



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### FAMILY CHILD CARE HOME INSPECTION

<b>Provider</b>	WENDY L MOREL				<b>License Number</b>	DCFH.57651	<b>Date of Inspection</b>	06/03/2024
					<b>Expiration Date</b>	5/31/2026	<b>Time of Inspection</b>	11:13 AM
<b>Address</b>	110 BLYDENBURG AVE NEW LONDON CT 06320-4810				<b>Telephone</b>	(347) 232-0371	<b>Regular Capacity</b>	6
					<b>Days and Hours</b>	24/7	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	X			<b>Summer Care</b>	Open
<b>New Address</b>					<b>Type of Inspection</b>	UNANNOUNCED INSPECTION - FULL		
	<b># of Infants - Toddlers Present</b>	1	<b># of Total Children Present</b>	5	<b>Inspector's Name</b>	Evelyn Vicente-Quinones		
<b>Provider's Email</b>	Wendymorel07@gmail.com				<b>Inspector's Email</b>	evelyn.vicente-quinones@ct.gov		
<b>Key:</b> 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> <u>Wendy Morel</u> 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:	04/26/2026
X	14. First Aid Certificate	
	Expiration date:	12/20/2025

X	15. CPR Certificate		
	Expiration date: 12/20/2025		
X	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
X	17. Medical Statement		
X	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
X	19. Substitute or Assistant	Y/N	
	Type of Staff : Substitute	Y	
X	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
X	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners	One drawer fastener near fridge broken, provider removed new lighter(unopened package) during visit.	
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N Y	
	Used for Care ?	Y/N N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors   Outdoors		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Public Water		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: Y Y	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
X	53. Enrollment Form		

X	54. Child Health Record	
○	55. Immunizations	Failed to maintain current immunization record(s) two children missing flu vaccine documentation
X	56. Emergency Permission	
○	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for 6 children enrolled
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
○	62. Meeting the Child's Needs	Failed to meet the physical needs of children when provider does not have asthma medication(s) noted on medication form for child enrolled (not present at time of visit)
X	63. Sufficient Play Equipment	
X	64. Good Nutrition-Meals/Snacks, Water Available	Lunch observed today (American chop suey, mandarin oranges, zucchini, and water.
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
○	68. Proper Rest Provisions – Safe Cribs	Failed to ensure clean/comfortable/safe napping/resting provision for each child when observed three pack n plays to have additional mattresses on top of manufacturer's mattress for napping
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	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	
<b>SICK CHILD CARE 19a-87b-11</b>		
X	91. Sick Child Care	
<b>IS NIGHT CARE PROVIDED?      Y      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

<input checked="" type="checkbox"/>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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Are Medications Administered?  **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

<input type="checkbox"/>	<b>94. Policies and Procedures for Admin of Meds</b>	Failed to develop written policies and procedures for child enrolled and on asthma medication
<input checked="" type="checkbox"/>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
<input checked="" type="checkbox"/>	<b>96. Notification - Documentation of Med Error(s)</b>	
<input checked="" type="checkbox"/>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
<input checked="" type="checkbox"/>	<b>98. Unused - Expired Nonprescription Meds</b>	
<input checked="" type="checkbox"/>	<b>99. Documented Medication Trained Staff</b>	
<input checked="" type="checkbox"/>	<b>100. Written Auth Prescriber/Parent Permission</b>	
<input checked="" type="checkbox"/>	<b>101. MAR Maintained</b>	
<input checked="" type="checkbox"/>	<b>102. Prescription Meds – Stored/Labeled</b>	
<input checked="" type="checkbox"/>	<b>103. Unused/Expired Prescription Meds</b>	
<input checked="" type="checkbox"/>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
<input checked="" type="checkbox"/>	<b>105. Self-Admin. Of Meds</b>	
<input checked="" type="checkbox"/>	<b>106. Petition for Special Medication Authorization</b>	

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

<input checked="" type="checkbox"/>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
<input checked="" type="checkbox"/>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
<input checked="" type="checkbox"/>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
<input checked="" type="checkbox"/>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
<input checked="" type="checkbox"/>	<b>112. Finger Stick Blood Glucose Testing Records</b>	

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	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

~ Provider and two OEC approved staff present at time of visit.  
 ~ One child left during OEC visit.  
 ~ Guided provider on OEC website to access forms and documents (including but not limited to medication policy)

**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.

<i>Evelyn Vicente-Quinones</i> (Signature of OEC Representative)		DATE CORRECTIONS DUE BY:	<i>Wendy L Morel</i> (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	(Printed Name)	06/17/2024	WENDY L MOREL (Printed Name)