# Connecticut Office of Early Childhood

Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

## FAMILY CHILD CARE HOME INSPECTION FORM

☐ INITIAL ☑ UNANNOUNCED FULL/PARTIAL ☐ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

| | | |
|---|---|---|
| Provider: Megan Ray | License Number: 57264 | Date of Inspection: 7/16/21 |
| | Expiration Date: 6/30/23 | Time of Inspection: 9:30 AM |
| Address: 151 Stonehouse Rd | Capacity: 6+3 | Days/Hours: 7AM-5PM MF |
| Town: Coventry | Telephone: 8602501777 | Summer: Open/Closed |
| State/Zip Code: CT 06238 | Email: Ourtinyvillage3@gmail.com | |

Instructions: ✓ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time

*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).*

Megan Ray
*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

### Terms of License 19a-87b-5

- ☑ 4. Capacity: Total # Children Present: 5
- ☑ 5. Nontransferability of License
- ☑ 6. Infant/Toddler Restriction- # Present: 0
- ☑ 7. License Posted
- ☑ 8. Parent Access to OEC Phone Number
- ☑ 9. Photo ID
- ☑ 10. Requests for Information
- ☑ 11. Notification of Change

### Qualifications of Applicant and Provider 19a-87b-6

- ☑ 12. Awareness of/Understanding of Regulations 9/14/23
- ☑ 13. Medical Statement-Exp. Date
- ☑ 14. First Aid Certificate-Exp. Date 12/26/22
- ☑ 15. CPR Certificate- Exp. Date 12/26/22
- ☑ 16. Judgment

### Members of the Household 19a-87b-7

- ☑ 17. Medical Statement
- ☑ 18. Household Environment

### Qualifications of Staff 19a-87b-8

- ☑ 19. Substitute/Assistant (Y/N)
- ☑ 20. Emergency Caregiver

### Comprehensive Background Check 19a-87b-8a

- ☑ 21. Background Check(s)

### Physical Environment 19a-87b-9

- ☑ 22. Clean/Sanitary Environment
- ☑ 23. Freedom of Hazards
- ☑ 24. Harmful Substances/Materials Inaccessible
- ☑ 25. Bio-contaminants Disposed Safely
- ☑ 26. Safe Storage of Flammables
- ☑ 27. Safe Door Fasteners
- ☐ 28. Electrical Safety
- ☑ 29. Safe Exits
- ☑ 30. Basement Supervision (Y/N)
- ☑ 31. Stairways: Protected/Handrails
- ☐ 32. Emergency Plan
- ☐ 33. Emergency Evacuation Drills-Quarterly/Log
- ☐ 34. Smoke Detectors
- ☐ 35. Carbon Monoxide Detector
- ☑ 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- ☑ 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)
- ☑ 38. Safe Storage of Weapons and Ammunition
- ☑ 39. Safe Space - Sufficient Indoor _____ Outdoor _____
- ☑ 40 Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)
- ☑ 41. Hot Tubs- Locked/Inaccessible
- ☑ 42. Ventilation/Light - Temperature- 65°F
- ☑ 43. Window Safety
- ☑ 44. Washing/Toileting/Sewage/Garbage Facilities
- ☑ 45. Adequate and Safe Water: Public/Approved
- ☑ 46. Water Temperature 60°-120°F
- ☐ 47. Pasteurization of Milk Supply
- ☑ 48. Working Telephone/Emergency Numbers Posted
- ☑ 49. Safe Transportation-Registered/Insured/Restraints
- ☐ 50. First Aid Supplies
- ☑ 51. Pets: (Y/N) -Type: 1 dog Rabies Certificate(s)
- ☑ 52. Smoking Prohibited

### Responsibilities of Provider 19a-87b-10

- ☐ 53. Enrollment Form
- ☐ 54. Child Health Record
- ☐ 55. Immunizations
- ☐ 56. Emergency Permission
- ☐ 57. Authorized Release
- ☑ 58. Field Trips/Transportation Permission- To/From School
- ☑ 59. Swimming Permission
- ☑ 60. Incident Log
- ☑ 61. Confidentiality
- ☑ 62. Meeting the Child's Needs
- ☑ 63. Sufficient Play Equipment
- ☑ 64. Good Nutrition: Meals/Snacks/Water Available
- ☑ 65. Handwashing
- ☐ 66. Flexible and Balanced Written Schedule

*APPLICANTS- PLEASE NOTE: 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/Emergency Caregiver) |
|---|---|---|
| (Printed Name) K Berlin | 7/30/21 | (Printed Name) Megan Ray |

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## FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

| Provider: Megan Ray | License Number: 57204 | Date of Inspection: 7/16/21 |
|---|---|---|

### Responsibilities of Provider 19a-87b-10 (continued)

- ☑ 67. Personal Articles: Blanket/Towel/Toilet Articles
- ☑ 68. Proper Rest Provisions/Safe Cribs
- ☐ 69. Individual Plan for Care (Written if Applicable)
- ☑ 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- ☑ 71. Infant Care- Individual Attention/Held for Bottle Feedings
- ☑ 72. Infants Placed on Back for Sleeping
- ☑ 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- ☑ 74. Crib or other Provision Free from Observable Hazards
- ☑ 75. Infants not Swaddled
- ☑ 76. Infants Supervised- observed minimum every 15 minutes
- ☐ 77. Req. for Sleep Arrangements Posted/Discussed
- ☑ 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- ☑ 79. Parent Information and Access
- ☐ 80. Developmental Milestones-Posted
- ☐ 81. Supervision-At all Times- Indoors/Outdoors
- ☑ 82. Personal Schedule-Alert/Competent Attention
- ☑ 83. Full Attention-Distractions/Employment/Socialization
- ☑ 84. Immediate Attention
- ☑ 85. Substitute/Emergency Caregiver Present
- ☑ 86. Appropriate Discipline/Behavior Management
- ☑ 87. Discuss Behavior Management Methods w/Staff/Parents
- ☑ 88. Child Protection: Abuse/Neglect
- ☑ 89. Notify OEC within 24 hrs.: Death/Serious Injury
- ☑ 90. Mandated Reporting of Abuse/Neglect to DCF

### Sick Child Care 19a-87b-11

- ☑ 91. Sick Child Care

### Night Care 19a-87b-12 (Y/N) (10pm to 5am)

- ☑ 92. Separate Bed/Location of Bed/Appropriate Sleepwear

### Office Access, Inspections and Investigations 19a-87b-13

- ☑ 93. Access- Immediate/Entire or Part of Facility/Records

### Administration of Medications 19a-87b-17

- ☑ 94. Policies and Procedures for Admin of Meds
- ☑ 95. Parent Permission for Nonprescription Topical Meds
- ☑ 96. Notification and Documentation of Medication Error(s)
- ☑ 97. Nonprescription Topical Meds – Stored/Labeled
- ☑ 98. Unused/Expired Nonprescription Meds
- ☑ 99. Documented Medication Trained Staff
- ☑ 100. Written Authorized Prescriber/Parent Permission
- ☑ 101. MAR Maintained
- ☑ 102. Prescription Meds – Stored/Labeled
- ☑ 103. Unused/Expired Prescription Meds
- ☑ 104. Emergency Meds – Equip Labeled/Current
- ☑ 105. Self-Administration of Meds
- ☑ 106. Petition for Special Medication Authorization
- ☑ 107. Potassium Iodide (KI) Pills – Permission/Storage/Labeled
- ☐ 108. Policies for Finger Stick Blood Glucose Testing
- ☑ 109. Finger Stick Blood Glucose Testing – Staff Trained
- ☑ 110. Self Admin of Finger Stick Blood Glucose Testing
- ☑ 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- ☐ 112. Finger Stick Blood Glucose Testing Records
- ☑ 113. Parent Notification of Test Results

### Additional Violations

- ☐ 114. Consent Order/Negotiated Corrective Action Plan

### Discussions/Comments:

-Water temperature below 120°F.
-Making garage into daycare space. Discussed change form
-Gym equipment - Make inaccessible to children
32-Emergency Plan Not available. send copy to Agency
33-Drills/Logs Not available. Send copy to Agency
34- Smoke detector Not working on Main level
35-Carbon Monoxide Not working on Main level
50- 2 instant cold packs missing from first aid supplies

*APPLICANTS- PLEASE NOTE: 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/Emergency Caregiver) |
|---|---|---|
| (Printed Name) Roberin | 7/30/21 | (Printed Name) Megan Ray |

# SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Megan Ray License # 57204 Date: 7/16/21

Observations/Corrections needed:

53- Enrollment missing for 1 child
54- Child health record not up to date for 2 children
55- Immunizations not uptodate for 1 child
56- Emergency permission not available for 1 child
57- Authorized release not available for 1 child
77- Reg for sleep requirements not posted
80- Developmental Milestones not posted

**S = Substantiated** **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: _____ *(OEC Representative)*

Print Name: Pierce

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/30/21

Signature: _____ *(Person in Charge)*

Print Name: Megan Ray