



Connecticut Office of
Early Childhood

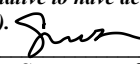
DIVISION OF LICENSING

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	SAMANTHA R ROGERS				License Number	DCFH.57208	Date of Inspection	12/19/2024
					Expiration Date	6/30/2027	Time of Inspection	12:30 PM
Address	32 COOK HILL RD LEBANON CT 06249-1015				Telephone	(860) 597-7080	Regular Capacity	6
					Days and Hours	M-F, 7:30 - 4:30 Monday - Friday	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	Jannie Thornton		
Provider's Email	tinyadventureslebanon@gmail.com				Inspector's Email	jannie.thornton@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:	04/28/2025
X	14. First Aid Certificate	
	Expiration date:	01/21/2025

X	15. CPR Certificate						
	Expiration date:						
	01/21/2025						
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 :	Y					
	Substitute						
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					
X	31. Stairways - Protected, Handrails						
X	32. Emergency Plan						

O	33. Emergency Evacuation Drills - Quarterly/Log	Failed to maintain a written log of the practices drills	
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N Type?	Appvd?	
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space- Sufficient Indoors Outdoors		
X	40. Body of Water- Type: Barrier?	Y/N N	
X	41. Hot Tubs- Locked - Inaccessible	Y/N 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: Public Water		
O	46. Water Temperature- 60°-120°	Failed to maintain safe water temperature between 60-120 degrees, when water temp. measured 139.3.	
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		
X	51. Pet protection Pets? Rabies Certs?	Type: Dogs Y	
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(son one child.
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	
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

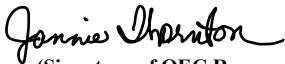
X	93. Access-Immediate, Entire or Part of Facility and Records	
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Are Medications Administered? **Y** ADMINISTRATION OF MEDICATIONS 19a-87b-17

O	94. Policies and Procedures for Admin of Meds	Failed to develop written policies and procedures for the Administration of medication.
O	95. Parent Permission for Nonprescription Topical Meds	Failed to maintain current written permission from parents
X	96. Notification - Documentation of Med Error(s)	
O	97. Nonprescription Topical Meds- Stored/Labeled	Failed to maintain proper labeling of nonprescription topical medications
X	98. Unused - Expired Nonprescription Meds	
O	99. Documented Medication Trained Staff	Failed to maintain training in the administration of injectable medications
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
O	102. Prescription Meds – Stored/Labeled	Failed to maintain proper storage of medication. Failed to maintain proper labeling of medication
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	Failed to ensure emergency medications and/or equipment are properly labeled.
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	
<u>YES or NO?</u> Yes	WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS			
IMPORTANT NOTES			
- It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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 <u>MAY NOT OPERATE</u> until all requirements have been met and a license has been issued by the Agency.			
 (Signature of OEC Representative)		 (Signature of Provider/Applicant/Substitute)	
Jannie Thornton (Printed Name)		01/02/2025 (Printed Name)	