



**DIVISION OF LICENSING**  
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 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	GLORIA M MONTOYA				License Number	DCFH.55159	Date of Inspection	06/30/2025
					Expiration Date	7/31/2029	Time of Inspection	09:13 AM
Address	59 WASHINGTON AVE MERIDEN CT 06451-5241				Telephone	(203) 898-1854	Regular Capacity	6
					Hours of Operation	7:00 AM 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melina Perez		
Provider's Email	gloria.montoya1970@sbcglobal.net				Inspector's Email	melina.perez@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).

*Gloria Montoya*

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: 04/30/2027	
X	14. First Aid Certificate	
	Expiration date: 02/17/2026	

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	02/17/2026	
<b>X</b>	16. Judgment	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	17. Medical Statement	
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name: <b>Kathiuska Aliaga</b>	Appvl #	<b>DCFS.91195</b>
	Type of Staff :	<b>Y</b>			
	Substitute				
<b>X</b>	20. Emergency Caregiver				

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	21. Background Check(s)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment		
<b>X</b>	23. Freedom of Hazards		
<b>X</b>	24. Harmful Substances/Materials Inaccessible		
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<b>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		<b>Y</b>	
	Used for Care ?	Y/N	
<b>X</b>	31. Stairways - Protected, Handrails		
<b>X</b>	32. Emergency Plan		

<b>X</b>	33. Emergency Evacuation Drills - Quarterly/Log		
<b>X</b>	34. Smoke Detectors		
<b>X</b>	35. Carbon Monoxide Detector		
<b>X</b>	36. Fire Extinguisher- 5 lb. ABC/Installed		
<b>X</b>	37. Auxiliary Heating System N Type?	Appvd?	
<b>X</b>	38. Safe Storage of Weapons and Ammunition		
<b>X</b>	39. Safe Space-Sufficient Indoors   Outdoors Y   Y		
<b>X</b>	40. Body of Water-Type: Barrier?	Y/N N	
<b>X</b>	41. Hot Tubs-Locked - Inaccessible	Y/N N	
<b>X</b>	42. Ventilation, Light and Temperature- 65°		
<b>X</b>	43. Window Safety		
<b>X</b>	44. Washing Toileting, Sewage Garbage Facilities		
<b>X</b>	45. Adequate and Safe Water - Type of System: Public Water		
<b>X</b>	46. Water Temperature- 60°-120°		
<b>X</b>	47. Pasteurization of Milk Supply		
<b>X</b>	48. Working Phone, Emergency Numbers Posted		
<b>X</b>	49. Safe Transportation Registered, Insured, Restraints		
<b>X</b>	50. First Aid supplies		
<b>X</b>	51. Pet protection	Type: 1 Dog	
	Pets?	Y	
	Rabies Certs?	Y	
<b>X</b>	52. Smoking Prohibited		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	53. Enrollment Form		
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<b>X</b>	54. Child Health Record	
<b>X</b>	55. Immunizations	
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission-To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition-Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
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### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. Access- Immediate, Entire or Part of Facility and Records</b>	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

<b>X</b>	<b>94. Policies and Procedures for Admin of Meds</b>	
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<b>X</b>	<b>95. Parent Permission for Nonprescription Topical Meds</b>	
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<b>X</b>	<b>96. Notification - Documentation of Med Error(s)</b>	
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<b>X</b>	<b>97. Nonprescription Topical Meds- Stored/Labeled</b>	
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<b>X</b>	<b>98. Unused - Expired Nonprescription Meds</b>	
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<b>X</b>	<b>99. Documented Medication Trained Staff</b>	
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<b>X</b>	<b>100. Written Auth Prescriber/Parent Permission</b>	
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<b>X</b>	<b>101. MAR Maintained</b>	
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<b>X</b>	<b>102. Prescription Meds - Stored/Labeled</b>	
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<b>X</b>	<b>103. Unused/Expired Prescription Meds</b>	
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<b>X</b>	<b>104. Emergency Meds- Equip. Labeled/Current</b>	
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<b>X</b>	<b>105. Self-Admin. Of Meds</b>	
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<b>X</b>	<b>106. Petition for Special Medication Authorization</b>	
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**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	<b>108. Policies for Finger Stick Blood Glucose Testing</b>	
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<b>X</b>	<b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>	
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<b>X</b>	<b>110. Self Admin of Finger Stick Blood Glucose Testing</b>	
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<b>X</b>	<b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b>	
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<b>X</b>	<b>112. Finger Stick Blood Glucose Testing Records</b>	
<b>X</b>	<b>113. Parent Notification of Test Results</b>	

**ADDITIONAL VIOLATIONS**

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



<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>No</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>0 out of 109</b>
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**DISCUSSIONS/COMMENTS**

-CPR/First Aid expiring 2/17/2026  
 -EpiPen Training expiring 11/04/2025  
 -Reminder: Flu vaccines for next flu season due 12/31/2025  
 -DCFS.91195 was also present  
 \*\*No violations observed during today's full inspection\*\*

**IMPORTANT NOTES**

- o *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.*
- o *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- o **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)		<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Provider/Applicant/Substitute)
<b>Melina Perez</b> (Printed Name)			<b>GLORIA M MONTOYA</b> (Printed Name)