



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

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

FAMILY CHILD CARE HOME INSPECTION

Provider	RAFAELA GOMEZ				License Number	DCFH.54127	Date of Inspection	07/18/2024
					Expiration Date	7/31/2026	Time of Inspection	12:25 PM
Address	44 BERKELEY AVE APT 1 NEW LONDON CT 06320-5346				Telephone	(860) 728-8901	Regular Capacity	6
					Days and Hours	24/7	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	0	# of Total Children Present	1	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	amaliafilomeno123@gmail.com				Inspector's Email	evelyn.vicente-quinones@ct.gov		
Key: Compliant = X Non-Compliant = O	<p><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></p> <p style="text-align: right;"><i>R. Gomez</i> Signature of Provider/Substitute/Applicant</p>							

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	
	8. Parent Access to OEC Phone Number	
	9. Photo ID	
	10. Requests for Information	
O	11. Notification of Change	Failed to notify the Office of renovation, construction or expansion when provider started more than 5 business days from today in the basement area

QUALIFICATION OF PROVIDER 19a-87b-6

	12. Awareness of, Understanding of Regulations	
	13. Medical statement	
	Expiration date:	07/15/2024
	14. First Aid Certificate	
	Expiration date:	02/22/2024

	15. CPR Certificate		
	Expiration date:		
	02/22/2024		
<input checked="" type="radio"/>	16. Judgment	Failed to demonstrate good judgement when child present in areas that are being painted and work is being done with high levels of lead.	
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
	17. Medical Statement		
	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
	19. Substitute or Assistant	Y/N	
	Type of Staff :		
	Substitute	Y	
	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
<input checked="" type="radio"/>	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
<input checked="" type="radio"/>	22. Clean/Sanitary Environment	Failed to maintain the facility and/or equipment in a clean and sanitary condition when observed garbage bag with garbage accessible to child present.	
<input checked="" type="radio"/>	23. Freedom of Hazards	Failed to maintain the facility and/or equipment in good repair and free of hazards when observed wall repairs in process, table saw in side room accessible to child present at time of visit. Observed boiler closet with hand saw, caulking, and other tools accessible to children. Provider made inaccessible	
<input checked="" type="radio"/>	24. Harmful Substances/Materials Inaccessible	Failed to ensure harmful substances and materials are inaccessible to children when observed paint tray with paint and roller on hallway floor located near bathroom that children use, observed gallon of "fabuloso" on table.	
	25. Bio-contaminants Disposed Safely		
	26. Safe Storage of Flammables		
	27. Safe Door Fasteners		
	28. Electrical Safety		
<input checked="" type="radio"/>	29. Safe Exits		
<input checked="" type="radio"/>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
		Y	
	31. Stairways - Protected, Handrails		
	32. Emergency Plan		

	33. Emergency Evacuation Drills - Quarterly/Log		
	34. Smoke Detectors		
	35. Carbon Monoxide Detector		
O	36. Fire Extinguisher- 5 lb. ABC/Installed	Failed to install fire extinguisher according to manufacturer's instructions not mounted on kitchen counter.	
X	37. Auxiliary Heating System N Type?	Appvd?	
	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient Indoors Outdoors N		
X	40. Body of Water-Type: Barrier?	Y/N N	
X	41. Hot Tubs-Locked - Inaccessible	Y/N N	
	42. Ventilation, Light and Temperature- 65°		
	43. Window Safety		
	44. Washing Toileting, Sewage Garbage Facilities		
	45. Adequate and Safe Water - Type of System: Public Water		
	46. Water Temperature- 60°-120°		
	47. Pasteurization of Milk Supply		
	48. Working Phone, Emergency Numbers Posted		
	49. Safe Transportation Registered, Insured, Restraints		
	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
	53. Enrollment Form		

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

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

Are Medications Administered?

Y

ADMINISTRATION OF MEDICATIONS 19a-87b-17

94. Policies and
Procedures for
Admin of Meds

95. Parent
Permission for
Nonprescription
Topical Meds

96. Notification -
Documentation of
Med Error(s)

97.
Nonprescription
Topical Meds-
Stored/Labeled

98. Unused -
Expired
Nonprescription
Meds

99. Documented
Medication
Trained Staff

100. Written Auth
Prescriber/Parent
Permission

101. MAR
Maintained

102. Prescription
Meds -
Stored/Labeled

103.
Unused/Expired
Prescription Meds

104. Emergency
Meds- Equip.
Labeled/Current

105. Self-Admin.
Of Meds

106. Petition for
Special Medication
Authorization

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

108. Policies for
Finger Stick Blood
Glucose Testing

109. Finger Stick
Blood Glucose
Testing - Staff
Trained

110. Self Admin of
Finger Stick Blood
Glucose Testing

111. Testing
Equip. & Supplies-
Maintain, Labeled,
Locked, Disposed

112. Finger Stick
Blood Glucose
Testing Records

	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A? X	
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<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

~Upon OEC arrival, one child present, provider and two other adults present.
 ~Provider stated she is waiting for child's parent because she missed the bus to her special ed program, OEC conducted walkthrough of home and provider came up to the other licensed space in multi family home with child until mother picked up.
 ~OEC will return to complete inspection.
 ~Provider indicated she will follow up with local health environmentalist on high lead level issues and OEC representative will also follow up with local health representative.
 ~Discussed visit in Spanish.

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.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 08/01/2024	 (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	(Printed Name)	(Printed Name)	RAFAELA GOMEZ (Printed Name)