



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 Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	CHERISHED CHILDREN				License Number	DCCC.16318	Date of Inspection	03/07/2024
					Expiration Date	12/31/2024	Time of Inspection	01:48 PM
Address	801 POQUONNOCK RD				Telephone	(860) 448-3174	Licensed Capacity	45
	GROTON CT 06340-4564				Hours of Operation	FROM: 7:00AM TO: 5:30PM	Infant/Toddler Capacity	24
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Minimum Age Served	6 weeks	Maximum Age Served	5 years
					Program's Email	cherishedchildren19@gmail.com		
Operator	CHERISHED CHILDREN LLC				Name of Inspector	Carolynne DeLoreto		
Director	TERESA JEAN FRIZZOLA				Inspector's Email	carolynne.deloreto@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	16	# of Total Children Present	30	# of Staff Present	9	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 03/11/2022	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

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

X	5. Notification of Change	
X	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
X	7. Daily Attendance Records- staff and children	
ITEMS POSTED – ACCESSIBLE		
X	8. License	
X	9. Fire Marshal certificate	
	Date	10/13/2023
X	10. OEC Complaint procedure	
X	11. Food Service Certificate	N/A?
	Date	05/31/2024
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	03/01/1994	1.2-1.5
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. Endorsements	
STAFFING 19a-79-4a		
X	15c. Staffing	
○	16. Staff Health records – TB tests	Failed to maintain current medical statement(s) for one staff.
X	17. Professional development	
X	18. Disciplinary actions	
X	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																					
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																					
<input checked="" type="checkbox"/>	21b. Supervision																					
<input checked="" type="checkbox"/>	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="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for education consultant.																				
<input checked="" type="checkbox"/>	27. Logs – Visits documented																					
	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> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	<input type="radio"/>					Contracts					Logs				
Education	Health	Social Service	Dental	Dietician N/A?																		
<input type="radio"/>																						
Contracts																						
Logs																						
	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																					
RECORD KEEPING 19a-79-5a																						
<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																					

X	37. Child health records and immunizations		
X	38. Individual care plan (signed by parents and staff)		
X	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
X	40. Nutritious snacks and meals (required food groups)		
X	41. Proper refrigeration (max 45°)		
X	42. Kitchen separated	N/A?	
X	43. Hand washing – before eating or food handling		
X	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
X	45. License premises – clean, good repair, hazard free		
X	47b. Plans for new construction, expansion, renovation or conversion		
X	48. Sanitary drinking fountains – disposable cups		
X	49. Lead Water Test (N/A?) 05/23/2023	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		

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	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
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	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails	
X	79. Pets – maintained, care plan	Y/N N
X	80. Operable CO detector on each level	N/A? Y
X	81. Program space-adequate square footage per child	
X	82. Equipment clean, good repair, safe, non-toxic	
X	83. Cots stored, maintained, adequate number	
X	84. Developmentally appropriate equipment	
X	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
X	86. No weapons, no facsimile of a firearm on premises	
OUTDOOR SPACE		
X	87. Outdoor space - adequate square footage per child	
X	88. Impact absorbing material under equipment	
O	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards when taped edges of outdoor carpet were observed peeling creating a trip hazard.
X	92. Equipment anchored, safely arranged	
X	93. Outdoor play area protected, fenced	
X	94. Drinking water available, accessible	
EDUCATIONAL REQUIREMENTS 19a-79-8a		
X	95. Written plan for daily program available to parents/staff	
X	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
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
O	100. Labeling, storage	Failed to maintain proper labeling of medication when three diaper creams were not labeled in infant.				
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	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					
X	102. Authorized prescriber, parent permission, MAR					
X	103. Labeling, storage					
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
X	107. Approved petition for special medication authorization					
Yes	Is there an approved endorsement?	INFANT/TODDLER ENDORSEMENT 19a-79-10				
X	109. Approved endorsement					
X	110. Ratio: 1 staff to 4 children					
X	111. Group size: no larger than 8					
X	112. Physical barriers, groups of 8 (indoors and outdoors)					
X	113. Adequate sinks in program space					
X	114. Free standing, well-constructed, safe cribs					
X	115. Washable cots					
X	116. Chairs for feeding, stable, safety straps, locking tray					
X	117. Developmentally appropriate tables, chairs, equipment					
X	118. Refrigerators and food prep facilities					

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

OUTDOOR PLAY SPACE - UNDER THREE

X	141. Play space fenced	
X	142. Outdoor equipment developmentally appropriate	
No	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	147. Education Consultant appropriate	
No	Is there an approved endorsement?	NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)
	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	
N	Child with diabetes enrolled?	MONITORING OF DIABETES 19a-79-13
X	154. Written policies and procedures	
X	155. On site staff trained in first aid, glucose testing	
X	156. Training current and documented	
X	157. Supervision of self-administration	
X	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




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

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

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)
Carolynne DeLoreto (Printed Name)	Carolynne DeLoreto (Printed Name)	03/21/2024	Teresa Frizzola (Printed Name)