



Connecticut Office of
Early Childhood

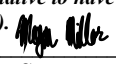
DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	MEGAN M ROY				License Number	DCFH.57204	Date of Inspection	12/18/2024
					Expiration Date	6/30/2027	Time of Inspection	08:10 AM
Address	151 STONEHOUSE RD COVENTRY CT 06238-3137				Telephone	(860) 205-0177	Regular Capacity	6
					Days and Hours	M-F 7AM-4:30PM	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	6	Inspector's Name	Carmen Valenzuela		
Provider's Email	ourtinyvillage341@gmail.com				Inspector's Email	carmen.valenzuela@ct.gov		
Key: Compliant = X Non-Compliant = O	<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>							
 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:	10/05/2025
O	14. First Aid Certificate	Failed to maintain current certificate. Provider indicated she has an scheduled class for 1/4/25
	Expiration date:	11/06/2024

O	15. CPR Certificate	Failed to maintain current certificate. Provider indicates she has an appointment scheduled for 1/4/25.				
	Expiration date:					
	11/06/2024					
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. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	N				
X	20. Emergency Caregiver					
COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a						
X	21. Background Check(s)	Status shows as Work Supervised (WS). Provider has been in contact with Legal Division to update it, she showed email to specialist during visit.				
PHYSICAL ENVIRONMENT 19a-87b-9						
X	22. Clean/Sanitary Environment					
O	23. Freedom of Hazards	Failed to maintain the facility and/or equipment free of hazards, when observed gardening tools at ground level next to play area, accessible to children.				
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				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

X	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide (CO) detectors on each occupied level of the home, top level missing a detector,	
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System Y Type? Wood stove	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Y Outdoors		
X	40. Body of Water- Type: Barrier?	Y/N N	
X	41. Hot Tubs- Locked - Inaccessible	Y/N	
X	42. Ventilation, Light and Temperature- 65°		
X	43. Window Safety		
X	44. Washing Toileting, Sewage Garbage Facilities		
X	45. Adequate and Safe Water - Type of System: Private Well		
X	46. Water Temperature- 60°-120°		
X	47. Pasteurization of Milk Supply		
X	48. Working Phone, Emergency Numbers Posted		
X	49. Safe Transportation Registered, Insured, Restraints		
X	50. First Aid supplies		
O	51. Pet protection	Type: 3 dogs.	
	Pets?	Y	Failed to maintain current rabies vaccination certificate(s) for one dog. Provider has appointment scheduled for 12/27/24.
	Rabies Certs?	N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

O	54. Child Health Record	Failed to maintain current child health record(s) for one child. Failed to maintain complete child health record(s) for one child with asthma and no answer on form indicating if child needs medication during childcare.
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	
O	69. Individual Plan for Care (Written if Applicable)	Failed to develop and implement a written individual plan of care for each child with disabilities or special health care needs, when observed no plan of care for a child with chronic conditions.
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	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
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?

N

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	

ADDITIONAL VIOLATIONS

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

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

Discussed:

- Influenza vaccine requirements for children between 6 and 59 months. Documentation of vaccine between August 1st and December 31st yearly after the initial two doses.

- Alarms in split levels.

Reviewed medication authorization, parents permission for administration of medication, and storage of emergency medication.

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.*
- *APPLICANTS –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)
Carmen Valenzuela (Printed Name)		01/01/2025	MEGAN M ROY (Printed Name)