

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL  UNANNOUNCED  FULL  PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> <u>Anabel Sanchez</u>	License Number: <u>57542</u>	Date of Inspection: <u>1/4/24</u>
<b>Address:</b> <u>63 Wolcott St.</u>	Expiration Date: <u>9/30/25</u>	Time of Inspection: <u>1255pm</u>
	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 5am-10pm</u>
<b>Town:</b> <u>Wethersfield</u>	Telephone: <u>2035191093</u>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <u>CT 06705</u>	Email: <u>rocelisdreams@gmail.com</u>	

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).*

Anabel Sanchez  
Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

4. Capacity: Total # Children Present: 3

5. Nontransferability of License

6. Infant/Toddler Restriction- # Present: 0

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 1/25/24

14. First Aid Certificate-Exp. Date 11/19/25

15. CPR Certificate- Exp. Date 11/19/25

16. Judgment

**Members of the Household 19a-87b-7**

17. Medical Statement AR

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) AR

**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

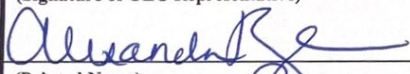
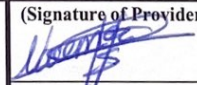
66. Flexible and Balanced Written Schedule

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

(Signature of OEC Representative) <u>Alexandra Rodriguez</u>	Date Corrections Due By: <u>1/18/24</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Anabel Navarrete Sanchez</u>
(Printed Name) <u>Alexandra Rodriguez</u>		(Printed Name) <u>Anabel Navarrete Sanchez</u>

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Anabel Sanchez</u>	License Number: <u>57542</u>	Date of Inspection: <u>1/4/24</u>
<p><b>Responsibilities of Provider 19a-87b-10 (continued)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles</li> <li><input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs</li> <li><input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable)</li> <li><input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities</li> <li><input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings</li> <li><input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping</li> <li><input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet</li> <li><input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards</li> <li><input checked="" type="checkbox"/> 75. Infants not Swaddled</li> <li><input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes</li> <li><input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed</li> <li><input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.</li> <li><input checked="" type="checkbox"/> 79. Parent Information and Access</li> <li><input checked="" type="checkbox"/> 80. Developmental Milestones-Posted</li> <li><input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors</li> <li><input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention</li> <li><input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization</li> <li><input checked="" type="checkbox"/> 84. Immediate Attention</li> <li><input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present</li> <li><input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management</li> <li><input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents</li> <li><input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect</li> <li><input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury</li> <li><input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF</li> </ul> <p><b>Sick Child Care 19a-87b-11</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 91. Sick Child Care</li> </ul> <p><b>Night Care 19a-87b-12 (XN) (10pm to 5am)</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear</li> </ul>	<p><b>Office Access, Inspections and Investigations 19a-87b-13</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records</li> </ul> <p><b>Administration of Medications 19a-87b-17</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds</li> <li><input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds</li> <li><input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s)</li> <li><input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled</li> <li><input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds</li> <li><input checked="" type="checkbox"/> 99. Documented Medication Trained Staff</li> <li><input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission</li> <li><input checked="" type="checkbox"/> 101. MAR Maintained</li> <li><input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled</li> <li><input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds</li> <li><input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current</li> <li><input checked="" type="checkbox"/> 105. Self-Administration of Meds</li> <li><input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization</li> <li><input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained</li> <li><input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing</li> <li><input checked="" type="checkbox"/> 111. Testing Equip &amp; Supplies-Maintain/Labeled/Locked/Disposed</li> <li><input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records</li> <li><input checked="" type="checkbox"/> 113. Parent Notification of Test Results</li> </ul> <p><b>Additional Violations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u></li> </ul>	
<p><b>Discussions/Comments:</b> #23) Observed mop bucket in kitchen with liquid inside accessible to children. Observed disinfecting wipes on changing table accessible to children.</p> <p>#31) Inside stairway missing gate</p> <p>#33) Quarterly emergency drills not documented.</p> <p>#54) One child missing child <del>med</del> health record.</p> <p>#55) One child missing Flu vaccine.</p> <p>#57) Three children missing authorization release.</p> <p>#65) Observed provider change a child's diaper, provider did not wash their hands or child's hands after.</p> <p><u>*Reviewed</u></p>		
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(Signature of OEC Representative)  (Printed Name) <u>Alexandra Rodriguez</u>	Date Corrections Due By: <u>1/18/24</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Anabel Navarrete-Sanchez</u>

ADMINISTRATIVE RECORD OF INSPECTION

Page 2

Name of Vendor/Venue: Armed Services Location: 1000 Date: 1/12/22

(Has school location been)

Discussed with owner via survey

\* Discussed the course requirements for courses open at meeting through 21 courses

\* Discussed with owner requirements of being a school location number

S = Submitted NS = Not Submitted D = Denial if applicable

Operator provides an original by signature and return site in compliance at all times

Signature: [Signature]  
(All Signatures)

Site Name: Armed Services

CONDITIONS OF USE SHALL BE RETURNED TO

Signature: [Signature]

CHS BY: 1/12/22

Site Name: Armed Services