



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	SONIA NUNEZ COLON			License Number	DCFH.57270	Date of Inspection	07/10/2024
				Expiration Date	10/31/2027	Time of Inspection	09:59 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
# Children Present	9	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up; capacity, background check, and pool			Name of Inspector	Alexandra Rodriguez		
Provider's Email	sonianunez45@gmail.com			Inspector's Email	alexandra.rodriguez@ct.gov		

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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Failed to maintain licensed capacity. Observed 9 children with provider present.	
Statute and/or Regulation: [19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description: 019-Substitute/Assistant
Failed to utilize agency approved substitute or assistant when observed one adult providing direct care to children in daycare. Pending application.	
Statute and/or Regulation: [19a-87b-8a]	Description: 021-Background Check
Failed to ensure comprehensive background check(s) have been conducted for provider and one household member	
Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
Failed to maintain current child health record of one new child enrolled.	
Statute and/or Regulation: [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	Description: 055-Immunizations
Failed to maintain current immunization record of one new child enrolled.	

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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
Pool is removed and off property at time of inspection.	
Statute and/or Regulation:	Description:

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Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

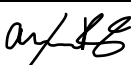

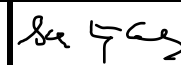
Statute and/or Regulation:	Description:

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed with provider the importance of following through with capacity regulation. Emphasized to provider she may not care for more than six children alone without approved staff present.
 Discussed with provider importance of not caring for children without a current background check.
 Discussed with provider importance of following manufacturer guidelines pertaining to three pack n plays observed in the daycare. No children were sleeping in pack n plays, foam mattress inserts were observed in two out of the three pack n plays. Provider removed foam mattress inserts during inspection.
 Discussed CPSC.gov website and how to utilize it to check any recalls on items.
 Discussed with provider about smoking in home, scent was observed during inspection on main level of home. No evidence was present.

NOTE: 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: 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: 07/24/2024	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		SONIA NUNEZ COLON (Printed Name)