



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	STEPHANIE L SHAY			License Number	DCFH.52755	Date of Inspection	08/06/2024
				Expiration Date	6/30/2026	Time of Inspection	10:16 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
# Children Present	4	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up to 7/11/24 visit			Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	stephanielynn217@sbcglobal.net			Inspector's Email	evelyn.vicente-quinones@ct.gov		

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).

S Shay

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(d)(5)]	Description: 033-Emergency Evacuation Drills-Quarterly
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Provider indicated she practiced her drill on 7/22/24 with five children and OEC representative observed documentation.

Statute and/or Regulation: [19a-87b-10(b)(2)]	Description: 054-Child Health Record
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Observed current health records on file

Statute and/or Regulation: [19a-87b-10(i)]	Description: 081-Supervision-At All Times, Indoors/Outdoors
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Observed supervision in compliance at today's visit.

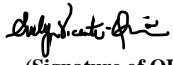

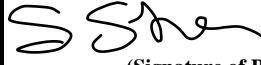
Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

~ Discussed practicing and documenting different scenarios when conducting emergency drills.

NOTE: 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: 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:	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	 (Printed Name)		STEPHANIE L SHAY (Printed Name)