


**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	JOSEFINA GONZALEZ				License Number	DCFH.54920	Date of Inspection	04/29/2025
					Expiration Date	12/31/2028	Time of Inspection	09:08 AM
Address	20 JUBILEE ST NEW BRITAIN CT 06051-2406				Telephone	(860) 826-8260	Regular Capacity	6
					Hours of Operation	24 HOURS 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	Yes
					Total children present	2	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	g.josephina@yahoo.com				Inspector's Email	melina.perez@ct.gov		
Key: Compliant = X Non-Compliant = O		<u>Consent to Inspect:</u> 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>Melina Perez</i> _____ Signature of Provider/Substitute/Applicant						

**TERMS OF REGISTRATION 19a-87b-5**

X	4. Capacity	
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	
X	11. Notification of Change	

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date: 09/07/2026	
X	14. First Aid Certificate	
	Expiration date: 06/04/2025	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	06/04/2025	
<b>X</b>	16. Judgment	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	N				
<b>X</b>	20. Emergency Caregiver					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	21. Background Check(s)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment					
<b>X</b>	23. Freedom of Hazards					
<b>O</b>	24. Harmful Substances/Materials Inaccessible	Regulation was not in compliance when harmful substances and materials are inaccessible to children when when Oxi Cleaner, Arm and Hammer spray, and other cleaning products were observed in the unlocked cabinet under the bathroom sink.				
<b>X</b>	25. Bio-contaminants Disposed Safely					
<b>X</b>	26. Safe Storage of Flammables					
<b>X</b>	27. Safe Door Fasteners					
<b>X</b>	28. Electrical Safety					
<b>X</b>	29. Safe Exits					
<b>X</b>	30. Basement Supervision	Y/N				
		Y				
	Used for Care ?	Y/N				
<b>X</b>	31. Stairways - Protected, Handrails					
<b>X</b>	32. Emergency Plan					

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Above Ground Barrier?	Y/N Y Y	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: 4 Dogs Y Y	
<b>X</b>	52. Smoking Prohibited		

### RESPONSIBILITIES OF PROVIDER 19a-87b-10

<b>X</b>	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Regulation was not in compliance when child health record(s) for 1 enrolled child was observed to be expired.
<input type="radio"/>	55. Immunizations	Regulation was not in compliance when immunization record(s) was not observed to be current for 1 enrolled child.
<input type="radio"/>	56. Emergency Permission	Regulation was not in compliance when written parent permission for emergency medical care was observed to not have been completed for 5 enrolled children.
<input type="radio"/>	57. Authorized Release	Regulation was not in compliance when written parent permission to authorize removal of child(ren) was observed to not have been completed for 1 enrolled child.
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission- To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
	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	

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

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?**

**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

**X** 99. Documented  
Medication  
Trained Staff

100. Written Auth  
Prescriber/Parent  
Permission

Regulation was not in compliance when a written order from prescriber for medication was observed to be expired for 2 enrolled children requiring an Epi-Pen in the child care setting.

**X** 101. MAR  
Maintained

**X** 102. Prescription  
Meds -  
Stored/Labeled

**X** 103.  
Unused/Expired  
Prescription Meds

Regulation was not in compliance when expired medication is destroyed or returned to the parent.

104. Emergency  
Meds- Equip.  
Labeled/Current

Regulation was not in compliance when emergency medications and/or equipment is properly replaced prior to its expiration date when an Epi-Pen needed for 1 enrolled child was observed to be expired.

**X** 105. Self-Admin.  
Of Meds

**X** 106. Petition for  
Special  
Medication  
Authorization

**MONITORING OF DIABETES 19a-87b-18**

Child with diabetes enrolled? N

**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

<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

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


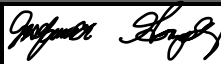
<b>YES or NO?</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b>	<b>7</b>
<b>Yes</b>			

**DISCUSSIONS/COMMENTS**

-Have parents review enrollment/written permission forms annually for any changes  
 -CPR/First Aid expiring 6/04/2025  
 -1 household member turns 18 in July 2025; discussed criminal background check and adult medical being needed  
 \*\*\*Provider currently has no children enrolled for night care\*\*\*

**IMPORTANT NOTES**

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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:	 (Signature of Provider/Applicant/Substitute)
<b>Melina Perez</b> (Printed Name)	 (Printed Name)	<b>05/13/2025</b>	<b>JOSEFINA GONZALEZ</b> (Printed Name)

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