



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	ABC CHILD CARE CENTER				License Number	DCCC.12843	Date of Inspection	04/23/2024		
		Expiration Date	8/31/2025		Time of Inspection	01:34 PM				
Address	2740 BROADBRIDGE AVE				Telephone	(203) 378-8888		Licensed Capacity	89	
	STRATFORD CT 06614-2926				Hours of Operation	FROM: 6:30AM TO: 6:00PM		Infant/Toddler Capacity	48	
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	6 weeks	Maximum Age Served	6 years	Water Supply	Public Water
					Program's Email	abc2740.rick@gmail.com				
Operator	ABC NURSERY SCHOOL INC				Name of Inspector	Fil Montanye				
Director	ANNMARIE DZURENDA				Inspector's Email	filomena.montanye@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	36	# of Total Children Present	64	# of Staff Present	9	Type of Inspection	UNANNOUNCED INSPECTION - FULL	
	Non-Compliant = O									

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 06/08/2022	
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	06/01/2023
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date	Results
	04/11/1994	1.4
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 2 out of 6 staff
X	17. Professional development	
X	18. Disciplinary actions	
X	18b. Background checks	

X	19. Designated Head Teacher																			
X	20. Two Staff present																			
X	20a. Staff Qualities																			
X	21. Ratio: 1 staff to 10 children																			
X	21b. Supervision																			
X	22. Group Size – maximum 20 children																			
X	23. Designated director - Training																			
X	24. CPR Certified Staff (Group Home N/A)																			
O	25. First Aid Trained Staff	Failed to maintain valid first aid certificates form an Agency approved course when documentation of supplemental certificate was not on site for each staff																		
X	26. Consultants- Agreements and Contracts																			
X	27. Logs – Visits documented																			
	Not in Compliance?	<table border="1"> <tr> <td>Education</td> <td>Health</td> <td>Social Service</td> <td>Dental</td> <td>Dietician N/A?</td> <td>X</td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Education	Health	Social Service	Dental	Dietician N/A?	X	Contracts						Logs					
Education	Health	Social Service	Dental	Dietician N/A?	X															
Contracts																				
Logs																				
	Do they take children swimming?	N SWIMMING																		
X	28. Non-swimmers identified																			
X	29. Staff/Child Ratios																			
X	30. CPR certified staff (20 years of age)																			
X	31. Lifeguard certified - supervision																			
RECORD KEEPING 19a-79-5a																				
X	32. Enrollment information																			
X	33. Emergency medical permission																			
X	34. Authorized release permission																			
X	35. Field trip permission																			
X	36. Transportation permission																			

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain immunization records for 1 child out of 8 files sampled	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plan for one child with inhaler	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<input checked="" type="checkbox"/>	40. Nutritious snacks and meals (required food groups)		
<input checked="" type="checkbox"/>	41. Proper refrigeration (max 45°)		
	42. Kitchen separated	N/A?	
<input checked="" type="checkbox"/>	43. Hand washing – before eating or food handling		
<input checked="" type="checkbox"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory		
PHYSICAL PLANT 19a-79-7a			
<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 checked="" type="checkbox"/>	49. Lead Water Test (N/A?) 03/07/2024	Bacterial/Chemical Test (N/A?)	<input checked="" type="checkbox"/>
<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		

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		
X	97. Written policies, procedures	
X	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS						
X	99. Administration, parent permission, MAR					
X	100. Labeling, storage					
ORAL/TOPICAL/INHALENT MEDICATIONS						
X	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: 90%; 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					
X	102. Authorized prescriber, parent permission, MAR					
<input type="radio"/>	103. Labeling, storage	Failed to maintain proper labeling of medication when Humalog insulin pen was observed without pharmacy label and not in the original box				
X	104. Unused, expired meds returned/disposed					
SELF-ADMINISTRATION						
X	105. Authorized prescriber, parent permission, MAR					
X	106. Labeling, storage					
<input type="radio"/>	107. Approved petition for special medication authorization	Failed maintain a current petition from the OEC for special medication permission for humalog Insulin.				
INFANT/TODDLER ENDORSEMENT 19a-79-10						
Yes	Is there an approved endorsement?					
X	109. Approved endorsement					
<input type="radio"/>	110. Ratio: 1 staff to 4 children	Failed to maintain proper staff/child ratios when upon arrival in older infant classroom an 8:1 ratio was observed during nap time while 7 children were awake, in toddlers an 8:1 ratio with 2 children awake				
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 prop 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			
O	130. Crib, bed free from observable hazards	Failed to ensure crib has no gas trapping material or objects when infant was observed sleeping with a loose crib sheet		
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	
Yes	Is there an approved endorsement?	SCHOOL AGE ENDORSEMENT 19a-79-11
X	143. Approved endorsement	
X	144. Activity choices appropriate	
X	145. Ratio – 1 staff to 10 children	
X	146. Group size – maximum 20 children	
X	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	
Y	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	
O	156. Training current and documented	Failed to maintain current training in administering Humalog Insulin Pen
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	
O	161. Authorized prescriber, parent permission	Failed to maintain current written order from prescriber for medication for Humalog Insulin
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?
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DISCUSSIONS:

1) supervision on playground when gates in between playgrounds are open for all to use

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)
Fil Montanye (Printed Name)	 (Printed Name)	05/07/2024	Jennifer Hoffmann (Printed Name)