



Connecticut Office of
Early Childhood


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 Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	STEPHANIE L SHAY				License Number	DCFH.52755	Date of Inspection	07/11/2024
					Expiration Date	6/30/2026	Time of Inspection	09:38 AM
Address	755 PADDOCK AVE MERIDEN CT 06450-7019				Telephone	(203) 630-9203	Regular Capacity	6
					Days and Hours	Monday-Friday 7AM-5PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Type of Inspection	UNANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	1	# of Total Children Present	5	Inspector's Name	Evelyn Vicente-Quinones		
Provider's Email	stephanielynn217@sbcglobal.net				Inspector's Email	evelyn.vicente-quinones@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). 

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:	05/26/2025
X	14. First Aid Certificate	
	Expiration date:	04/20/2026

X	15. CPR Certificate		
	Expiration date: 04/20/2026		
X	16. Judgment		
MEMBERS OF THE HOUSEHOLD 19a-87b-7			
X	17. Medical Statement		
X	18. Household Environment		
QUALIFICATIONS OF STAFF 19a-87b-8			
X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a			
X	21. Background Check(s)		
PHYSICAL ENVIRONMENT 19a-87b-9			
X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N Y	
	Used for Care ?	Y/N N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

<input checked="" type="radio"/>	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills, provider stated she conducted a drill in April 2024 however has not documented it as of yet.	
<input checked="" type="radio"/>	34. Smoke Detectors		
<input checked="" type="radio"/>	35. Carbon Monoxide Detector		
<input checked="" type="radio"/>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<input checked="" type="radio"/>	37. Auxiliary Heating System N Type?	Appvd?	
<input checked="" type="radio"/>	38. Safe Storage of Weapons and Ammunition		
<input checked="" type="radio"/>	39. Safe Space-Sufficient		
	Indoors	Outdoors	
<input checked="" type="radio"/>	40. Body of Water-Type:	Y/N	
	Barrier?	N	
<input checked="" type="radio"/>	41. Hot Tubs-Locked - Inaccessible	Y/N	
		N	
<input checked="" type="radio"/>	42. Ventilation, Light and Temperature- 65°		
<input checked="" type="radio"/>	43. Window Safety		
<input checked="" type="radio"/>	44. Washing Toileting, Sewage Garbage Facilities		
<input checked="" type="radio"/>	45. Adequate and Safe Water - Type of System:		
	Public Water		
<input checked="" type="radio"/>	46. Water Temperature- 60°-120°		
<input checked="" type="radio"/>	47. Pasteurization of Milk Supply		
<input checked="" type="radio"/>	48. Working Phone, Emergency Numbers Posted		
<input checked="" type="radio"/>	49. Safe Transportation Registered, Insured, Restraints		
<input checked="" type="radio"/>	50. First Aid supplies		
<input checked="" type="radio"/>	51. Pet protection	Type: 2 cats	
	Pets?	Y	
	Rabies Certs?	Y	
<input checked="" type="radio"/>	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
<input checked="" type="radio"/>	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain current child health record(s) when observed two out of six children health records have expired
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
X	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	Provider posted during today's visit.
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	Provider posted during today's visit.
O	81. Supervision- at all Times, Indoors, Outdoors	Failed to be either indoors or outdoors with all children in care when upon OEC arrival there were two children outdoors and provider indoors with three children. Discussed supervision regulations with provider
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
X	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **Y** **ADMINISTRATION OF MEDICATIONS 19a-87b-17**

X	94. Policies and Procedures for Admin of Meds	
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	

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

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	
X	112. Finger Stick Blood Glucose Testing Records	

X	113. Parent Notification of Test Results	
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ADDITIONAL VIOLATIONS

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

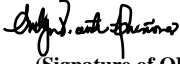
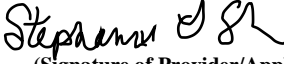
YES or NO? Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

~ Discussed recently enacted Public Acts emailed by OEC to all providers on 7/1/24, specifically discussed Public Act 24-91 Section 10, and read verbatim to provider

NOTE: Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY: 07/25/2024	 (Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones (Printed Name)	(Printed Name)		STEPHANIE L SHAY (Printed Name)