



## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

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

<b>Program Name</b>	<b>CHILDREN'S CENTER OF COS COB</b>				<b>License Number</b>	<b>DCCC.14143</b>	<b>Date of Inspection</b>	<b>03/05/2024</b>		
					<b>Expiration Date</b>	<b>10/31/2024</b>	<b>Time of Inspection</b>	<b>07:16 AM</b>		
<b>Address</b>	<b>300 BOSTON POST ROAD- COS COB SCHOOL GREENWICH CT 06807</b>				<b>Telephone</b>	<b>(203) 625-5569</b>	<b>Licensed Capacity</b>	<b>75</b>		
					<b>Hours of Operation</b>	<b>MONDAY-FRIDAY 7:30AM-8:30AM 3:30PM-6:00PM</b>	<b>Infant/Toddler Capacity</b>	<b>0</b>		
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Closed</b>		
<b>New Address</b>					<b>Minimum Age Served</b>	<b>5 years</b>	<b>Maximum Age Served</b>	<b>12 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>Maricela_Gonzalez@greenwich.k12.ct.us</b>				
<b>Operator</b>	<b>CHILDREN'S CENTER OF COS COB INC</b>				<b>Name of Inspector</b>	<b>Cathy Anderson</b>				
<b>Director</b>	<b>MARICELA GONZALEZ</b>				<b>Inspector's Email</b>	<b>catherine.anderson@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>0</b>	<b># of Total Children Present</b>	<b>17</b>	<b># of Staff Present</b>	<b>4</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>11/01/2022</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

#### ADMINISTRATION 19a-79-3a

<b>O</b>	<b>1b. Administration</b>	<b>(a)Failed to ensure the safety, health and development of the children when observed one child health record states the child needs medication at the program and the medication is not on site or the care plan.</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>O</b>	9. Fire Marshal certificate	Failed to maintain a current fire marshal inspection when observed on site at Fire Marshal certificate expired on February 10, 2024.
	Date	
<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	
	15. Radon Test	N/A?
	Date	Results
		X
<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	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																									
<input checked="" type="checkbox"/>	20. Two Staff present																									
<input checked="" type="checkbox"/>	20a. Staff Qualities																									
	21. Ratio: 1 staff to 10 children																									
<input checked="" type="checkbox"/>	21b. Supervision																									
	22. Group Size – maximum 20 children																									
<input checked="" type="checkbox"/>	23. Designated director - Training																									
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																									
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																									
<input type="checkbox"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for all consultants.																								
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for all consultants. I observed no documentation that the health consultant visited since 2022.																								
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
	Do they take children swimming?	N SWIMMING																								
<input checked="" type="checkbox"/>	28. Non-swimmers identified																									
<input checked="" type="checkbox"/>	29. Staff/Child Ratios																									
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																									
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																									
<b>RECORD KEEPING 19a-79-5a</b>																										
<input checked="" type="checkbox"/>	32. Enrollment information																									
<input checked="" type="checkbox"/>	33. Emergency medical permission																									
<input checked="" type="checkbox"/>	34. Authorized release permission																									
<input checked="" type="checkbox"/>	35. Field trip permission																									
<input checked="" type="checkbox"/>	36. Transportation permission																									

<b>X</b>	37. Child health records and immunizations		
<b>X</b>	38. Individual care plan (signed by parents and staff)		
<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		
	49. Lead Water Test (N/A?) <b>X</b>	Bacterial/Chemical Test (N/A?) <b>X</b>	
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
	52. All openings for ventilation screened		
<b>X</b>	53. Windows protected to prevent falls		
	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		

	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
	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°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
	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	
X	76. Potentially hazardous substances locked	
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		
	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>No</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>				
	109. Approved endorsement					
	110. Ratio: 1 staff to 4 children					
	111. Group size: no larger than 8					
	112. Physical barriers, groups of 8 (indoors and outdoors)					
	113. Adequate sinks in program space					
	114. Free standing, well-constructed, safe cribs					
	115. Washable cots					
	116. Chairs for feeding, stable, safety straps, locking tray					
	117. Developmentally appropriate tables, chairs, equipment					
	118. Refrigerators and food prep facilities					

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

**OUTDOOR PLAY SPACE - UNDER THREE**

	141. Play space fenced	
	142. Outdoor equipment developmentally appropriate	
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 10 children	
<b>X</b>	146. Group size – maximum 20 children	
<b>X</b>	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:**

**1 out of 5 staff health record expired**

**COMMENTS:**

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**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)	<b>DATE CORRECTIONS DUE BY:</b>	 (Signature of Person in Charge)
<b>Cathy Anderson</b> (Printed Name)	<b>Cathy Anderson</b> (Printed Name)	<b>03/19/2024</b>	<b>Maricela Gonzalez</b> (Printed Name)