

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Maritza E. Nuñez Sanchez	License Number: 57357	Date of Inspection: Nov 17, 21
Address: 16 B Barbour St	Expiration Date: 8/31/24	Time of Inspection: 1:11pm
Town: Hartford	Capacity: 4 + 0	Days/Hours: M-F 6:00am - 10:00pm
State/Zip Code: CT 06120	Telephone: 860 281 6587	Summer: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed
	Email: nunezmaritza302@gmail.com	

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

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).

Maritza Nuñez
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 2
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 1
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 12/31/2021
- 14. First Aid Certificate-Exp. Date 11/21/2021
- 15. CPR Certificate- Exp. Date 11/21/2021
- 16. Judgment

Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: Electric. Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor Outdoor
- 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: Public/Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First-Aid Supplies
- 51. Pets: (Y/N) Type: _____ Rabies Certificate(s)
- 52. Smoking Prohibited

Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Carmen Elena Calenzuela</i>	Date Corrections Due By: <u>Dec 1, 2021</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Maritza Nuñez</i>
(Printed Name) Carmen E. Calenzuela		(Printed Name) MARITZA NUÑEZ

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <i>Maritza E. Nuñez Sanchez</i>	License Number: <i>57357</i>	Date of Inspection: <i>11/17/21</i>
Responsibilities of Provider 19a-87b-10 (continued) <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds – Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds – Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds – Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing – Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results	
Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care	Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan	
Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
Discussions/Comments: <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> <p># 14 Observed expired first aid certificate. Send current one.</p> <p># 15 Observed expired CPR certificate send current one.</p> <p># 16 Provider did not use good judgement when she had her oldest daughter, not an approved staff, bring ^{each} two children to school; as per provider the mother gave verbal consent for this arrangement.</p> </div>		
APPLICANTS- PLEASE NOTE: You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.		
(Signature of OEC Representative) <i>Carman Elva Valenzuela</i>	Date Corrections Due By: <i>Dec 1, 2021</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Maritza Nuñez</i>
(Printed Name) <i>Carman E. Valenzuela</i>		(Printed Name) <i>MARITZA NUÑEZ</i>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maritza E. Nuñez Sanchez License # 57357 Date: 11/17/21

Observations/Corrections needed:

#49. Observed no car seat on car use to transport two children to school, one almost 4 years old. A caregiver household member transporting the children, the child rides on a booster seat, without the 5 point harness required until children are 5 years old and weigh at least 40 lbs. Booster was with someone else during visit, she was going to pick it up.

#50 Observed incomplete first aid kit, it's missing individually wrapped 3 or 4 inches gauze square^s, one roll of hypoallergenic adhesive tape; scissors, tweezers, one instant cold pack, CPR mouth barrier.

#54 Observed four children enrolled without health record, and one with an incomplete health record. During the visit two moms sent the form to the provider.

#55 Observed four children enrolled without vaccine record. During visit one vaccine record was received by provider.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Elena Valenzuela
(OEC Representative)Print Name: Carman E. Valenzuela

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maritza Nuñez
(Person in Charge)OEC BY: Dec 1, 2021Print Name: MARITZA NUÑEZ

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maritza E. Nuñez Sanchez License # 57357 Date: 11/17/21

Observations/Corrections needed:

#56 No emergency permission for one child.

#57 No authorized released for one child.

#58 No permission for activities transportation for one child.

~~NS~~ ^{new}. Incomplete permission for transition to/from school for two children.

^{new}.

#19. As per provider she has a household member not an approved staff. drive 2 children to school from the program.

#21. Provider did not provide direct supervision to two children, during transition to school as she was not present during transition, Household member not approved staff. guided it.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Carmen Elena Velazquez
(OEC Representative)

Print Name: Carmen E. Velazquez

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maritza Nuñez
(Person in Charge)

OEC BY: Dec 1, 2021

Print Name: MARITZA NUÑEZ