



## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>GROTON-MYSTIC EARLY CHILDHOOD DEV CENTER</b>				<b>License Number</b>	<b>DCCC.15462</b>	<b>Date of Inspection</b>	<b>02/01/2024</b>		
					<b>Expiration Date</b>	<b>2/28/2026</b>	<b>Time of Inspection</b>	<b>11:30 AM</b>		
<b>Address</b>	<b>591 POQUONNOCK RD</b>				<b>Telephone</b>	<b>(860) 437-4550</b>	<b>Licensed Capacity</b>	<b>49</b>		
	<b>GROTON CT 06340-4571</b>				<b>Hours of Operation</b>	<b>6:30AM-5:00PM MONDAY-FRIDAY</b>	<b>Infant/Toddler Capacity</b>	<b>8</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>reichartl@childandfamilyagency.org</b>				
<b>Operator</b>	<b>CHILD &amp; FAMILY AGENCY OF SOUTHEASTERN CT INC</b>				<b>Name of Inspector</b>	<b>Carolynne DeLoreto</b>				
<b>Director</b>	<b>LYNN MARIE REICHART</b>				<b>Inspector's Email</b>	<b>carolynne.deloreto@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>7</b>	<b># of Total Children Present</b>	<b>27</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>12/06/2023</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	08/30/2022
<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
	11/24/19	.3
<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	



X	37. Child health records and immunizations	
O	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when one medication care plan was not signed by the parents and staff and two medication care plans did not contain the dosage and referenced checking the authorization.
X	39. Injury, Illness, Accident reports	
<b>HEALTH AND SAFETY 19a-79-6a</b>		
X	40. Nutritious snacks and meals (required food groups)	
O	41. Proper refrigeration (max 45°)	Failed to maintain proper refrigeration of no more than 45 degrees when sunshine refrigerator measured at 50 degrees Fahrenheit.
O	42. Kitchen separated	N/A? Failed to keep kitchen separated from children by a door or gate when the door was left open and the sharps drawer (knives, etc.) was left open.
X	43. Hand washing – before eating or food handling	
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	
<b>PHYSICAL PLANT 19a-79-7a</b>		
O	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services when there was a water stain on the ceiling in sunshine and the bookshelf that houses the printer is top heavy and the shelf is not secured.
X	47b. Plans for new construction, expansion, renovation or conversion	
X	48. Sanitary drinking fountains – disposable cups	
X	49. Lead Water Test (N/A?) 01/29/2023	Bacterial/Chemical Test (N/A?) X
X	50. Walkways maintained	
X	51. Designated staff toilet/sink	
X	52. All openings for ventilation screened	
X	53. Windows protected to prevent falls	
X	54. Glass protected up to 36"	
X	55. Overhead doors – locking devices, spring protectors	
X	56. Exits, Hallways and Stairs unobstructed	

<input type="radio"/>	57. Individual storage of clothing and bedding	Failed to ensure that children's bedding is stored individually in sunshine and rainbow when i observed cots stacked with bedding between them which was hanging out and touching other bedding.
<input checked="" type="checkbox"/>	58. Smoking prohibited	
<input checked="" type="checkbox"/>	59. Matches and lighters inaccessible	
<input type="radio"/>	60. Electrical safety – outlets/cords	Observed printer cord in sunshine not secured.
<input checked="" type="checkbox"/>	61. Toileting needs met	
<input checked="" type="checkbox"/>	62. Required toilets, sinks, supplies	
<input checked="" type="checkbox"/>	63. Potty chairs – nonporous, emptied, disinfected	
<input checked="" type="checkbox"/>	64. Hand washing after toileting – staff and children	
<input checked="" type="checkbox"/>	65. Ventilation in toilet rooms	
<input checked="" type="checkbox"/>	66. Air temperature 65 degrees, thermometer affixed	
<input checked="" type="checkbox"/>	67. Water temperature 60° – 115°	
<input checked="" type="checkbox"/>	68. Portable space heaters	
<input checked="" type="checkbox"/>	69. Walls, ceilings, floors and rugs – clean, good repair	
<input checked="" type="checkbox"/>	70. Rugs secure	
<input checked="" type="checkbox"/>	71. Hot water, steam pipes protected	
<input checked="" type="checkbox"/>	72. Working phone on each level	
<input checked="" type="checkbox"/>	73. Emergency numbers posted	
<input checked="" type="checkbox"/>	74. Adequate lighting - 50/30 candle feet	
<input checked="" type="checkbox"/>	75. Light fixtures shielded, shatter proof	
<input type="radio"/>	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when cleaning bottles were stored on the kitchen counter in rainbow (3 bottles) and sunshine (1 bottle).
<input checked="" type="checkbox"/>	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						
<b>X</b>	99. Administration, parent permission, MAR					
<b>X</b>	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<b>X</b>	102. Authorized prescriber, parent permission, MAR					
<b>X</b>	103. Labeling, storage					
<b>X</b>	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
<b>X</b>	105. Authorized prescriber, parent permission, MAR					
<b>X</b>	106. Labeling, storage					
<b>X</b>	107. Approved petition for special medication authorization					
<b>Yes</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
<b>X</b>	109. Approved endorsement					
<b>X</b>	110. Ratio: 1 staff to 4 children					
<b>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<b>X</b>	113. Adequate sinks in program space					
<b>X</b>	114. Free standing, well-constructed, safe cribs					
<b>X</b>	115. Washable cots					
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray					
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment					
<b>X</b>	118. Refrigerators and food prep 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	

<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>	

<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**

**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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Carolynne DeLoreto</b> (Printed Name)	<b>Carolynne DeLoreto</b> (Printed Name)	<b>02/15/2024</b>	<b>Lynn Reichart</b> (Printed Name)