



**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**

<b>PROVIDER</b>	<b>YELTGY LIBETSY GOMEZ MONTES</b>			<b>LICENSE NUMBER</b>	<b>DCFH</b>	<b>DATE OF INSPECTION</b>	<b>05/06/2026</b>
				<b>EXPIRATION DATE</b>		<b>TIME OF INSPECTION</b>	<b>10:32 AM</b>
<b>ADDRESS</b>	<b>118 POND ST BRIDGEPORT  CT 06606</b>			<b>TELEPHONE</b>	<b>(475) 449-7084</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:30 AM - 5:30 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>	YES	NO	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>0</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>0</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>INITIAL CREDENTIAL INSPECTION</b>			<b>INSPECTOR'S NAME</b>	<b>Ana Sanchez</b>		
<b>PROVIDER'S EMAIL</b>	<b>gomezyeltgy@gmail.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>ana.m.sanchez@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>	<i>Yeltgy Libetsy Gomez Montes</i> 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>12/10/2028</b>	

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 03/25/2028	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 03/25/2028	
<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	

<b>X</b>	<b>29. 9(d)(4)-(A)</b> <b>SAFE EXITS</b>		
<b>X</b>	<b>30. 9(d)(4)(A)</b>	Y/N	
	<b>BASEMENT SUPERVISION</b>	Y	
	<b>USED FOR CARE ?</b>	Y/N	
<b>X</b>	<b>31. 9(d)(4)(D)</b> <b>STAIRWAYS - PROTECTED, HANDRAILS</b>		
<b>X</b>	<b>32. 9(d)(4)(E)-(5)</b> <b>EMERGENCY PLAN</b>		
<b>X</b>	<b>33. 9(d)(5)</b> <b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b>		
<b>X</b>	<b>34. 9(d)(6)</b> <b>SMOKE DETECTORS</b>		
<b>X</b>	<b>35. 9(d)(7)</b> <b>CARBON MONOXIDE DETECTOR</b>		
<b>X</b>	<b>36. 9(d)(8)</b> <b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>		
<b>X</b>	<b>37. 9(d)(9)</b> N/A? Y	TYPE:	APPROVED?
	<b>AUXILIARY HEATING SYSTEM</b>		
<b>X</b>	<b>38. 9(e)</b> <b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>		
<b>X</b>	<b>39. 9(f)(1)-(2)</b> <b>SAFE SPACE- SUFFICIENT</b>	INDOORS	OUTDOORS
	Yes	Yes	
<b>X</b>	<b>40. 9(f)(2)</b> N/A?	TYPE:	BARRIER:
	<b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>		
<b>X</b>	<b>41. 9(f)(3)</b> N/A? Y <b>HOT TUBS- LOCKED -INACCESSIBLE</b>		
<b>X</b>	<b>42. 9(g)</b> <b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>		
<b>X</b>	<b>43. 9(g)</b> <b>WINDOW SAFETY</b>		
<b>X</b>	<b>44. 9(h)</b> <b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>		
<b>X</b>	<b>45. 9(i)</b> <b>ADEQUATE AND SAFE WATER -</b>		
	TYPE OF SYSTEM: <b>Public Water</b>		
<b>X</b>	<b>46. 9(h)</b> <b>WATER TEMPERATURE- 60°-120°</b>		

<b>X</b>	<b>47. 9(j)</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>O</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	<b>Provider not in compliance with maintaining a complete first aid kit when a thermometer and one instant cold compress were observed missing from the first aid kit.</b>
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	<b>TYPE of PETS:</b>   <b>1 dog</b>
	<b>PETS?</b>   Y/N   <b>Y</b>	
	<b>RABIES CERTS?</b>   Y/N   <b>Y</b>	
<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>X</b>	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	
<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> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>X</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	
<b>X</b>	<b>66. 10(c)(4)</b> <b>FLEXIBLE AND BALANCED WRITTEN SCHEDULE</b>	
<b>X</b>	<b>67. 10(c)(6)</b> <b>PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES</b>	
<b>X</b>	<b>68. 10(c)(5)</b> <b>PROPER REST PROVISIONS – SAFE CRIBS</b>	
<b>X</b>	<b>69. 10(d)</b> <b>INDIVIDUAL PLAN FOR CARE</b>	
<b>X</b>	<b>70. 10(d)(1-2)</b> <b>CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES</b>	
<b>X</b>	<b>71. 10(e)</b> <b>INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS</b>	
<b>X</b>	<b>72. 10(f)(1)</b> <b>INFANTS PLACED ON BACK FOR SLEEPING</b>	
<b>X</b>	<b>73. 10(f)(1)</b> <b>INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET</b>	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> <b>CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS</b>	
<b>X</b>	<b>75. 10(f)(5)</b> <b>INFANTS NOT SWADDLED</b>	
<b>X</b>	<b>76. 10(f)(6)</b> <b>INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES</b>	
<b>X</b>	<b>77. 10(f)(8)</b> <b>REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED</b>	
<b>X</b>	<b>78. 10(g)</b> <b>DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL</b>	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> <b>PARENT INFORMATION AND ACCESS</b>	
<b>X</b>	<b>80. 10(h)(10)</b> <b>DEVELOPMENTAL MILESTONES – POSTED</b>	

<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>X</b>	<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? N**

<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>X</b>	<b>100. (b)(3)</b> <b>WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</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>X</b>	<b>104. (b)(5)(C)(E)</b> <b>EMERGENCY MEDS-EQUIPMENT LABELED/CURRENT</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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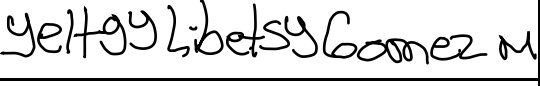
<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>1 out of 111</b>
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**DISCUSSIONS/COMMENTS**

Prospective provider plans to care for children on the main floor of the home. Prospective provider will utilize a fenced area of the back yard as outdoor space for the children. During today's initial inspection, the provider received: 1 copy of the infant safe sleep policy, a sample daily schedule, 1 copy of the child development milestones flyer, 1 blank list of emergency contact numbers, 1 blank emergency plan template, a sample medication administration policy, 1 copy of a blank individual care plan, 1 copy of a blank authorization for administration of nonprescription topical medications form, 1 flyer with guidance for seeking assistance with background checks, 1 blank copy of a notification of change form, 1 copy of the document with guidance for approved use of substitutes and assistants, 1 checklist for maintaining regulatory compliance, 1 CACFP flyer, 1 Care4Kids flyer, 1 flyer with information about 2-1-1 Child Development programs and services, 1 copy of the CT ELDS action guide, 1 flyer with Elevate service navigator contact information, 2 sleep sacks, and 9 child enrollment packets. All printed resources were provided in Spanish. Discussed safe sleep and infant care regulations in detail. Prospective provider plans to hire a substitute or assistant. Regulations regarding nontransferability of license, responsibilities of substitutes, and responsibilities of licensed providers were all discussed in detail. Discussed maintaining evidence of flu vaccination for all enrolled children between the ages of 6 months and 59 months by December 31 annually.

**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>Ana Sanchez</b>	<b>YELTGY LIBETSY GOMEZ MONTES</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:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>ana.m.sanchez@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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