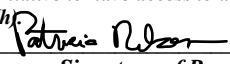




**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>PATRICIA NIELSEN</b>			<b>LICENSE NUMBER</b>	<b>DCFH.45181</b>	<b>DATE OF INSPECTION</b>	<b>03/12/2026</b>
				<b>EXPIRATION DATE</b>	<b>12/31/2029</b>	<b>TIME OF INSPECTION</b>	<b>08:30 AM</b>
<b>ADDRESS</b>	<b>146 TIMBER RIDGE RD MIDDLETOWN  CT 06457-1538</b>			<b>TELEPHONE</b>	<b>(860)</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:30 AM - 5:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>1</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>4</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Carmen Valenzuela</b>		
<b>PROVIDER'S EMAIL</b>	<b>crescentmoon444@yahoo.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>carmen.valenzuela@ct.gov</b>		
<b>KEY:</b>	<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>						
<b>COMPLIANT = X</b>	 Signature of Provider/Substitute/Applicant						
<b>NON-COMPLIANT = O</b>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)(10(a)) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>X</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	

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

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>08/18/2028</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 10/22/2026	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 10/22/2026	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

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

<b>X</b>	<b>17. 7(a)</b> MEDICAL STATEMENT	
<b>X</b>	<b>18. 7(b)</b> HOUSEHOLD ENVIRONMENT	

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

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

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

<b>X</b>	<b>21. 8a(a)-(f)</b> BACKGROUND CHECK(S)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<b>X</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS				
X	30. 9(d)(4)(A) BASEMENT	Y/N			
	SUPERVISION	Y			
	USED FOR CARE ?	Y/N			
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS				
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN				
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with maintaining a written log of the drills for one year when log had an entry for 12/17/25 and the previous one was from 10/29/24.			
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors when the one in the basement was not working.			
O	35. 9(d)(7) CARBON MONOXIDE DETECTOR	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when there was none in the 2nd floor.			
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED				
X	37. 9(d)(9) N/A? AUXILIARY HEATING SYSTEM	TYPE:	Gas fireplace	APPROVED?	Y
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION				
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS   OUTDOORS Yes   Yes				
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:			BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE				
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°				
X	43. 9(g) WINDOW SAFETY				
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES				
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water				
X	46. 9(h) WATER TEMPERATURE- 60°-120°				

<b>X</b>	<b>47. 9(i)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	TYPE of PETS: 2 cats
	PETS? Y/N Y	
	RABIES CERTS? Y/N Y	
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

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

<b>X</b>	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	
<b>X</b>	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	
<b>O</b>	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	Provider not in compliance with maintaining complete immunization records(s), two children were missing flu vaccine documentation for the current flu season, vaccines were given on January 2025 for one and Dec 2024 for the other child.
<b>X</b>	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	
<b>X</b>	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	
<b>X</b>	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
<b>X</b>	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	
<b>X</b>	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
<b>X</b>	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
<b>X</b>	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

<b>X</b>	<b>64. 10(c)(2)</b> GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
<b>X</b>	<b>65. 10(c)(3)</b> HANDWASHING	
<b>X</b>	<b>66. 10(c)(4)</b> FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
<b>X</b>	<b>67. 10(c)(6)</b> PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
<b>X</b>	<b>68. 10(c)(5)</b> PROPER REST PROVISIONS – SAFE CRIBS	
<b>O</b>	<b>69. 10(d)</b> INDIVIDUAL PLAN FOR CARE	Provider not in compliance with ensuring individual plans of care have been signed by the provider, parent and approved staff when one plan was missing parent and provider signatures.
<b>X</b>	<b>70. 10(d)(1-2)</b> CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
<b>X</b>	<b>71. 10(e)</b> INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
<b>X</b>	<b>72. 10(f)(1)</b> INFANTS PLACED ON BACK FOR SLEEPING	
<b>X</b>	<b>73. 10(f)(1)</b> INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
<b>O</b>	<b>74. 10(f)(3)-(4)/(7)</b> CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	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 observed multiple items under pad of bassinet that, as per provider, she uses for an infant to sleep on, (continues under comments after check list)
<b>X</b>	<b>75. 10(f)(5)</b> INFANTS NOT SWADDLED	
<b>X</b>	<b>76. 10(f)(6)</b> INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
<b>X</b>	<b>77. 10(f)(8)</b> REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
<b>X</b>	<b>78. 10(g)</b> DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> PARENT INFORMATION AND ACCESS	
<b>X</b>	<b>80. 10(h)(10)</b> DEVELOPMENTAL MILESTONES – POSTED	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

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

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	<b>94. 17</b> <b>POLICIES AND PROCEDURES FOR ADMIN OF MEDS</b>	
<b>X</b>	<b>95. (a)(2)</b> <b>PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS</b>	
<b>X</b>	<b>96. (a)(2)(b)(3)(D)</b> <b>NOTIFICATION - DOCUMENTATION OF MED ERROR(S)</b>	
<b>X</b>	<b>97. (a)(3)</b> <b>NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED</b>	
<b>X</b>	<b>98. (a)(3)(C)</b> <b>UNUSED -EXPIRED NONPRESCRIPTION MEDS</b>	
<b>X</b>	<b>99. (b)(1)(2)</b> <b>DOCUMENTED MEDICATION TRAINED STAFF</b>	
<b>O</b>	<b>100. (b)(3)</b> <b>WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</b>	<b>Provider not in compliance with maintaining written parent permission for medication when the signature of parent was missing from the authorization/ permission for administration of medication form.</b>
<b>X</b>	<b>101. (b)(4)(A-B)</b> <b>MAR MAINTAINED</b>	
<b>X</b>	<b>102. (b)(5)(A-B)</b> <b>PRESCRIPTION MEDS – STORED/LABELED</b>	
<b>X</b>	<b>103. (b)(5)(D)</b> <b>UNUSED/EXPIRED PRESCRIPTION MEDS</b>	
<b>O</b>	<b>104. (b)(5)(C)(E)</b> <b>EMERGENCY MEDS-EQUIPMENT LABELED/CURRENT</b>	<b>Provider not in compliance with maintaining emergency medication and/or equipment when a child with an authorization for a chronic condition, present today, has no medication at the program.</b>
<b>X</b>	<b>105. (b)(6)</b> <b>SELF – ADMIN. OF MEDS</b>	
<b>X</b>	<b>106. (b)(7)</b> <b>PETITION FOR SPECIAL MEDICATION AUTHORIZATION</b>	
<b>X</b>	<b>107. (d)</b> <b>POTASSIUM IODIDE (KI)</b>	
	N/A	

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

<b>X</b>	<b>108. (a)</b> <b>POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING</b>	
<b>X</b>	<b>109. (b)</b> <b>FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED</b>	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

<b>X</b>	<b>114.</b> CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
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<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 111</b>
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**DISCUSSIONS/COMMENTS**

#74 Continuation: The bassinet had under the mat multiple plastic bags, some toys, a baby cloth book, a burp cloth; as per provider, the bassinet is what she uses for diaper changes, the bags are for the dirty diapers. Also, as per provider, she seats right next to the infant when infant is sleeping. The bassinet pad was soft. Provider had three pack and plays for the older children, but no other provision was observed for the infant. Corrected during visit, she shared she had one new one for the infant, and she brought it up and set it for infant to use. Provider secured the pad to base of pack and play and put on a fitted sheet. Later observed infant sleeping on the pack and plays for. Discussed: -Written policy for administration of medication - Following manufacturer's guidelines for all furniture and items use with or accessible to children, including pack and plays, regarding children of climbing age.

**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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	<b>Carmen Valenzuela</b>	<b>PATRICIA NIELSEN</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	



Written Corrective Action Plan due by:  
**03/26/2026**

**DIVISION OF LICENSING**  
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>