



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	RUTH SANCHEZ GONZALES				License Number	DCFH	Date of Inspection	11/13/2025
					Expiration Date		Time of Inspection	11:52 AM
Address	11 KITTS LN NEWINGTON CT 06111-3933				Telephone	(959) 256-5337	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	0	Night Hours	No
Type of Inspection	INITIAL CREDENTIAL INSPECTION				Inspector's Name	Melina Perez		
Provider's Email	mysweetplace.nw@gmail.com				Inspector's Email	melina.perez@ct.gov		

Key:  
 Compliant = X  
 Non-Compliant = O

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/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:	07/23/2028
X	14. First Aid Certificate	
	Expiration date:	08/26/2027

<b>X</b>	<b>15. CPR Certificate</b>	
	Expiration date:	
	08/26/2027	
<b>X</b>	<b>16. Judgment</b>	

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

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

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

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

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

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

<b>X</b>	<b>22. Clean/Sanitary Environment</b>					
<b>X</b>	<b>23. Freedom of Hazards</b>					
<b>X</b>	<b>24. Harmful Substances/Materials Inaccessible</b>					
<b>X</b>	<b>25. Bio-contaminants Disposed Safely</b>					
<b>X</b>	<b>26. Safe Storage of Flammables</b>					
<b>X</b>	<b>27. Safe Door Fasteners</b>					
<b>X</b>	<b>28. Electrical Safety</b>					
<b>X</b>	<b>29. Safe Exits</b>					
<b>X</b>	<b>30. Basement Supervision</b>	<b>Y/N</b>				
		N				
	<b>Used for Care ?</b>	<b>Y/N</b>				
<b>X</b>	<b>31. Stairways - Protected, Handrails</b>					
<b>X</b>	<b>32. Emergency Plan</b>					

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>X</b>	34. Smoke Detectors	
<b>O</b>	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when one was not observed on the bedroom level of the home.
<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: Barrier?	Y/N N
<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: N
<b>X</b>	52. Smoking Prohibited	

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

<b>X</b>	53. Enrollment Form	
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<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission- To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
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<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
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<b>X</b>	96. Notification - Documentation of Med Error(s)	
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<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
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<b>X</b>	98. Unused - Expired Nonprescription Meds	
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<b>X</b>	99. Documented Medication Trained Staff	
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<b>X</b>	100. Written Auth Prescriber/Parent Permission	
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<b>X</b>	101. MAR Maintained	
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<b>X</b>	102. Prescription Meds - Stored/Labeled	
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<b>X</b>	103. Unused/Expired Prescription Meds	
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<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
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<b>X</b>	105. Self-Admin. Of Meds	
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<b>X</b>	106. Petition for Special Medication Authorization	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
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<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
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<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
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<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>1 out of 109</b>
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**DISCUSSIONS/COMMENTS**

**\*Initial inspection was completed today. Applicant will be using her entire living room area for child care.**  
**\*Applicant does reside near a very busy street but she has an enclosed outdoor play area for the children.**  
**\*All regulations were discussed with the applicant in great detail including safe sleep, supervision, administration of medication, appropriate/approved use of a substitute, and notification of change.**  
**\*All required sample documents were provided during today's visit along with sleep sacks A copy of the regulations in Spanish was not left as applicant had her own copy.**

**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Melina Perez</b> (Printed Name)	(Printed Name)		<b>RUTH SANCHEZ GONZALES</b> (Printed Name)