



DIVISION OF LICENSING

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CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	WEE CARE OF NORTH BRANFORD					License Number	DCCC.12826		Date of Inspection	06/20/2024	
						Expiration Date	9/30/2025		Time of Inspection	01:09 PM	
Address	1680 FOXON RD NORTH BRANFORD CT 06471-1505					Telephone	(203) 481-3909		Licensed Capacity	37	
						Hours of Operation	FROM: 7:00AM TO: 6:00PM		Infant/Toddler Capacity	21	
Is this a Change of Address?	Yes?		No?		X			Summer Care	Open		
New Address						Minimum Age Served	6 weeks	Maximum Age Served	7 years	Water Supply	Public Water
						Program's Email	weecarenb@hotmail.com				
Operator	WEE CARE OF NORTH BRANFORD INC					Name of Inspector	Fil Montanye				
Director	ROBERT N WOYTOWICH					Inspector's Email	filomena.montanye@ct.gov				
Key: Compliant = X Non-Compliant = O	# of Infants – Toddlers Present	14	# of Total Children Present	10	# of Staff Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL			

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 07/14/2023	
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	09/08/2023	
X	10. OEC Complaint procedure		
X	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	
	02/12/2015	2.3-2.7	
X	15a. Developmental Milestones		
X	15b. Access		
X	15bb. Endorsements		
STAFFING 19a-79-4a			
X	15c. Staffing		
X	16. Staff Health records – TB tests		
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)					
X	25. First Aid Trained Staff					
X	26. Consultants- Agreements and Contracts					
X	27. Logs – Visits documented					
	Not in Compliance?	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					

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?) 09/19/2023	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		
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	
	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	
O	110. Ratio: 1 staff to 4 children	Failed to maintain proper staff/child ratios during nap time when a 1:7 ratio in toddler room was observed not all children were sleeping (4 awake) other staff was in kitchen area. Immediately corrected at time of inspection
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			
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	
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	
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	

YES or NO?
Yes

WERE VIOLATIONS CITED DURING THIS VISIT?

DISCUSSIONS/COMMENTS

- 1) 1 diaper ointment permission form not observed. Parent on premise
2) crib compliance for foundation cribs

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.

		DATE CORRECTIONS DUE BY:	
(Signature of OEC Representative)	(Signature of OEC Representative)		(Signature of Person in Charge)
Fil Montanye		07/04/2024	Robert Woytowich
(Printed Name)	(Printed Name)		(Printed Name)