

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: <i>Josephina Gonzalez</i>	License Number: <i>54920</i>	Date of Inspection: <i>6/23/21</i>
Address: <i>20 Jubilee St.</i>	Expiration Date: <i>12/31/24</i>	Time of Inspection: <i>12:25pm</i>
	Capacity: <i>6+3</i>	Days/Hours: <i>m-Sat 24 hrs/sun NO</i>
Town: <i>New Britain</i>	Telephone: <i>860-826-8260</i>	Summer: <i>Open/Closed</i>
State/Zip Code: <i>CT 06051-2406</i>	Email: <i>g.josephina@yahoo.com</i>	

Instructions: = Compliance/No violation found = 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).

Josephina Gonzalez
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 4
- 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 9/8/2023
- 14. First Aid Certificate-Exp. Date 9/12/2023
- 15. CPR Certificate- Exp. Date 2/5/2023
- 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: _____ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient
Indoor _____ Outdoor _____
- 40. Body of Water (Y/N) Type: Above Ground 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: Dogs 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.

<i>Rebecca Couelles</i> (Signature of OEC Representative)	Date Corrections Due By: <i>7/6/22</i>	<i>Josephina Gonzalez</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Rebecca Couelles (Printed Name)		Josephina Gonzalez (Printed Name)

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 - Page 2

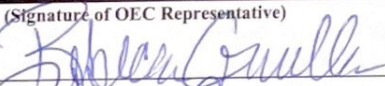
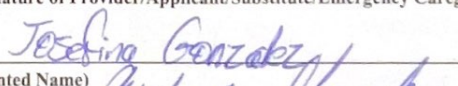
Provider: <u>Josephina Gonzalez</u>	License Number: <u>54920</u>	Date of Inspection: <u>6/22/21</u>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <p><input type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</p> <p><input type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</p> <p><input type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</p> <p><input type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</p> <p><input type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</p> <p><input type="checkbox"/> 72. Infants Placed on Back for Sleeping</p> <p><input type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</p> <p><input type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</p> <p><input type="checkbox"/> 75. Infants not Swaddled</p> <p><input type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</p> <p><input type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</p> <p><input type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</p> <p><input type="checkbox"/> 79. Parent Information and Access</p> <p><input type="checkbox"/> 80. Developmental Milestones-Posted</p> <p><input type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</p> <p><input type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</p> <p><input type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</p> <p><input type="checkbox"/> 84. Immediate Attention</p> <p><input type="checkbox"/> 85. Substitute/Emergency Caregiver Present</p> <p><input type="checkbox"/> 86. Appropriate Discipline/Behavior Management</p> <p><input type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</p> <p><input type="checkbox"/> 88. Child Protection: Abuse/Neglect</p> <p><input type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</p> <p><input type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</p> <p>Sick Child Care 19a-87b-11</p> <p><input type="checkbox"/> 91. Sick Child Care</p> <p>Night Care 19a-87b-12 <input checked="" type="checkbox"/> (Y/N) (10pm to 5am)</p> <p><input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</p>	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <p><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</p> <p>Administration of Medications 19a-87b-17</p> <p><input type="checkbox"/> 94. Policies and Procedures for Admin of Meds</p> <p><input type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</p> <p><input type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</p> <p><input type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</p> <p><input type="checkbox"/> 98. Unused/Expired Nonprescription Meds</p> <p><input type="checkbox"/> 99. Documented Medication Trained Staff</p> <p><input type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</p> <p><input type="checkbox"/> 101. MAR Maintained</p> <p><input type="checkbox"/> 102. Prescription Meds - Stored/Labeled</p> <p><input type="checkbox"/> 103. Unused/Expired Prescription Meds</p> <p><input type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</p> <p><input type="checkbox"/> 105. Self-Administration of Meds</p> <p><input type="checkbox"/> 106. Petition for Special Medication Authorization</p> <p><input type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</p> <p><input type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</p> <p><input type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</p> <p><input type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed</p> <p><input type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</p> <p><input type="checkbox"/> 113. Parent Notification of Test Results</p> <p>Additional Violations</p> <p><input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u></p>	

Discussions/Comments:

Inspection cut short after discussion with OEC Supervisor, Liz Proietti, as it was 1:25pm and children had not been fed lunch and were needing to take a nap; Determined children's needs come first and needed to be met at that time.

Inspection will continue next day - 6/23/22.

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)  (Printed Name) Rebecca Cuvelles	Date Corrections Due By: 7/6/22	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Josephina Gonzalez
--	------------------------------------	--

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Josephina Gonzalez License # 51920 Date: 6/22/21

Observations/Corrections needed:

Items not checked were not observed/reviewed/discussed.

#54 observed ③ children without health records on file.

#55 observed ③ children without immunizations on file.

#56 observed ① child without emergency permission.

#58 observed ① child without transportation permission.

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: Rebeca Cuellar
(DEC Representative)

Print Name: Rebeca Cuellar

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Josephina Gonzalez
(Person in Charge)

OEC BY: 7/6/22

Print Name: Josephina Gonzalez

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

Day # 2 of Inspection

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: <i>Josephina Gonzalez</i>	License Number: <i>54920</i>	Date of Inspection: <i>6/23/22</i>
Address: <i>20 Jubilee St</i>	Expiration Date: <i>12/31/24</i>	Time of Inspection: <i>8:19am</i>
	Capacity: <i>lot 3</i>	Days/Hours: <i>M-Sat 24hrs/ NO Sun</i>
Town: <i>New Britain</i>	Telephone: <i>860-826-8260</i>	Summer: <i>Open/Closed</i>
State/Zip Code: <i>CT 06051-2406</i>	Email: <i>j.gonzalez@yahoo.com</i>	

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).

Josephina Gonzalez
Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: *4+1 @ 8:30am*
- 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 _____
- 14. First Aid Certificate-Exp. Date _____
- 15. CPR Certificate- Exp. Date _____
- 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: _____ 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.

<i>Rabecca Cruelles</i> (Signature of OEC Representative)	Date Corrections Due By: <i>N/A</i>	<i>Josephina Gonzalez</i> (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
<i>Rabecca Cruelles</i> (Printed Name)		<i>Josephina Gonzalez</i> (Printed Name)

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

Day #2 of Inspection

FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <i>Josephina Gonzalez</i>	License Number: <i>54920</i>	Date of Inspection: <i>6/23/22</i>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <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 <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <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 <p>Additional Violations</p> <ul style="list-style-type: none"> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	


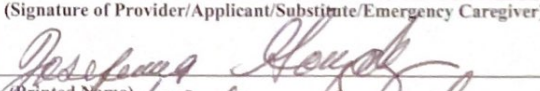
Discussions/Comments:

Day #2 of Inspection as it was cut short on Day #1 (6/22/23, due to children's needs (lunch/nap) needed to be met at that time.

No violations observed at Day #2 of Inspection.

CAP due from Day #1 on 6/22/23 on 7/6/22.

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)  (Printed Name) Rebecca Cruelles	Date Corrections Due By: N/A	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) Josephina Gonzalez
--	---------------------------------	--