



**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>	<b>DOMINGA A GOMEZ</b>				<b>License Number</b>	<b>DCFH.55050</b>	<b>Date of Inspection</b>	<b>08/08/2024</b>
					<b>Expiration Date</b>	<b>2/28/2025</b>	<b>Time of Inspection</b>	<b>10:21 AM</b>
<b>Address</b>	<b>22 BERKELEY AVE NEW LONDON CT 06320-5311</b>				<b>Telephone</b>	<b>(860) 326-7109</b>	<b>Regular Capacity</b>	<b>6</b>
					<b>Days and Hours</b>	<b>24/7</b>	<b>School Age Capacity</b>	<b>3</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		
	<b># of Infants - Toddlers Present</b>	<b>0</b>	<b># of Total Children Present</b>	<b>2</b>	<b>Inspector's Name</b>	<b>Evelyn Vicente-Quinones</b>		
<b>Provider's Email</b>	<b>titissgomez@gmail.com</b>				<b>Inspector's Email</b>	<b>evelyn.vicente-quinones@ct.gov</b>		

**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**

<b>X</b>	<b>4. Capacity</b>	
<b>X</b>	<b>5. Non-transferability of license</b>	<b>Pending?</b>
<b>X</b>	<b>6. Infant/Toddler Restriction</b>	
<b>X</b>	<b>7. License Posted</b>	
<b>X</b>	<b>8. Parent Access to OEC Phone Number</b>	
<b>X</b>	<b>9. Photo ID</b>	
<b>X</b>	<b>10. Requests for Information</b>	
<b>X</b>	<b>11. Notification of Change</b>	

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

<b>X</b>	<b>12. Awareness of, Understanding of Regulations</b>	
<b>X</b>	<b>13. Medical statement</b>	
	<b>Expiration date:</b>	<b>05/29/2027</b>
<b>X</b>	<b>14. First Aid Certificate</b>	
	<b>Expiration date:</b>	<b>09/25/2025</b>

<b>X</b>	15. CPR Certificate		
	Expiration date: 09/25/2025		
<b>X</b>	16. Judgment		
<b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>			
<b>X</b>	17. Medical Statement		
<b>X</b>	18. Household Environment		
<b>QUALIFICATIONS OF STAFF 19a-87b-8</b>			
<b>X</b>	19. Substitute or Assistant	Y/N	
	Type of Staff : Substitute	Y	
<b>X</b>	20. Emergency Caregiver		
<b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b>			
<b>X</b>	21. Background Check(s)		
<b>PHYSICAL ENVIRONMENT 19a-87b-9</b>			
<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<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 Y	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	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 Y	Inflatable hot tub on deck; gate towards deck has key lock.
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: N	
X	52. Smoking Prohibited		
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>			
X	53. Enrollment Form		

<input type="radio"/>	54. Child Health Record	Failed to maintain complete child health record(s) for 2 children enrolled (le falta fisicos para 2 niños matriculados)
<input type="radio"/>	55. Immunizations	Failed to maintain complete immunization record(s) for 2 children enrolled (le falta récord de vacunas para 2 niños matriculados)
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input type="radio"/>	57. Authorized Release	Failed to maintain complete written parent permission to authorize removal of child(ren) for 3 children enrolled (le falta permiso para quien los padres autorizan recojer)
<input type="radio"/>	58. Field Trip and Transportation Permission-To/From School	Failed to maintain written parent permission for transportation of child(ren) for 2 children enrolled (le falta permiso de transporte para 2 niños)
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	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>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12 (10pm to 5am)</b>		
<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

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

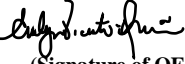

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
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### Are Medications Administered? **Y** ADMINISTRATION OF MEDICATIONS 19a-87b-17

<b>X</b>	94. Policies and Procedures for Admin of Meds	
<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
<b>X</b>	96. Notification - Documentation of Med Error(s)	
<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
<b>X</b>	98. Unused - Expired Nonprescription Meds	
<b>X</b>	99. Documented Medication Trained Staff	
<b>○</b>	100. Written Auth Prescriber/Parent Permission	Failed to maintain written parent permission for medication (le falta permiso del padre/madre para administrar medicamento)
<b>X</b>	101. MAR Maintained	
<b>X</b>	102. Prescription Meds – Stored/Labeled	
<b>X</b>	103. Unused/Expired Prescription Meds	
<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
<b>X</b>	105. Self-Admin. Of Meds	
<b>X</b>	106. Petition for Special Medication Authorization	

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

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

X	113. Parent Notification of Test Results		
<b>ADDITIONAL VIOLATIONS</b>			
	114. Consent Order - Negotiated Corrective Action Plan	N/A?  X	
YES or NO? Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>		
<b>DISCUSSIONS/COMMENTS</b>			
<p>~ Discussed elevate and provided Service Navigator contact information (se le hablo sobre "elevate" y se le dio la información de contacto para su Especialista)</p> <p>~ Flu vaccines for 6months to 59 months between 8/1-12/31 of each year (vacuna de flu para niños de 6 meses a 59 meses de edad dentro los meses de 8/1-12/31 de cada año)</p>			
<p><b>NOTE:</b> 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.</p>			
<p><b>APPLICANTS- PLEASE NOTE:</b> You <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.</p>			
 (Signature of OEC Representative)	  (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Evelyn Vicente-Quinones</b> (Printed Name)	  (Printed Name)	<b>08/22/2024</b>	<b>DOMINGA A GOMEZ</b> (Printed Name)