



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

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	YANILSA SANCHEZ NUNEZ			LICENSE NUMBER	DCFH.57693	DATE OF INSPECTION	04/22/2026
				EXPIRATION DATE	8/31/2026	TIME OF INSPECTION	01:06 PM
ADDRESS	4 THOMAS ST DANBURY CT 06810-6911			TELEPHONE	(475) 689-7013	REGULAR CAPACITY	6
				HOURS OF OPERATION	6:30 AM - 5:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	4	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	8	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Amanda Hammons		
PROVIDER'S EMAIL	dreamers.daycare04@gmail.com			INSPECTOR'S EMAIL	amanda.hammons@ct.gov		
KEY:	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)						
COMPLIANT = <input checked="" type="checkbox"/>	_____ Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = <input type="checkbox"/>							

TERMS OF THE LICENSE 19a-87b-5

<input type="checkbox"/>	4. 5(d)/10(a) CAPACITY	Provider not in compliance with maintaining licensed capacity. Upon Licensing Specialist's arrival at 1:14pm Provider had 8 children, 4 under 18 months of age by herself. Per Provider, her Substitute had an emergency. Substitute arrived back at the daycare at 1:18pm.
<input checked="" type="checkbox"/>	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
<input type="checkbox"/>	6. 5(e) INFANT/TODDLER RESTRICTION	Provider not in compliance with maintaining the infant/toddler restriction when observed 4 infants under 18 months of age by herself upon Licensing Specialist's arrival.
<input checked="" type="checkbox"/>	7. 5(f)(2) LICENSE POSTED	
<input checked="" type="checkbox"/>	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
<input checked="" type="checkbox"/>	9. 5(h) PHOTO ID	
<input checked="" type="checkbox"/>	10. 5(i) REQUESTS FOR INFORMATION	
<input type="checkbox"/>	11. 5(j) NOTIFICATION OF CHANGE	Provider not in compliance with notifying the Office of the addition of any household member when Provider stated she had a newborn son and had not sent in a notification of change to OEC.

QUALIFICATION OF PROVIDER 19a-87b-6

<input checked="" type="checkbox"/>	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
<input checked="" type="checkbox"/>	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE:	
	10/27/2028	

X	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 07/14/2028	
X	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 07/14/2028	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

O	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Heidi Y. Uvina De Sanchez	Appvl #	
		Y	NAME:		Appvl #	
	PRESENT AT VISIT? Y	Provider not in compliance with utilizing an Office approved substitute. Per Provider, substitute's application is currently pending. She has been employed since before the expiration of her license expired 12/31/25.				
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
O	23. 9(b) FREEDOM OF HAZARDS	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards. Per Provider, the children go to outdoor playground space next to the garage where there is a drop off, creating a falling hazard.
O	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed Lysol can and Febreze can next to toilet in children's bathroom.
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N Y Y/N Y	
O	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children. Observed children's outdoor area with no gate at top or bottom of deck stairs.	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with maintaining a complete written log of the practice drills when observed fire drill record with last documented drill from 1/22/2025.	
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors on each level of the home when observed basement level smoke detector not working.	
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS OUTDOORS Yes Yes		
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
O	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	Provider not in compliance with ensuring emergency numbers posted in an area where child care services are provided. Provider had emergency numbers, not complete with newly enrolled children in "to-go" bag.
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION PETS?	TYPE of PETS:
	RABIES CERTS?	Y/N N
X	52. 9(p) <u>Smoking Prohibited</u>	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining child enrollment form(s) when observed one child present during inspection with no enrollment forms.
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining child health record(s) when observed four children enrolled, ages 3 months, 1 month, 17 months and 19 months with no health record.
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining immunization record(s) when observed four children enrolled with no immunization record. Three children with current immunization records have no documentation of flu vaccine for 2025-2026 season.
O	56. 10(b)(3)(B) EMERGENCY PERMISSION	Provider not in compliance with maintaining written parent permission for emergency medical care when observed two children with no specific emergency information.
O	57. 10(b)(3)(A) AUTHORIZED RELEASE	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when observed one child enrolled with no authorized release information.
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
O	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	Provider not in compliance with ensuring that bibs and garments with ties or hooks are removed from infants that are placed to sleep when observed one infant, age 8 months, with pacifier clipped to clothing during nap time.
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

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

X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF - ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI)	
	N/A	Y

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

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
	Y	


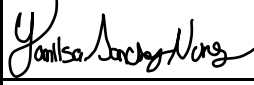
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	16 out of 109
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DISCUSSIONS/COMMENTS

Discussed the following with the Provider: appropriate use of substitutes - Provider showed Licensing Specialist substitute information for tomorrow. Substitute present during inspection was not approved and cannot provide care until approved. Licensing Specialist instructed both Provider and substitute to make sure they check their emails for renewals and email correspondence from OEC. Provider is aware her License renewal email will come in a few months and to check e-mail for that as well. outdoor playground area - Per provider, children go outside via garage door to driveway and up a high fall zone area. Provider stated she got a quote from a contractor for a pathway to backyard via the front of the house. Gate door (entrance to backyard area) would need to be fixed and there will need to be gates (to deck area) and fencing put up in backyard area to protect children from falling from second level of backyard.

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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Amanda Hammons	YANILSA SANCHEZ NUNEZ	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: 05/06/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
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