<b>Y</b>				
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>					
<b>X</b>	<b>32. Emergency Plan</b>					

<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 Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<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>X</b>	45. Adequate and Safe Water - Type of System: 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 Pets? Rabies Certs?	Type: N	
<b>X</b>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	53. Enrollment Form		
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<b>X</b>	<b>54. Child Health Record</b>	
<b>X</b>	<b>55. Immunizations</b>	
<b>X</b>	<b>56. Emergency Permission</b>	
<b>X</b>	<b>57. Authorized Release</b>	
<b>X</b>	<b>58. Field Trip and Transportation Permission-To/From School</b>	
<b>X</b>	<b>59. Swimming Permission</b>	
<b>X</b>	<b>60. Incident Log</b>	
<b>X</b>	<b>61. Confidentiality</b>	
<b>X</b>	<b>62. Meeting the Child's Needs</b>	
<b>X</b>	<b>63. Sufficient Play Equipment</b>	
<b>X</b>	<b>64. Good Nutrition- Meals/Snacks, Water Available</b>	
<b>X</b>	<b>65. Handwashing</b>	
<b>X</b>	<b>66. Flexible and Balanced Written Schedule</b>	
<b>X</b>	<b>67. Personal Articles- Blanket, Towel, Toilet Articles</b>	
<b>X</b>	<b>68. Proper Rest Provisions – Safe Cribs</b>	
<b>X</b>	<b>69. Individual Plan for Care (Written if Applicable)</b>	
<b>X</b>	<b>70. Cultural Differences, Sp. Needs, Dev. Appr. Activities</b>	
<b>X</b>	<b>71. Infant Care, Indiv Attention, Held for Bottle Feedings</b>	
<b>X</b>	<b>72. Infants Placed on Back for Sleeping</b>	
<b>X</b>	<b>73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet</b>	

<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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**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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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

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

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>No</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>0 out of 109</b>
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**DISCUSSIONS/COMMENTS**

Discussed with the provider the following;  
 Observed window in napping room measuring 20" inches in height and 34" inches in width  
 Supervisor approval for basement window as means of an exit based on the following;  
 1.Window exceeds the required 20" inches in width by 16" inches making up for the 4" loss in height.  
 2.Recent Fire Marshall inspection completed of the home.  
 3.Window was previously approved by OEC representative prior to installation.  
 Provider has demonstrated a step stool with handles to utilize under window in napping room in case of emergency. Distance from floor to window measures at 56 inches which is more than the required 44" inches stated in regulation.

**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)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Alexandra Rodriguez</b> (Printed Name)			<b>YESENIA ROMAN</b> (Printed Name)