


**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	MADELIN E PUELLO				License Number	DCFH.56978	Date of Inspection	05/06/2025
					Expiration Date	10/31/2025	Time of Inspection	09:26 AM
Address	45 ELMWOOD DR MERIDEN CT 06450-7340				Telephone	(203) 450-3547	Regular Capacity	6
					Hours of Operation	6:00 AM 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	1	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	puellomadelin@gmail.com				Inspector's Email	melina.perez@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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>Madelin P.</i> <div style="text-align: right;">_____ Signature of Provider/Substitute/Applicant</div>							

**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:	04/18/2026
X	14. First Aid Certificate	
	Expiration date:	03/31/2026

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	03/31/2026	
<b>X</b>	16. Judgment	

### MEMBERS OF THE HOUSEHOLD 19a-87b-7

<b>O</b>	17. Medical Statement	Regulation was not in compliance when medical statements were not observed for 2 household members.
<b>X</b>	18. Household Environment	

### QUALIFICATIONS OF STAFF 19a-87b-8

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

### COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

<b>X</b>	21. Background Check(s)	
----------	-------------------------	--

### PHYSICAL ENVIRONMENT 19a-87b-9

<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>O</b>	28. Electrical Safety	Regulation was not in compliance when protective covers were not observed on 2 electrical outlets located in the child care room. Electrical wiring at the bottom of the built in cabinet where the children				
<b>X</b>	29. Safe Exits					
<b>X</b>	30. Basement Supervision	Y/N				
	Used for Care ?	Y				
<b>X</b>	31. Stairways - Protected, Handrails	Y/N				
<b>X</b>	32. Emergency Plan					

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log	
<b>X</b>	34. Smoke Detectors	
<b>X</b>	35. Carbon Monoxide Detector	
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed	
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?
<b>X</b>	38. Safe Storage of Weapons and Ammunition	
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y	
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N
<b>X</b>	42. Ventilation, Light and Temperature- 65°	
<b>X</b>	43. Window Safety	
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities	
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water	
<b>X</b>	46. Water Temperature- 60°-120°	
<b>X</b>	47. Pasteurization of Milk Supply	
<b>X</b>	48. Working Phone, Emergency Numbers Posted	
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints	
<b>O</b>	50. First Aid supplies	Regulation was not in compliance when a complete first aid kit was not observed; first aid kit was observed to be missing scissors, tweezers, 2 inch gauze roller bandage, CPR mouth barrier, and batteries for the thermometer.
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: 1 Dog Y Y
<b>X</b>	52. Smoking Prohibited	
<b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b>		
<b>X</b>	53. Enrollment Form	

<b>X</b>	54. Child Health Record	
<b>O</b>	55. Immunizations	<b>Regulation was not in compliance when immunization record was not observed for 1 enrolled child.</b>
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	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>O</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	<b>Regulation was not in compliance when the handwashing of the child's hands after diapering was not completed by the provider; the provider was observed to change the enrolled child's diaper but did not wash the child's hands after.</b>
<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	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
----------	---------------------	--

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<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	
----------	--	--

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

<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>X</b>	100. Written Auth Prescriber/Parent Permission	
----------	--	--

<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	
----------	---	--

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

<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	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

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


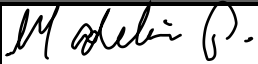
<b>YES or NO?</b>	<b>Were Violations Cited during this visit?</b>	<b>Total Number of Violations this visit:</b>	<b>5</b>
<b>Yes</b>			

**DISCUSSIONS/COMMENTS**

- Adult medical for the provider expiring 4/18/2026
- Have parents/guardians review enrollment/written permission forms annually for any changes
- Reminder: flu shots for next flu season due 12/31/2025

**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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
<b>Melina Perez</b> (Printed Name)	 (Printed Name)	<b>05/20/2025</b>	<b>MADELIN E PUELLO</b> (Printed Name)

**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)