



DIVISION OF LICENSING

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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	MY LITTLE RASCALS				License Number	DCCC.70538	Date of Inspection	04/12/2024		
					Expiration Date	2/29/2028	Time of Inspection	09:30 AM		
Address	445 N MAIN ST				Telephone	(860) 276-0123	Licensed Capacity	32		
	SOUTHINGTON CT 06489-2521				Hours of Operation	MONDAY-FRIDAY 7:00AM-6:00PM	Infant/Toddler Capacity	24		
Is this a Change of Address?	Yes?	X	No?				Summer Care	Open		
New Address	316 North Main Street Suite 1				Minimum Age Served	6 weeks	Maximum Age Served	5 years	Water Supply	Public Water
	Southington CT 06489				Program's Email	mylittlerascals1@outlook.com				
Operator	C 6 LLC				Name of Inspector	Betty Mayer				
Director	JACLYN KISH				Inspector's Email	elizabeth.mayer@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	0	# of Total Children Present	0	# of Staff Present	3	Type of Inspection	CHANGE OF ADDRESS	
	Non-Compliant = O									

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 04/12/2024	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

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

X	5. Notification of Change	
	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
	7. Daily Attendance Records- staff and children	

ITEMS POSTED – ACCESSIBLE

X	8. License	
X	9. Fire Marshal certificate	
	Date	04/11/2024
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	04/08/2024	.1
X	15a. Developmental Milestones	
X	15b. Access	
	15bb. Endorsements	

STAFFING 19a-79-4a

	15c. Staffing	
	16. Staff Health records – TB tests	
	17. Professional development	
	18. Disciplinary actions	
	18b. Background checks	

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

	37. Child health records and immunizations		
	38. Individual care plan (signed by parents and staff)		
	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
	40. Nutritious snacks and meals (required food groups)		
X	41. Proper refrigeration (max 45°)		
	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?) 04/09/2024	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		
X	89. Playground free from hazards		
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			
	97. Written policies, procedures		
	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS						
	99. Administration, parent permission, MAR					
	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">O/T/I</td> <td style="width: 10%;">Injectable</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	O/T/I	Injectable			
O/T/I	Injectable					
	102. Authorized prescriber, parent permission, MAR					
	103. Labeling, storage					
	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
	105. Authorized prescriber, parent permission, MAR					
	106. Labeling, storage					
	107. Approved petition for special medication authorization					
INFANT/TODDLER ENDORSEMENT 19a-79-10						
Yes	Is there an approved endorsement?					
X	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)					
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			
	127. Under 12 months- placed on back for sleeping			
	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			X	
	129. Crib, bed used for infant sleeping			
X	130. Crib, bed free from observable hazards			
	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			
	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	
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
	154. Written policies and procedures	
	155. On site staff trained in first aid, glucose testing	
	156. Training current and documented	
	157. Supervision of self-administration	
	158. Equipment, supplies labeled and inaccessible	

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

ADDITIONAL VIOLATIONS

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

<u>YES or NO?</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS:

Classroom Measurements

Room 1 Infant

$17.17 \times 22.92 - (1.0 \times 6.50) - (1.0 \times 12.0) - (1.50 \times 1.67) = 369.28/35 = 10.55 \text{ OK } 8$

Room 2 Toddler

$22 \times 17.08 - (3.92 \times 11.75) - (1.50 \times 1.67) = 327.19/35 = 9.34 \text{ OK } 8$

Room 3 Toddler

$25.50 \times 13.33 - (1.50 \times 1.67) = 337.41/35 = 9.64 \text{ OK } 8$

Room 5 Prek

$24.08 \times 15.50 - (1.50 \times 1.67) = 370.73/35 = 10.59 \text{ OK } 10$



Room 6 Prek

$18.75 \times 22.17 - (1.50 \times 1.67) = 413.18/35 = 11.8 \text{ OK } 11$

Room 7 Toddler

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)
Betty Mayer (Printed Name)			Jaclyn Kish (Printed Name)