

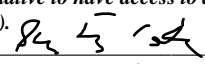


Connecticut Office of
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	SONIA NUNEZ COLON				License Number	DCFH.57270	Date of Inspection	07/08/2024
					Expiration Date	10/31/2027	Time of Inspection	09:18 AM
Address	229 AUTUMN ST MANCHESTER CT 06040-5553				Telephone	(860) 890-7730	Regular Capacity	6
					Days and Hours	MON- FRI 7:00AM-5:00PM AVAILABLE 2ND SHIFT	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	8	Inspector's Name	Alexandra Rodriguez		
Provider's Email	sonianunez45@gmail.com				Inspector's Email	alexandra.rodriguez@ct.gov		
Key: Compliant = X Non-Compliant = O	<i>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).</i>  Signature of Provider/Substitute/Applicant							

TERMS OF REGISTRATION 19a-87b-5

O	4. Capacity	Failed to maintain licensed capacity. Observed 8 children with one staff.	
X	5. Non-transferability of license	Pending?	
X	6. Infant/Toddler Restriction		
X	7. License Posted		
X	8. Parent Access to OEC Phone Number		
X	9. Photo ID		
X	10. Requests for Information		
O	11. Notification of Change	Failed to notify the Office within five business days of a new pool installed outside accessible to children.	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	12/17/2024
X	14. First Aid Certificate	
	Expiration date:	09/21/2025

X	15. CPR Certificate		
	Expiration date: 09/21/2025		
X	16. Judgment		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
X	17. Medical Statement		
X	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
○	21. Background Check(s)	Failed to ensure comprehensive background checks have been conducted for provider and household member.	
PHYSICAL ENVIRONMENT 19a-87b-9			
X	22. Clean/Sanitary Environment		
○	23. Freedom of Hazards	Observed empty glass beer bottles next to outside door. Observed loose water hose posing a tripping hazard to children. Observed an open box of cigarettes on diaper changing table. Observed scented jars on diaper changing table. Mop bucket with water and cleaning supplies by outside door. All	
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
○	28. Electrical Safety	Failed to ensure that electrical cords do not hang within reach of children. Observed multiple cords plugged in accessible to children.	
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
	Used for Care ?	Y	
○	31. Stairways - Protected, Handrails	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children. Stairway in daycare room is missing a gate.	
X	32. Emergency Plan		

<input type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the drills for one year.	
<input type="radio"/>	34. Smoke Detectors	Failed to maintain operable smoke detectors on each level of the home. Main level of home smoke detector not operable.	
<input type="radio"/>	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on main level of home.	
<input checked="" type="checkbox"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="checkbox"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="checkbox"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="checkbox"/>	39. Safe Space-Sufficient Indoors Outdoors		
<input type="radio"/>	40. Body of Water- Type: Pool Barrier?	Y/N Y N	Failed to maintain a sturdy fence/barrier 4 feet high. Stairs next to pool into pool posing a hazard to children.
<input checked="" type="checkbox"/>	41. Hot Tubs- Locked - Inaccessible	Y/N N	
<input checked="" type="checkbox"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="checkbox"/>	43. Window Safety		
<input checked="" type="checkbox"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="checkbox"/>	45. Adequate and Safe Water - Type of System: Public Water		
<input checked="" type="checkbox"/>	46. Water Temperature- 60°-120°		
<input checked="" type="checkbox"/>	47. Pasteurization of Milk Supply		
<input type="radio"/>	48. Working Phone, Emergency Numbers Posted	Failed to maintain complete emergency phone numbers.	
<input checked="" type="checkbox"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="checkbox"/>	50. First Aid supplies		
<input checked="" type="checkbox"/>	51. Pet protection Pets? Rabies Certs?	Type: N	
<input checked="" type="checkbox"/>	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
<input type="radio"/>	53. Enrollment Form	Failed to maintain child enrollment forms of three children.	

<input type="radio"/>	54. Child Health Record	Failed to maintain current and complete child health records of three children.
<input type="radio"/>	55. Immunizations	Failed to maintain current immunization records of four children.
<input type="radio"/>	56. Emergency Permission	Failed to maintain complete emergency care information for three children.
<input type="radio"/>	57. Authorized Release	Failed to maintain written parent permission to authorize removal of three children.
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Three children missing all transportation written permissions.
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input type="radio"/>	60. Incident Log	Failed to maintain an incident log for two children.
<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 checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<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	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **N** ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
○	99. Documented Medication Trained Staff	Failed to maintain current documentation of certification of injectable medication.
○	100. Written Auth Prescriber/Parent Permission	Failed to maintain written order from prescriber for medication for one child with asthma and food allergy.
X	101. MAR Maintained	
○	102. Prescription Meds – Stored/Labeled	One child present missing asthma medication. One child present missing epi pen medication for food allergy.
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

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

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

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



<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed with the provider the importance of following all regulations pertaining to capacity and maintaining compliance with background checks.
 Discussed with provider importance of submitting a notification of change within five business pertaining to any changes in the home.
 Discussed with provider resources to look into for extra assistance such as Elevate and more.

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Alexandra Rodriguez (Printed Name)	(Printed Name)	07/22/2024	SONIA NUNEZ COLON (Printed Name)