



**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	ROZANIA FERNANDES CAMELO				License Number	DCFH.58115	Date of Inspection	12/05/2025
					Expiration Date	12/31/2028	Time of Inspection	12:45 PM
Address	600 POND ST BRIDGEPORT CT 06606-3955				Telephone	(475) 209-0370	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 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	2	Weekend Hours	No
					Total children present	8	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Ana Sanchez		
Provider's Email	rozaniaf4@gmail.com				Inspector's Email	ana.m.sanchez@ct.gov		

Key: Compliant = X Non-Compliant =   
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).  
*Rozania Fernandes*  
 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:	08/23/2026
<input checked="" type="checkbox"/>	14. First Aid Certificate	
	Expiration date:	07/12/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	07/12/2027	
<b>X</b>	16. Judgment	

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

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

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

<b>X</b>	19. Sub/Assistant	Y/N	Name:	Maraisa Mader de Oliveira	Appvl #	DCFS.95816
	Type of Staff:	<b>Y</b>				
	Substitute					
<b>X</b>	20. Emergency Caregiver					

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

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

<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>O</b>	28. Electrical Safety	Provider not in compliance with ensuring that electrical cords do not hang within reach of children when strings of lights were hanging on a Christmas tree in the nap room directly adjacent to children's cots within reach of				
<b>X</b>	29. Safe Exits					
<b>X</b>	30. Basement Supervision	Y/N				
		<b>Y</b>				
	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>O</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions when the fire extinguisher was installed at a height that exceeds 5 feet from the ground.
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?
<b>X</b>	38. Safe Storage of Weapons and Ammunition	
<b>O</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	Provider not in compliance with protecting the outdoor play area from hazards when a set of concrete stairs with 4 steps used by children to access the outdoor play area was not protected by a gate or other barrier. The stairs also presented a tripping hazard when a yoga mat was observed on one of the steps.
<b>X</b>	40. Body of Water- Type: Stream Barrier?	Y/N Y Y
<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>O</b>	46. Water Temperature- 60°-120°	Provider not in compliance with maintaining a safe water temperature between 60-120 degrees when the water temperature was measured and the reading exceeded 120 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>O</b>	50. First Aid supplies	Provider not in compliance with maintaining a complete first aid kit when a 2-inch gauze roller bandage was missing.
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: N
<b>X</b>	52. Smoking Prohibited	

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

<b>O</b>	53. Enrollment Form	Provider not in compliance with maintaining complete child enrollment form(s) when 6 enrolled children had missing or incomplete enrollment forms.
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<input checked="" type="checkbox"/>	54. Child Health Record	
<input checked="" type="checkbox"/>	55. Immunizations	
<input type="checkbox"/>	56. Emergency Permission	Provider not in compliance with maintaining written parent permission for emergency medical care when 9 enrolled children did not have written permission for emergency medical care.
<input type="checkbox"/>	57. Authorized Release	Provider not in compliance with maintaining complete written parent permission to authorize removal of child(ren) when 4 enrolled children did not have complete written parent permission to authorize removal of children.
<input type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	Provider not in compliance with maintaining written parent permission for transportation of child(ren) when 2 enrolled children did not have written parent permission for transportation of children.
<input type="checkbox"/>	59. Swimming Permission	Provider not in compliance with maintaining written parent permission for recreational swimming when 2 enrolled children did not have written parent permission for recreational swimming.
<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 type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when 2 enrolled children with diagnosed delays did not have individual plans of care.
<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	

### 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? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>O</b>	95. Parent Permission for Nonprescription Topical Meds	Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when 2 enrolled children had nonprescription topical medications without written parent permission.
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>O</b>	97. Nonprescription Topical Meds- Stored/Labeled	Provider not in compliance with maintaining proper labeling and storage of nonprescription topical medications when nonprescription topical medications were not labeled with the children's names and were stored on an open shelf underneath a changing table within reach of children.
<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	

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

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

**ADDITIONAL VIOLATIONS**

<b>X</b>	<b>114. Consent Order - Negotiated Corrective Action Plan</b>	N/A?	
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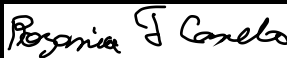
<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>13 out of 110</b>
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**DISCUSSIONS/COMMENTS**

Discussed in detail that the provider must maintain evidence of flu vaccination for all enrolled children between the ages of 6 months and 59 months by December 31st annually. Discussed completing one more emergency drill prior to December 31st. Provider understands emergency drills must be completed once every 3 months. Reviewed safe sleep regulations and other infant care regulations with the provider and her substitute since there are 3 infants/toddlers under 18 months enrolled at this time. DCFS.95816 was present during today's inspection.

**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:  <b>12/19/2025</b>	 (Signature of Provider/Applicant/Substitute)
<b>Ana Sanchez</b> (Printed Name)	 (Printed Name)		<b>ROZANIA FERNANDES CAMELO</b> (Printed Name)