



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

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>SPARK - LITTLE LEARNERS</b>				<b>License Number</b>	<b>DCCC.70311</b>	<b>Date of Inspection</b>	<b>12/05/2023</b>
					<b>Expiration Date</b>	<b>8/31/2024</b>	<b>Time of Inspection</b>	<b>09:53 AM</b>
<b>Address</b>	<b>202 WATER ST</b>				<b>Telephone</b>	<b>(203) 892-2797</b>	<b>Licensed Capacity</b>	<b>43</b>
	<b>NAUGATUCK CT 06770-2843</b>				<b>Hours of Operation</b>	<b>M-F 6:30AM-6:00PM</b>	<b>Infant/Toddler Capacity</b>	<b>24</b>
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>5 years</b>
					<b>Program's Email</b>	<b>susieg63@sbcglobal.net</b>		
<b>Operator</b>	<b>SPARK, LLC</b>				<b>Name of Inspector</b>	<b>Kristi Morgan</b>		
<b>Director</b>	<b>SUSAN GALLAGHER</b>				<b>Inspector's Email</b>	<b>kristi.morgan@ct.gov</b>		
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>19</b>	<b># of Total Children Present</b>	<b>32</b>	<b># of Staff Present</b>	<b>10</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>

### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: <b>06/24/2022</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

### ADMINISTRATION 19a-79-3a

<b>X</b>	<b>1b. Administration</b>	
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	07/05/2023
<b>X</b>	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	04/19/20	.6
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<b>X</b>	19. Designated Head Teacher					
<b>X</b>	20. Two Staff present					
<b>X</b>	20a. Staff Qualities					
<b>X</b>	21. Ratio: 1 staff to 10 children					
<b>X</b>	21b. Supervision					
<b>X</b>	22. Group Size – maximum 20 children					
<b>X</b>	23. Designated director - Training					
<b>X</b>	24. CPR Certified Staff (Group Home N/A)					
<b>X</b>	25. First Aid Trained Staff					
<b>X</b>	26. Consultants- Agreements and Contracts					
<b>X</b>	27. Logs – Visits documented					
	Not in Compliance?	<b>Education</b>	<b>Health</b>	<b>Social Service</b>	<b>Dental</b>	<b>Dietician N/A? X</b>
	Contracts					
	Logs					
<b>Do they take children swimming?N</b>		<b>SWIMMING</b>				
<b>X</b>	28. Non-swimmers identified					
<b>X</b>	29. Staff/Child Ratios					
<b>X</b>	30. CPR certified staff (20 years of age)					
<b>X</b>	31. Lifeguard certified - supervision					
<b>RECORD KEEPING 19a-79-5a</b>						
<b>X</b>	32. Enrollment information					
<b>X</b>	33. Emergency medical permission					
<b>X</b>	34. Authorized release permission					
<b>X</b>	35. Field trip permission					
<b>X</b>	36. Transportation permission					

<b>X</b>	37. Child health records and immunizations	
<b>O</b>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for 1 child diagnosed with asthma.
<b>X</b>	39. Injury, Illness, Accident reports	
<b>HEALTH AND SAFETY 19a-79-6a</b>		
<b>X</b>	40. Nutritious snacks and meals (required food groups)	
<b>X</b>	41. Proper refrigeration (max 45°)	
<b>X</b>	42. Kitchen separated	N/A?
<b>X</b>	43. Hand washing – before eating or food handling	
<b>X</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	
<b>PHYSICAL PLANT 19a-79-7a</b>		
<b>X</b>	45. License premises – clean, good repair, hazard free	
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion	
<b>X</b>	48. Sanitary drinking fountains – disposable cups	
<b>X</b>	49. Lead Water Test (N/A?) 01/23/2023	Bacterial/Chemical Test (N/A?) <b>X</b>
<b>X</b>	50. Walkways maintained	
<b>X</b>	51. Designated staff toilet/sink	
<b>X</b>	52. All openings for ventilation screened	
<b>X</b>	53. Windows protected to prevent falls	
<b>X</b>	54. Glass protected up to 36"	
<b>X</b>	55. Overhead doors – locking devices, spring protectors	
<b>X</b>	56. Exits, Hallways and Stairs unobstructed	

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
○	67. Water temperature 60° – 115°	Failed to ensure that water temperature is between 60-115 degrees when all sinks measured greater than 120 degrees.
X	68. Portable space heaters	
○	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain walls, ceilings, floors and rugs in a good state of repair when ceiling vents in most classrooms were observed to be dusty.
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
○	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when disinfectant wipes were observed in a low unlocked cabinet in the waddler room.
X	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<b>X</b>	81. Program space-adequate square footage per child	
<b>X</b>	82. Equipment clean, good repair, safe, non-toxic	
<b>X</b>	83. Cots stored, maintained, adequate number	
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>X</b>	88. Impact absorbing material under equipment	
<b>X</b>	89. Playground free from hazards	
<b>X</b>	92. Equipment anchored, safely arranged	
<b>X</b>	93. Outdoor play area protected, fenced	
<b>X</b>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<b>X</b>	95. Written plan for daily program available to parents/staff	
<b>X</b>	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
<b>X</b>	97. Written policies, procedures	
<b>X</b>	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
<input type="radio"/>	99. Administration, parent permission, MAR	Failed to maintain written parent permission for medication for 1 topical ointment; 2 forms were missing the start and/or end date; 1 form had 2 topical ointments listed.				
<input type="radio"/>	100. Labeling, storage	Failed to maintain proper labeling of medication when 2 topical ointments were not labeled.				
ORAL/TOPICAL/INHALENT MEDICATIONS						
<input checked="" type="checkbox"/>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<input checked="" type="checkbox"/>	102. Authorized prescriber, parent permission, MAR					
<input checked="" type="checkbox"/>	103. Labeling, storage					
<input checked="" type="checkbox"/>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<input checked="" type="checkbox"/>	105. Authorized prescriber, parent permission, MAR					
<input checked="" type="checkbox"/>	106. Labeling, storage					
<input checked="" type="checkbox"/>	107. Approved petition for special medication authorization					
<b>Yes</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
<input checked="" type="checkbox"/>	109. Approved endorsement					
<input checked="" type="checkbox"/>	110. Ratio: 1 staff to 4 children					
<input checked="" type="checkbox"/>	111. Group size: no larger than 8					
<input checked="" type="checkbox"/>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<input checked="" type="checkbox"/>	113. Adequate sinks in program space					
<input checked="" type="checkbox"/>	114. Free standing, well-constructed, safe cribs					
<input checked="" type="checkbox"/>	115. Washable cots					
<input checked="" type="checkbox"/>	116. Chairs for feeding, stable, safety straps, locking tray					
<input checked="" type="checkbox"/>	117. Developmentally appropriate tables, chairs, equipment					
<input checked="" type="checkbox"/>	118. Refrigerators and food prop facilities					

<b>X</b>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
<b>X</b>	120. Diaper area- washed, disinfected			
<b>X</b>	121. Diaper area- disposable paper sheets			
<b>X</b>	122. Covered waste receptacle			
<b>X</b>	123. Diaper changing policy posted, followed			
<b>X</b>	124. Hand washing policy posted, followed			
<b>X</b>	125. Individual storage of personal items			
<b>X</b>	126. Cribs/cots washed and disinfected			
<b>X</b>	127. Under 12 months- placed on back for sleeping			
<b>X</b>	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			<b>X</b>	
<b>X</b>	129. Crib, bed used for infant sleeping			
<b>X</b>	130. Crib, bed free from observable hazards			
<b>X</b>	131. Infant toys separate, washed, disinfected daily			
<b>X</b>	132. No toys, objects less than 1/1/4" diameter			
<b>X</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible			
<b>X</b>	134. Health consultant, doc. of visits			
<b>X</b>	135. Infants held for bottles, indiv. attention, tummy time			
<b>X</b>	136. Written statement, feeding schedule from parent			
<b>X</b>	137. Unused portions of liquids discarded			
<b>X</b>	138. Clean Bottles, disp. bottles, approved bottle washing			
<b>X</b>	139. Food served from dish or whole jar served			
<b>X</b>	140. Bottles individually identified with child's name			

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

X	159. Signed agreement with parents regarding equipment	
X	160. Materials discarded appropriately	
X	161. Authorized prescriber, parent permission	
X	162. Documentation of test results, actions taken	
X	163. Daily written parent notification	

**ADDITIONAL VIOLATIONS**

X	62. Consent Order - Negotiated Corrective Action Plan	N/A?	

**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS:**



1. Observed 1 lunchbox containing a yogurt without an ice pack in the Pre-k room.
2. Observed small, plastic basketball hoop on the playground not secured.
3. Observed 1 diaper cream expired in toddler room.

**COMMENTS:**

**NOTE:** Items left blank on this form were not monitored during this visit.

Only the regulations marked as compliant, non-compliant or not applicable 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)		DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Kristi Morgan (Printed Name)		12/19/2023	Susan Gallagher (Printed Name)