


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	LATOYA BROWN-CLAYTON				License Number	DCFH.56619	Date of Inspection	04/23/2025
					Expiration Date	4/30/2027	Time of Inspection	11:40 AM
Address	25 PLINY ST HARTFORD CT 06120-2338				Telephone	(860) 680-8113	Regular Capacity	6
					Hours of Operation	24 HOURS 24 HOURS	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sun	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	Yes
					Total children present	4	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Silvana Carreon Zegarra		
Provider's Email	1connectingthepieces@gmail.com				Inspector's Email	silvana.carreon-zegarra@ct.gov		
Key: Compliant = X Non-Compliant = O	<u>Consent to Inspect:</u> 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]</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	
O	11. Notification of Change	Regulation was not in compliance when the Office was not notified regarding a room that was approved for children's care no longer being used, the room is used as storage.

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	04/01/2027
X	14. First Aid Certificate	
	Expiration date:	03/31/2027

X	15. CPR Certificate	
	Expiration date:	
	03/31/2027	
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:	Susan Brown-Castella	Appvl #	90607
	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		
O	23. Freedom of Hazards	Regulation was not in compliance when the facility and/or equipment in good repair and free of hazards. Observed a toilet seat damage.	
O	24. Harmful Substances/Materials Inaccessible	Regulation was not in compliance when harmful substances and materials are inaccessible to children. Observed allergy medications, Motion and personal medications accessible to children on the kitchen's shelf.	
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
O	28. Electrical Safety	Regulation was not in compliance when electrical cords and/or appliances are secured and in good repair. Observed an electrical extension cord crossing the children bathroom sink while the dryer	
O	29. Safe Exits	Regulation was not in compliance when exits free from obstruction. Observed a box and bags on the way to the main entry.	
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		
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 Y Y		
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		
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		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. Enrollment Form	Regulation was not in compliance when two child enrollment form were missing
----------	---------------------	--

<input type="radio"/>	54. Child Health Record	Regulation was not in compliance when two child health records were missing
<input checked="" type="radio"/>	55. Immunizations	
<input type="radio"/>	56. Emergency Permission	Regulation was not in compliance when written parent permission for emergency medical care were missing for two children and six children missing dentist information
<input type="radio"/>	57. Authorized Release	Regulation was not in compliance when written parent permission to authorize removal of child was missing.
<input checked="" type="radio"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="radio"/>	59. Swimming Permission	
<input checked="" type="radio"/>	60. Incident Log	
<input checked="" type="radio"/>	61. Confidentiality	
<input checked="" type="radio"/>	62. Meeting the Child's Needs	
<input checked="" type="radio"/>	63. Sufficient Play Equipment	
<input checked="" type="radio"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="radio"/>	65. Handwashing	
<input checked="" type="radio"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="radio"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="radio"/>	68. Proper Rest Provisions – Safe Cribs	
<input checked="" type="radio"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="radio"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input type="radio"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	Regulation was not in compliance when infants being held for bottle feedings. Observed an eleven-month-old infant in a bouncer, holding a baby bottle while drinking milk, with no adults around.
<input checked="" type="radio"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="radio"/>	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	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? Y		
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

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N?

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

○ 100. Written Auth
Prescriber/Parent
Permission **Regulation was not in compliance when written parent permission for two medication missed parent's and provider signiture. Regulation was not in compliance when a written order from prescriber for medications (2) expired 4/1/2035. Albuterol and EPI-PEN**

X 101. MAR
Maintained

X 102. Prescription
Meds -
Stored/Labeled

○ 103.
Unused/Expired
Prescription Meds **Regulation was not in compliance when two expired medication was observed on premises. Expired on 10/2024 and 1/2025**

X 104. Emergency
Meds- Equip.
Labeled/Current

X 105. Self-Admin.
Of Meds

X 106. Petition for
Special
Medication
Authorization

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

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	

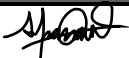

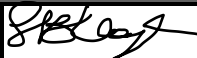
YES or NO?	Were Violations Cited during this visit?	Total Number of Violations this visit:	12
Yes			

DISCUSSIONS/COMMENTS

The provider review OEC Regulations including safe sleep, infants monitoring care, hold for bottle feeding, supervision, enrollment documentation, electrical safety, and more.
 She received a safe sleep in child care home flyer and safe and healthy diapering flyer.
 Discussion
 Outdoor activities - daily.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Silvana Carreon Zegarra (Printed Name)	 (Printed Name)	05/07/2025	LATOYA BROWN-CLAYTON (Printed Name)

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