



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

|                              |   |  |     |   |                         |                       |                     |            |
|------------------------------|---|--|-----|---|-------------------------|-----------------------|---------------------|------------|
| Provider                     | MELODY ROSS                             |  |     |   | License Number          | DCFH.57629            | Date of Inspection  | 12/10/2025 |
|                              |   |  |     |   | Expiration Date         | 3/31/2026             | Time of Inspection  | 09:09 AM   |
| Address                      | 23 SPRUCE DR<br>NAUGATUCK CT 06770-4230 |  |     |   | Telephone               | (203) 725-6208        | Regular Capacity    | 6          |
|                              |   |  |     |   | Hours of Operation      | 7:00 AM – 6:00 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 | 0                     | Weekend Hours       | No         |
|                              |   |  |     |   | Total children present  | 2                     | Night Hours         | No         |
| Type of Inspection           | UNANNOUNCED INSPECTION - FULL           |  |     |   | Inspector's Name        | Amanda Hammons        |                     |            |
| Provider's Email             | melodytimedaycare@yahoo.com             |  |     |   | Inspector's Email       | amanda.hammons@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). *Melody Ross*

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:<br>03/31/2026                 |  |
| X | 14. First Aid Certificate                      |  |
|   | Expiration date:<br>02/10/2026                 |  |

|          |                     |  |
|----------|---------------------|--|
| <b>X</b> | 15. CPR Certificate |  |
|          | Expiration date:    |  |
|          | 02/10/2026          |  |
| <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: |  | Appvl # |  |
|          | Type of Staff :         | N   |       |  |         |  |
| <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>O</b> | 23. Freedom of Hazards                        | Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed torn fabric on high chair with foam accessible to children.   |
| <b>O</b> | 24. Harmful Substances/Materials Inaccessible | Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when observed multiple cleaning products in unlocked kitchen cabinet under sink, accessible to children when they wash their hands. Per provider, children have been washing their hands in the kitchen sink. |
| <b>X</b> | 25. Bio-contaminants Disposed Safely          |  |
| <b>X</b> | 26. Safe Storage of Flammables                |  |
| <b>X</b> | 27. Safe Door Fasteners                       |  |
| <b>O</b> | 28. Electrical Safety                         | Provider not in compliance with maintaining protective covers or approved safety outlets when observed 4 electrical outlets with no protective outlet covers, accessible to children.  |
| <b>O</b> | 29. Safe Exits                                | Provider not in compliance with maintaining two readily accessible exits from each room when observed table with plants in front of doorway blocking access to second emergency exit.  |
| <b>X</b> | 30. Basement Supervision                      | Y/N  |
|          |   | N  |
|          | Used for Care ?                               | Y/N  |
| <b>O</b> | 31. Stairways - Protected, Handrails          | Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when observed stairways outside with no gate at top or bottom of stairs.   |
| <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>O</b> | 36. Fire Extinguisher- 5 lb. ABC/Installed                 | Provider not in compliance with installing a fire extinguisher according to manufacturer's instructions when observed 5 lb. fire extinguisher installed at 32 inches from the floor. |
| <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<br>Indoors   Outdoors<br>Y   Y  |  |
| <b>X</b> | 40. Body of Water- Type: Above ground<br>Barrier?          | Y/N<br>Y<br>N  |
| <b>X</b> | 41. Hot Tubs- Locked - Inaccessible                        | Y/N<br>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, 9 cats  |
|          | Pets?  | Y  |
|          | Rabies Certs?  | Y  |
| <b>X</b> | 52. Smoking Prohibited                                     |  |

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

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|----------|---------------------|--|
| <b>X</b> | 53. Enrollment Form |  |
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|---|--|---|
| X | 54. Child Health Record  |   |
| 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                                  |   |
| O | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet | Provider not in compliance with maintaining a snug fitting mattress covered with a tightly-fitted sheet when observed pack and play without a tightly-fitted sheet. Per provider, children have been present during inspection does sleep in the pack and play. |

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| <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**

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

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

|          |  |  |
|----------|--|--|
| <b>X</b> | 108. Policies for<br>Finger Stick Blood<br>Glucose Testing |  |
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| <b>X</b> | 109. Finger Stick<br>Blood Glucose<br>Testing - Staff<br>Trained |  |
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| <b>X</b> | 110. Self Admin of<br>Finger Stick Blood<br>Glucose Testing |  |
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| <b>X</b> | 111. Testing<br>Equip. &<br>Supplies-<br>Maintain,<br>Labeled, Locked,<br>Disposed |  |
|----------|--|--|

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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>Yes</b> | <b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b> | <b>7 out of 109</b> |
|--|------------|--|---------------------|

**DISCUSSIONS/COMMENTS**

Discussed the following with the provider: - Flu shots are due by Dec. 31 - ensuring enough developmentally appropriate toys are accessible to children indoors - ensuring animal feces outside is not accessible to children's outdoor play area

**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.

|   |                                       |                                 |   |
|---|---------------------------------------|---------------------------------|---|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| <b>Amanda Hammons</b><br>(Printed Name)   | <br>(Printed Name)                    | <b>12/24/2025</b>               | <b>MELODY ROSS</b><br>(Printed Name)  |