



## DIVISION OF LICENSING

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

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|   |   |           |                                    |           |                           |  |                                |                                      |                     |                     |
|---|---|-----------|------------------------------------|-----------|---------------------------|--|--------------------------------|--------------------------------------|---------------------|---------------------|
| <b>Program Name</b>                               | <b>RAINBOW CENTER FOR CHILDREN AND FAMILIES</b>     |           |                                    |           | <b>License Number</b>     | <b>DCCC.15618</b>                      | <b>Date of Inspection</b>      | <b>07/25/2024</b>                    |                     |                     |
|   |   |           |                                    |           | <b>Expiration Date</b>    | <b>9/30/2025</b>                       | <b>Time of Inspection</b>      | <b>08:46 AM</b>                      |                     |                     |
| <b>Address</b>                                    | <b>80 GARDEN ST<br/>WETHERSFIELD CT 06109-3120</b>  |           |                                    |           | <b>Telephone</b>          | <b>(860) 529-5229</b>                  | <b>Licensed Capacity</b>       | <b>53</b>                            |                     |                     |
|   |   |           |                                    |           | <b>Hours of Operation</b> | <b>MONDAY-FRIDAY<br/>7:00AM-6:00PM</b> | <b>Infant/Toddler Capacity</b> | <b>16</b>                            |                     |                     |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>   |           | <b>No?</b>                         | <b>X</b>  |                           |  | <b>Summer Care</b>             | <b>Open</b>                          |                     |                     |
| <b>New Address</b>                                |   |           |                                    |           | <b>Minimum Age Served</b> | <b>3 months</b>                        | <b>Maximum Age Served</b>      | <b>8 years</b>                       | <b>Water Supply</b> | <b>Public Water</b> |
|   |   |           |                                    |           | <b>Program's Email</b>    | <b>rccf80garden@msn.com</b>            |                                |                                      |                     |                     |
| <b>Operator</b>                                   | <b>RAINBOW CENTER FOR CHILDREN AND FAMILIES LLC</b> |           |                                    |           | <b>Name of Inspector</b>  | <b>Johanne Dalo</b>                    |                                |                                      |                     |                     |
| <b>Director</b>                                   | <b>OZLEM CAMLI</b>                                  |           |                                    |           | <b>Inspector's Email</b>  | <b>johanne.dalo@ct.gov</b>             |                                |                                      |                     |                     |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants - Toddlers Present</b>              | <b>12</b> | <b># of Total Children Present</b> | <b>27</b> | <b># of Staff Present</b> | <b>8</b>                               | <b>Type of Inspection</b>      | <b>UNANNOUNCED INSPECTION - FULL</b> |                     |                     |

#### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: 07/09/2024                          |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

#### ADMINISTRATION 19a-79-3a

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

|                                     |   |   |  |
|-------------------------------------|---|---|--|
| <input type="radio"/>               | 5. Notification of Change                       | Failed to provide notification of change when program added an under three playground.  |  |
| <input checked="" type="checkbox"/> | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time                                     |  |
| <input checked="" type="checkbox"/> | 7. Daily Attendance Records- staff and children |   |  |
| <b>ITEMS POSTED – ACCESSIBLE</b>    |   |   |  |
| <input checked="" type="checkbox"/> | 8. License                                      |   |  |
| <input checked="" type="checkbox"/> | 9. Fire Marshal certificate                     |   |  |
|                                     | Date  | 02/28/2024  |  |
| <input checked="" type="checkbox"/> | 10. OEC Complaint procedure                     |   |  |
|                                     | 11. Food Service Certificate                    | N/A?  |  |
|                                     | Date  | X   |  |
| <input checked="" type="checkbox"/> | 12. Menus                                       |   |  |
| <input checked="" type="checkbox"/> | 13. Emergency plans                             |   |  |
| <input checked="" type="checkbox"/> | 14. No Smoking Signs                            |   |  |
| <input checked="" type="checkbox"/> | 15. Radon Test                                  | N/A?  |  |
|                                     | Date  | Results   |  |
|                                     | 04/30/2000                                      | 0.3 pCi/L   |  |
| <input checked="" type="checkbox"/> | 15a. Developmental Milestones                   |   |  |
| <input checked="" type="checkbox"/> | 15b. Access                                     |   |  |
| <input checked="" type="checkbox"/> | 15bb. 32-36 mths enrolled in prek-permissions   |   |  |
| <b>STAFFING 19a-79-4a</b>           |   |   |  |
| <input checked="" type="checkbox"/> | 15c. Staffing                                   |   |  |
| <input checked="" type="checkbox"/> | 16. Staff Health records – TB tests             |   |  |
| <input type="radio"/>               | 17. Professional development                    | Failed to document professional development when observed least then 1% of total annual hours work documented for 7 staff out of 8. |  |
| <input checked="" type="checkbox"/> | 18. Disciplinary actions                        |   |  |
| <input checked="" type="checkbox"/> | 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 checked="" type="checkbox"/> | 26. Consultants- Agreements and Contracts |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| <input type="radio"/>               | 27. Logs – Visits documented              | Failed to document annual review of policies, plans, procedures and education programs by health consultant.  |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
|                                     | 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> <th>X</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Education | Health         | Social Service | Dental | Dietician N/A? | X |  |  |  |  |  |  | Contracts |  |  |  |  |  | Logs |  | <input type="radio"/> |  |  |  |
| Education                           | Health                                    | Social Service  | Dental    | Dietician N/A? | X              |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
|                                     |   |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| Contracts                           |   |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| Logs                                |   | <input type="radio"/>   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| 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     |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| <b>RECORD KEEPING 19a-79-5a</b>     |   |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |
| <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             |   |           |                |                |        |                |   |  |  |  |  |  |  |           |  |  |  |  |  |      |  |                       |  |  |  |

|                                     |  |  |                                     |
|-------------------------------------|--|--|-------------------------------------|
| <input type="radio"/>               | 37. Child health records and immunizations                           | Failed to maintain current health records for children when observed 1 child's health record not current (06/06/23) and observed 3 incomplete health records. A child has asthma and med required yes/no was left blank and 2 health without TB screening. |                                     |
| <input checked="" type="checkbox"/> | 38. Individual care plan (signed by parents and staff)               |  |                                     |
| <input checked="" type="checkbox"/> | 39. Injury, Illness, Accident reports                                |  |                                     |
| <b>HEALTH AND SAFETY 19a-79-6a</b>  |  |  |                                     |
| <input checked="" type="checkbox"/> | 40. Nutritious snacks and meals (required food groups)               |  |                                     |
| <input checked="" type="checkbox"/> | 41. Proper refrigeration (max 45°)                                   |  |                                     |
| <input checked="" type="checkbox"/> | 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       |  |                                     |
| <b>PHYSICAL PLANT 19a-79-7a</b>     |  |  |                                     |
| <input type="radio"/>               | 45. License premises – clean, good repair, hazard free               | Failed to maintain the building, equipment and services free from hazards when observed 2 rods holding the cots protruding and children's height and bottle warmer next to changing table accessible to children.  |                                     |
| <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?)<br>07/06/2023                             | 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 type="radio"/>               | 56. Exits, Hallways and Stairs unobstructed                          | Failed to ensure that exit doorways are not blocked by furniture, toys, or play equipment when observed rocking chair in infant room blocking an exit door and small table with bucket blocking exit door in upstairs preschool room.                      |                                     |

|          |   |  |
|----------|---|--|
| <b>X</b> | 57. Individual storage of clothing and bedding            |  |
| <b>X</b> | 58. Smoking prohibited                                    |  |
| <b>X</b> | 59. Matches and lighters inaccessible                     |  |
| <b>O</b> | 60. Electrical safety – outlets/cords                     | Failed to ensure that electrical outlets are covered with safety covers or are approved safety outlets when observed 2 outlets not covered in front hallway, 1 outlet not covered next to changing table in infant room. |
| <b>X</b> | 61. Toileting needs met                                   |  |
| <b>X</b> | 62. Required toilets, sinks, supplies                     |  |
| <b>X</b> | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| <b>X</b> | 64. Hand washing after toileting – staff and children     |  |
| <b>X</b> | 65. Ventilation in toilet rooms                           |  |
| <b>X</b> | 66. Air temperature 65 degrees, thermometer affixed       |  |
| <b>X</b> | 67. Water temperature 60° – 115°                          |  |
| <b>X</b> | 68. Portable space heaters                                |  |
| <b>X</b> | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
| <b>X</b> | 70. Rugs secure   |  |
| <b>X</b> | 71. Hot water, steam pipes protected                      |  |
| <b>X</b> | 72. Working phone on each level                           |  |
| <b>X</b> | 73. Emergency numbers posted                              |  |
| <b>X</b> | 74. Adequate lighting - 50/30 candle feet                 |  |
| <b>X</b> | 75. Light fixtures shielded, shatter proof                |  |
| <b>X</b> | 76. Potentially hazardous substances locked               |  |
| <b>X</b> | 77. Garbage, rubbish disposed daily                       |  |

|  |   |   |
|--|---|---|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |   |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br>Y  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br>Y   |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |   |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |   |
| <b>X</b>                                       | 83. Cots stored, maintained, adequate number                  |   |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |   |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br>N  |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |   |
| <b>OUTDOOR SPACE</b>                           |   |   |
| <b>X</b>                                       | 87. Outdoor space - adequate square footage per child         |   |
| <b>○</b>                                       | 88. Impact absorbing material under equipment                 | Failed to ensure a minimum of 8 inches of impact absorbing materials around climber on preschool playground.  |
| <b>○</b>                                       | 89. Playground free from hazards                              | Failed to ensure the playground is free of holes and other hazards when observed black tarp protruding from the ground (tripping hazard).   |
| <b>X</b>                                       | 92. Equipment anchored, safely arranged                       |   |
| <b>X</b>                                       | 93. Outdoor play area protected, fenced                       |   |
| <b>X</b>                                       | 94. Drinking water available, accessible                      |   |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |   |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |   |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |   |
| <b>X</b>                                       | 97. Written policies, procedures                              |   |
| <b>X</b>                                       | 98. Training outline on file                                  |   |

| NONPRESCRIPTION TOPICAL MEDICATIONS |  |  |            |   |   |  |
|-------------------------------------|--|--|------------|---|---|--|
| <b>X</b>                            | 99. Administration, parent permission, MAR   |  |            |   |   |  |
| <b>X</b>                            | 100. Labeling, storage   |  |            |   |   |  |
| ORAL/TOPICAL/INHALENT MEDICATIONS   |  |  |            |   |   |  |
| <b>X</b>                            | 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  |  |            |   |   |  |
| <b>O</b>                            | 102. Authorized prescriber, parent permission, MAR   | Failed to maintain current written orders for 2 children with medication.  |            |   |   |  |
| <b>X</b>                            | 103. Labeling, storage   |  |            |   |   |  |
| <b>X</b>                            | 104. Unused, expired meds returned/disposed  |  |            |   |   |  |
| SELF-ADMINISTRATION                 |  |  |            |   |   |  |
| <b>X</b>                            | 105. Authorized prescriber, parent permission, MAR   |  |            |   |   |  |
| <b>X</b>                            | 106. Labeling, storage   |  |            |   |   |  |
| <b>X</b>                            | 107. Approved petition for special medication authorization  |  |            |   |   |  |
| <b>Yes</b>                          | Is there an approved endorsement?  | INFANT/TODDLER ENDORSEMENT 19a-79-10   |            |   |   |  |
| <b>X</b>                            | 109. Approved endorsement  |  |            |   |   |  |
| <b>X</b>                            | 110. Ratio: 1 staff to 4 children  |  |            |   |   |  |
| <b>O</b>                            | 111. Group size: no larger than 8  | Failed to maintain proper group size not to exceed 8 children when observed upon arrival 12 children under three on one playground.                                |            |   |   |  |
| <b>O</b>                            | 112. Physical barriers, groups of 8 (indoors and outdoors)   | Failed to maintain a physical barrier separating each group of 8 children outdoors when observed 12 children under three and no barrier separating the two groups. |            |   |   |  |
| <b>X</b>                            | 113. Adequate sinks in program space   |  |            |   |   |  |
| <b>X</b>                            | 114. Free standing, well-constructed, safe cribs   |  |            |   |   |  |
| <b>X</b>                            | 115. Washable cots   |  |            |   |   |  |
| <b>X</b>                            | 116. Chairs for feeding, stable, safety straps, locking tray   |  |            |   |   |  |
| <b>X</b>                            | 117. Developmentally appropriate tables, chairs, equipment   |  |            |   |   |  |
| <b>X</b>                            | 118. Refrigerators and food prep facilities  |  |            |   |   |  |

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

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
| <b>X</b>   | 141. Play space fenced                                   |  |
| <b>X</b>   | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |  |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 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          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

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

**ADDITIONAL VIOLATIONS**

|          |   |      |  |
|----------|---|------|--|
| <b>X</b> | 62. Consent Order - Negotiated Corrective Action Plan | N/A? |  |
|----------|---|------|--|




**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

- 1 staff without result of TB test.  
 - 1 light bolt without sleeve protector (toddler room)  
 - 2 dangling cords (3's room and toddler room)  
 - Visit for health consultant.  
 New Under three playground (front closest to road) was inspected and measured (no climbing equipment observed).  
 $(29.8 \times 19.7) = 587.06 / 75 = 7.8$ . Ok for 7 children under three  
 \* The Family and Preschool (yellow room) Rooms have been removed the license as of today. The 2 rooms are used after hours or on weekend when program is not in operation for therapeutic cat therapy.  
 The family room was already removed from the license in 2022 and not counted in capacity (to be used as gross motor / capacity of 10).  
 The yellow room (preschool) will also be removed from capacity. Decrease of 8.  
 New License capacity : 45 including 16 under the age of three.  
 Program children cannot use the family room or the yellow room (preschool). The two rooms are not part of the license premise.  
 The two rooms are located on the parking lot side.

**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.

|   |  |                                |  |
|---|--|--------------------------------|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY: | <br>(Signature of Person in Charge) |
| <b>Johanne Dalo</b><br>(Printed Name)   | <br>(Printed Name)   | <b>08/08/2024</b>              | <b>Ozlem Camli</b><br>(Printed Name)   |