


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	ELAINE GOMES				License Number	DCFH.58078	Date of Inspection	04/10/2025
					Expiration Date	10/31/2028	Time of Inspection	07:57 AM
Address	45 OLEARY DR MANCHESTER CT 06040-2611				Telephone	(860) 461-9170	Regular Capacity	6
					Hours of Operation	6:00 AM 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	Yes
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Carmen Valenzuela		
Provider's Email	Elaine_Ferreras@hotmail.com				Inspector's Email	carmen.valenzuela@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	
O	13. Medical statement	Failed to maintain medical statement(s) at the program. Provider did not have the form available during the visit.
	Expiration date: 05/02/2027	
X	14. First Aid Certificate	
	Expiration date: 06/30/2026	

X	15. CPR Certificate	
	Expiration date: 06/30/2026	
O	16. Judgment	Failed to demonstrate good judgment about supervision and safety, when 2 children had no permission from parents for emergencies, including authorized release and seeking emergency medical services.

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Failed to maintain complete medical statement(s) for two children/ household members who were missing the vaccines record.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

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

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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

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					
X	28. Electrical Safety					
X	29. Safe Exits					
X	30. Basement Supervision	Y/N				
		Y				
	Used for Care ?	Y/N				
O	31. Stairways - Protected, Handrails	Failed to ensure a gate or other structure is in place at the entry of stairways accessible to children, when observed door to basement stairs with only a door knob cover.				
X	32. Emergency Plan					

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Failed to maintain operable smoke detectors on each level of the home, when observed the alarm on first level not operating properly, barely audible noise.
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detectors on each occupied level of the home, detectors on basement and on second floor where not working.
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 Y Y	
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	
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees, when water reached 141 degrees when the temperature was checked.
X	47. Pasteurization of Milk Supply	
O	48. Working Phone, Emergency Numbers Posted	Failed to ensure emergency numbers posted in an area where child care services are provided, when provider had no form completed, no form posted.
X	49. Safe Transportation Registered, Insured, Restraints	
O	50. First Aid supplies	Failed to maintain a complete first aid kit. The hypoallergenic adhesive tape, and instant child packs were missing from the kit.
X	51. Pet protection Pets? Rabies Certs?	Type: N
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	
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X	54. Child Health Record	
O	55. Immunizations	Failed to maintain complete immunization record(s) for one child child with no documentation of flu vaccine was listed on child's record. Child started last month, in the second week.
O	56. Emergency Permission	Failed to maintain written parent permission for emergency medical care and transportation for emergencies.
O	57. Authorized Release	Failed to maintain written parent permission to authorize removal of child(ren) for two children.
O	58. Field Trip and Transportation Permission- To/From School	Failed to maintain written parent permission for any activity away from the facility, including days and times
X	59. Swimming Permission	
O	60. Incident Log	Failed to maintain an incident log for each children enrolled were missing the form.
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
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	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	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	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

X	94. Policies and Procedures for Admin of Meds	
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O	95. Parent Permission for Nonprescription Topical Meds	Failed to maintain written permission from the parents prior to the administration of nonprescription topical medications for a child with Destin at the program and no permission from parents.
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18Child with diabetes enrolled? **N**

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

ADDITIONAL VIOLATIONS



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

YES or NO?**Yes****Were Violations Cited during this visit?****Total Number of Violations this visit:****15****DISCUSSIONS/COMMENTS****Discussed:**

Sanitizing and disinfecting. Shared with provider resources in the office webpage.
 Checklist to Maintain Regulatory Compliance and Safe Sleep flyers were left with provider during this visit.
 Sample of enrollment and permission forms provided today.
 A Technical Assistance visit was offered to provider to be scheduled once her corrective action plan has been received and accepted.

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)		DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Carmen Valenzuela (Printed Name)	(Signature of OEC Representative)	04/24/2025	ELAINE GOMES (Printed Name)

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