



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	WENDY L MOREL				License Number	DCFH.57651	Date of Inspection	07/11/2025
					Expiration Date	5/31/2026	Time of Inspection	12:48 PM
Address	110 BLYDENBURG AVE NEW LONDON CT 06320-4810				Telephone	(347) 232-0371	Regular Capacity	6
					Hours of Operation	6:00 AM – 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	3	Weekend Hours	Yes
					Total children present	5	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	Wendymorel07@gmail.com				Inspector's Email	silvana.carreon-zegarra@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).

*WLn Morel*

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: 12/09/2025	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	12/09/2025	
<b>X</b>	16. Judgment	

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

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

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

<b>X</b>	19. Sub/Assistant	Y/N	Name:	Sherly Caba (subs), Reyna Reyes (assist)	Appvl #	92460/ 95774/ 95706
	Type of Staff:	<b>Y</b>				
	Substitute					
<b>X</b>	20. Emergency Caregiver					

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

<b>X</b>	21. Background Check(s)	
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**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	Provider not in compliance with maintaining electrical cords and/or appliances are secured and in good repair when the OEC representative observe cell-phones electrical cords accessible to the children, and	
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		<b>Y</b>	
	Used for Care ?	Y/N	
<b>O</b>	31. Stairways - Protected, Handrails	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the OEC representative observed no gate or other structure place it on the bottom of the stairs. (The gate is the fourth step of the stairs)	
<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>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection Pets? Rabies Certs?	Type: 1 dog Y	
<b>X</b>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	53. Enrollment Form		
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<input checked="" type="checkbox"/>	54. Child Health Record	
<input checked="" type="checkbox"/>	55. Immunizations	
<input type="checkbox"/>	56. Emergency Permission	<b>Provider not in compliance with maintaining complete emergency care information when the OEC representative observed four children's dentist information missing.</b>
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<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 type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	<b>Provider not in compliance with holding infants for bottle feedings when the OEC representative observed an infant sleeping in a playpen with a baby bottle in its mouth, held by a blanket.</b>
<input type="checkbox"/>	72. Infants Placed on Back for Sleeping	<b>Provider not in compliance with ensuring infants are placed on their back for sleeping when the OEC representative observed an infant sleeping on his stomach on a bed.</b>
<input type="checkbox"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	<b>Provider not in compliance with ensuring that infants are not placed to sleep on a sofa, bed, couch, soft mattress, waterbed or other soft surface when the OEC representative observed that the playpen had a loose sheet.</b>

<b>O</b>	74. Crib or Other Provision Free from Observable Hazards	<b>Provider not in compliance with ensuring no items are placed with an infant in a crib or other piece of equipment designed for sleeping when the OEC representative observed an infant sleeping with blankets on the playpen.</b>
<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>Substitute and assistant present</b>
<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	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

**X** 93. Access-  
Immediate, Entire  
or Part of Facility  
and Records

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

**O** 94. Policies and  
Procedures for  
Admin of Meds **Provider not in compliance with maintaining complete written policies on the administration of medication when the provider did not create her policy.**

**X** 95. Parent  
Permission for  
Nonprescription  
Topical Meds

**X** 96. Notification -  
Documentation of  
Med Error(s)

**X** 97.  
Nonprescription  
Topical Meds-  
Stored/Labeled

**X** 98. Unused -  
Expired  
Nonprescription  
Meds

**X** 99. Documented  
Medication  
Trained Staff

**X** 100. Written Auth  
Prescriber/Parent  
Permission

**X** 101. MAR  
Maintained

**X** 102. Prescription  
Meds -  
Stored/Labeled

**X** 103.  
Unused/Expired  
Prescription Meds

**X** 104. Emergency  
Meds- Equip.  
Labeled/Current

**X** 105. Self-Admin.  
Of Meds

**X** 106. Petition for  
Special  
Medication  
Authorization

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

**X** 108. Policies for  
Finger Stick Blood  
Glucose Testing

**X** 109. Finger Stick  
Blood Glucose  
Testing - Staff  
Trained

**X** 110. Self Admin of  
Finger Stick Blood  
Glucose Testing

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

<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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


<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>8 out of 109</b>
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**DISCUSSIONS/COMMENTS**

The provider received a sample of Administration of Medication policy, Ct Immunization requirements schedule for day care, and Safe sleep in childcare flyer.

**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)	<b>DATE CORRECTIONS DUE BY:</b>	<i>wendy morel</i> (Signature of Provider/Applicant/Substitute)
<b>Silvana Carreon Zegarra</b> (Printed Name)	 (Printed Name)	<b>07/25/2025</b>	<b>WENDY L MOREL</b> (Printed Name)