CONNECTICUT 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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	MIKAYLA ALQUIST	LICENSE NUMBER	DCFH.57700	DATE OF INSPECTION	05/14/2026
		EXPIRATION DATE	8/31/2026	TIME OF INSPECTION	01:06 PM
ADDRESS	106 COW PEN HILL RD KILLINGWORTH CT 06419-1305	TELEPHONE	(475) 227-5150	REGULAR CAPACITY	6
		HOURS OF OPERATION	7:00 AM – 6:00 PM	SCHOOL AGE CAPACITY	3
		DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES: ; NO: X ; NEW ADDRESS:	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
		TOTAL CHILDREN PRESENT	8	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL	INSPECTOR'S NAME	Rebecca LaRosa		
PROVIDER'S EMAIL	thewillowpreschool@gmail.com	INSPECTOR'S EMAIL	rebecca.larosa@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).

Signature of Provider/Substitute/Applicant

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)/10(a) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
X	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE: 01/30/2028	

X	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 03/20/2028	
X	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 03/20/2028	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. 7(a) MEDICAL STATEMENT	Provider not in compliance with maintaining medical statements when 1 household member minor didn't have a current health record on file.
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Liz Marie Ortiz	Appvl #	92646
		Y	NAME:		Appvl #	
	PRESENT AT VISIT? Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. 8a(a)-(f) BACKGROUND CHECK(S)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when 1 adult household member didn't have a completed background check as status indicated awaiting results; 1 substitute (not approved) working without a current background check. Substitute left.

PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
X	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
X	25. 9(c) BIO-CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS	
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N: Y Y/N: Y
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN	
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	
X	34. 9(d)(6) SMOKE DETECTORS	
X	35. 9d)(7) CARBON MONOXIDE DETECTOR	
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE: APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION	
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS: Yes; OUTDOORS:	
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE: BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE	
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°	
X	43. 9(g) WINDOW SAFETY	
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES	
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Private Well	
X	46. 9(h) WATER TEMPERATURE- 60°-120°	

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY		
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED		
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS		
O	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	Provider not in compliance with ensuring first aid kits are restocked after use when there were no tweezers, 2" rolled gauze, and only 1 instant ice pack (2 required).	
X	51. 9(o) PET PROTECTION	TYPE of PETS:	1 dog
	PETS? Y/N Y		
	RABIES CERTS? Y/N Y		
X	52. 9(p) Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record(s) when 2 children didn't have current health records available for review.
O	55. 10(b)(2)(v)/(l) IMMUNIZATIONS	Provider not in compliance with maintaining current immunization record(s) when 2 children didn't have current immunizations available for review.
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION-TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION-MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES-BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
O	69. 10(d) INDIVIDUAL PLAN FOR CARE	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when care plan mentioned 2 medications but only one on site. Per provider she never received the second medication. Clarification needed.
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
O	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	Provider not in compliance with posting in a conspicuous place the requirements for sleep arrangements when there was no posting observed.
X	78. 10(g) DIAPER CHANGING-FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
O	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	Provider not in compliance with a copy of the developmental milestones information sheet when there was no posting observed.

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) **Y/N? N**		
X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

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

O	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	Provider not in compliance with developing written policies and procedures for the administration of medication when there was no policy available for review.
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)/(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS-STORED/LABELED	
O	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	Provider not in compliance with ensuring that expired medication is destroyed or returned to the parent when there were 2 expired epi-pen medications with no label in the first aid bag.
O	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	Provider not in compliance with maintaining training in the administration of injectable medications when provider and substitute epi pen training had expired on 4/21/26.
O	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	Provider not in compliance with maintaining a written order from prescriber for medication when individual care plan indicated a second medication but there was no prescription order for the second medication nor was it on site.
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS-EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF – ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI) N/A: Y	

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

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

		N/A?	
	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	Y	

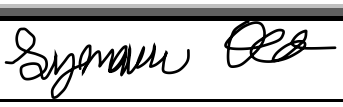
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	12 out of 109

DISCUSSIONS/COMMENTS

Provider had to catch a flight to North Carolina. She left her substitute in charge who is approved and had a completed background check. One unapproved staff who was working was sent home. Discussed not allowing anyone to work until they are approved by OEC and have had a completed background check.

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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Rebecca LaRosa	MIKAYLA ALQUIST	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		**THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.**	

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Written Corrective Action Plan due by: **05/28/2026**

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CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf