



DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	SOUTHFIELD CHILDREN'S CENTER				License Number	DCCC.15726	Date of Inspection	06/24/2024
					Expiration Date	3/31/2026	Time of Inspection	01:29 PM
Address	84 FAITH RD NEWINGTON CT 06111-4810				Telephone	(860) 666-8811	Total Capacity	70
					Days and Hours	MONDAY-FRIDAY 7:30AM-5:30PM	Under Three Capacity	30
#Children Present	50	# Under 3 Present	22	# Staff Present	10	Summer Care	Open	
Purpose of Inspection	Follow up to 5/17/24 inspection				Name of Inspector	Betty Mayer		
Program's Email	lkraft@southfieldkids.org				Inspector's Email	elizabeth.mayer@ct.gov		

Regulatory Violations

Statute and/or Regulation: [19a-79-2a(c)(7)]	Description: 001-Local Health Inspection
Failed to maintain current local health inspection when full local health inspection expired.	
Statute and/or Regulation: [19a-79-5a(a)(2)(E)]	Description: 038-Individual Care Plan (Signed by Parent/Staff)
Failed to maintain complete individual care plans when observed three care plans missing staff signatures.	
Statute and/or Regulation: [19a-79-6a and/or 19a-79-7a]	Description: 045-License Premise Clean/Good Repair/Safe
Failed to maintain the building when observed wall vent and ceiling fan dusty in PreK 3.	
Statute and/or Regulation: [19a-79-9a(b)(3) and/or 19a-79-9a(b)(4)]	Description: 102-Oral/Topical/Inhalant/Injectable Medications: Authorized Prescriber/Parent Permission/MAR
Failed to maintain current written orders when observed one expired medication authorization.	
Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation: [19a-79-3a(e)(6)]	Description: 013-Emergency Plans
Statute and/or Regulation: [19a-79-4a(a)(1) and/or 19a-79-4a(a)(2)]	Description: 016-Staff Health Records

Statute and/or Regulation: [19a-79-7a(e)(8) &/or 19a-79-7a(e)(9)]	Description: 074-Adequate Lighting: 50/30 Candle Feet

Statute and/or Regulation: [19a-79-10(d)(1)]	Description: 113-Adequate Sinks in Program Space



Statute and/or Regulation:	Description:

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant 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: 07/08/2024	 (Signature of Person in Charge)
Betty Mayer (Printed Name)	(Printed Name)		Laura Kouame (Printed Name)