



## 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>WATCH ME GROW EARLY CARE &amp; EDUCATION CENTER</b>				<b>License Number</b>	<b>DCCC.70484</b>	<b>Date of Inspection</b>	<b>01/18/2024</b>		
					<b>Expiration Date</b>	<b>3/31/2027</b>	<b>Time of Inspection</b>	<b>09:35 AM</b>		
<b>Address</b>	<b>1170 BLUE HILLS AVE BLOOMFIELD CT 06002-1902</b>				<b>Telephone</b>	<b>(860) 726-9200</b>	<b>Licensed Capacity</b>	<b>33</b>		
					<b>Hours of Operation</b>	<b>M-F 8-5:30 COVID Hours 8-5</b>	<b>Infant/Toddler Capacity</b>	<b>16</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>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>watchmegrowbloomfield@gmail.com</b>				
<b>Operator</b>	<b>WATCH ME GROW EARLY CARE &amp; EDUCATION CENTER, INC</b>				<b>Name of Inspector</b>	<b>Johanne Dalo</b>				
<b>Director</b>	<b>SOPHIA WALTERS</b>				<b>Inspector's Email</b>	<b>johanne.dalo@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>14</b>	<b># of Total Children Present</b>	<b>22</b>	<b># of Staff Present</b>	<b>6</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		

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

<b>O</b>	<b>1. Local Health Inspection</b>	<b>Failed to maintain current local health inspection</b>
	<b>Date: 09/02/2021</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>	

<input type="radio"/>	5. Notification of Change	Failed to provide notification of change when program converted a preschool classroom into an under three and an under three classroom into a preschool.	
<input checked="" type="radio"/>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time	
<input type="radio"/>	7. Daily Attendance Records- staff and children	Failed to record daily attendance for children when observed 11 out of 15 children were signed in (toddler and preschool rooms).	
<b>ITEMS POSTED – ACCESSIBLE</b>			
<input checked="" type="radio"/>	8. License		
<input type="radio"/>	9. Fire Marshal certificate	Failed to maintain a current fire marshal inspection	
	Date	08/31/2021	
<input checked="" type="radio"/>	10. OEC Complaint procedure		
	11. Food Service Certificate	N/A?	
	Date	X	
<input checked="" type="radio"/>	12. Menus		
<input checked="" type="radio"/>	13. Emergency plans		
<input checked="" type="radio"/>	14. No Smoking Signs		
<input checked="" type="radio"/>	15. Radon Test	N/A?	
	Date	Results	
	01/19/20	1.1 pCi/L	
<input checked="" type="radio"/>	15a. Developmental Milestones		
<input checked="" type="radio"/>	15b. Access		
<input checked="" type="radio"/>	15bb. Endorsements		
<b>STAFFING 19a-79-4a</b>			
<input checked="" type="radio"/>	15c. Staffing		
<input type="radio"/>	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for 2 staff out of 8.	
<input checked="" type="radio"/>	17. Professional development		
<input checked="" type="radio"/>	18. Disciplinary actions		
<input type="radio"/>	18b. Background checks	Failed to ensure staff have completed background checks for 1 staff. Staff was working in the classroom.	

<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? <b>X</b></b>
	Contracts					
	Logs					
	Do they take children swimming?	<b>N 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					

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete health records for children for 1 child (asthma section) and failed to maintain current immunization records for children when observed 3 children without current flu vaccine (children are in attendance).	
<input checked="" type="checkbox"/>	38. Individual care plan (signed by parents and staff)		
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
<b>HEALTH AND SAFETY 19a-79-6a</b>			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
<input checked="" type="checkbox"/>	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input type="radio"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit(s) when observed first aid manual older than 5 years.	
<b>PHYSICAL PLANT 19a-79-7a</b>			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input type="radio"/>	49. Lead Water Test (N/A?) 09/14/2021	Bacterial/Chemical Test (N/A?) <input checked="" type="checkbox"/>	Failed to conduct a lead water test every 2 years
<input checked="" type="checkbox"/>	50. Walkways maintained		
<input checked="" type="checkbox"/>	51. Designated staff toilet/sink		
<input checked="" type="checkbox"/>	52. All openings for ventilation screened		
<input checked="" type="checkbox"/>	53. Windows protected to prevent falls		
<input checked="" type="checkbox"/>	54. Glass protected up to 36"		
<input checked="" type="checkbox"/>	55. Overhead doors – locking devices, spring protectors		
<input checked="" type="checkbox"/>	56. Exits, Hallways and Stairs unobstructed		

<b>X</b>	57. Individual storage of clothing and bedding	
<b>X</b>	58. Smoking prohibited	
<b>X</b>	59. Matches and lighters inaccessible	
<b>X</b>	60. Electrical safety – outlets/cords	
<b>X</b>	61. Toileting needs met	
<b>X</b>	62. Required toilets, sinks, supplies	
<b>X</b>	63. Potty chairs – nonporous, emptied, disinfected	
<b>X</b>	64. Hand washing after toileting – staff and children	
<b>X</b>	65. Ventilation in toilet rooms	
<b>X</b>	66. Air temperature 65 degrees, thermometer affixed	
<b>X</b>	67. Water temperature 60° – 115°	
<b>X</b>	68. Portable space heaters	
<b>O</b>	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain ceilings, in a good state of repair when observed 2 stained ceiling tiles and 1 ceiling tile was missing in toddler room, dirty ceiling vents in toddler and preschool rooms.
<b>X</b>	70. Rugs secure	
<b>X</b>	71. Hot water, steam pipes protected	
<b>X</b>	72. Working phone on each level	
<b>X</b>	73. Emergency numbers posted	
<b>X</b>	74. Adequate lighting - 50/30 candle feet	
<b>X</b>	75. Light fixtures shielded, shatter proof	
<b>X</b>	76. Potentially hazardous substances locked	
<b>X</b>	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>O</b>	82. Equipment clean, good repair, safe, non-toxic	Failed to ensure that equipment is free from rust when observed rust on top of the garbage can in preschool room and rust in the microwave in toddler room. . Failed to ensure that equipment is safe for children when observed cubbies in hallway not secured, library shelf and dramatic play sink not secured in toddler room and dramatic play furniture not secured in preschool.
<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	
	88. Impact absorbing material under equipment	
	89. Playground free from hazards	
	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 child with diaper cream and observed 2 permission forms stating at every change, last entry on the MAR: 10/10 and 9/27.
<input checked="" type="checkbox"/>	100. Labeling, storage	

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: 10%; 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 type="radio"/>	103. Labeling, storage	Failed to maintain proper labeling of medication for 1 medication.				
<input type="radio"/>	104. Unused, expired meds returned/disposed	Failed to ensure that unused portions of medication is returned to the parent				

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	

INFANT/TODDLER ENDORSEMENT 19a-79-10		
Yes	Is there an approved endorsement?	
<input checked="" type="checkbox"/>	109. Approved endorsement	
<input type="radio"/>	110. Ratio: 1 staff to 4 children	Failed to maintain proper staff/child ratios at nap time when observed 6 children with 1 staff and 2 children were awake.
<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>O</b>	132. No toys, objects less than 1/1/4" diameter	Failed to ensure objects with removable parts that have a diameter of less than 1 1/4" is not accessible to children when observed makers with caps on a table accessible to children.		
<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	

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

**ADDITIONAL VIOLATIONS**

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

<u>YES or NO?</u> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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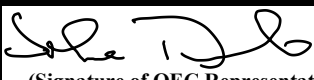
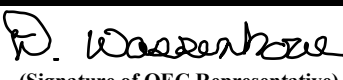

**DISCUSSIONS:**

- Professional development documentation.
- Child bathroom is used as storage.
- No toilet paper observed in toddler bathroom.
- Staff hand washing prior to feeding a bottle.
- Hole in the wall behind door in hallway.
- Amount of material/toys in infant and toddler classroom.
- Infant room square footage

**COMMENTS:**

Due to snow covering, I was unable to complete the inspection of the outdoor play space and I will be back at another time to do so. Shock absorbing material wasn't observed, the program needs to maintain compliance with the regulation at all times

**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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Johanne Dalo</b> (Printed Name)	<b>Dianna Wassenhove</b> (Printed Name)	<b>02/01/2024</b>	<b>Sophia Walters</b> (Printed Name)