



## DIVISION OF LICENSING

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

<b>Program Name</b>	<b>NAUGATUCK DAY CARE</b>				<b>License Number</b>	<b>DCCC.15531</b>	<b>Date of Inspection</b>	<b>08/15/2024</b>		
					<b>Expiration Date</b>	<b>11/30/2024</b>	<b>Time of Inspection</b>	<b>12:03 PM</b>		
<b>Address</b>	<b>27 CARROLL STREET NAUGATUCK CT 06770</b>				<b>Telephone</b>	<b>(203) 720-7210</b>	<b>Licensed Capacity</b>	<b>57</b>		
					<b>Hours of Operation</b>	<b>M-F 7:00am - 5:00pm</b>	<b>Infant/Toddler Capacity</b>	<b>0</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 years</b>	<b>Maximum Age Served</b>	<b>5 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>naugatuckdaycare@outlook.com</b>				
<b>Operator</b>	<b>NAUGATUCK DAY CARE INC</b>				<b>Name of Inspector</b>	<b>Kristi Morgan</b>				
<b>Director</b>	<b>KATHLEEN LABONTE</b>				<b>Inspector's Email</b>	<b>kristi.morgan@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>0</b>	<b># of Total Children Present</b>	<b>39</b>	<b># of Staff Present</b>	<b>7</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		

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

<b>O</b>	<b>1. Local Health Inspection</b> Date: 02/18/2022	Failed to maintain current local health inspection.
<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>O</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	Failed to maintain documentation that behavior management techniques were discussed with parents for 2 children.
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	01/24/2024
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	12/31/2023
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	04/07/1997	.4
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. 32-36 mths enrolled in prek-permissions	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

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

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain complete immunization records for 2 children when their flu shot documentation for the 2023 flu season was not documented; 1 child's physical missing TB screening and the asthma portion is blank.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for one child with asthma.	
<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 type="radio"/>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	Failed to maintain complete first aid kit in room 2 - missing 2 instant ice packs and a current first aid manual.	
<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. Observed the sink in room 2 bathroom unclean; room 1 carpet torn in corner causing a tripping hazard; balance beam in gym not fully on mats; corner of the gym has a large amount of clutter causing a hazard.	
<input checked="" type="checkbox"/>	47b. Plans for new construction, expansion, renovation or conversion		
<input checked="" type="checkbox"/>	48. Sanitary drinking fountains – disposable cups		
<input type="radio"/>	49. Lead Water Test (N/A?) 02/09/2022	Bacterial/Chemical Test (N/A?) <input checked="" type="checkbox"/>	Failed to conduct a lead water test every 2 years.
<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		

<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>X</b>	60. Electrical safety – outlets/cords	
<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>O</b>	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain walls, ceilings, floors and rugs in a good state of repair. Observed wall behind toilet in 2 bathrooms was repaired and covered with unpainted sheetrock - not washable; observed dusty ceiling vents throughout; 2 stained ceiling tiles.
<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 N
<b>X</b>	80. Operable CO detector on each level	N/A? 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 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 under the playscape.
<b>○</b>	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards. Observed poison ivy growing through the fence on the playscape playground; small green berries hanging from a weed growing on the fencing on the grassy playground; grassy playground is over grown with weeds and tall grass.
<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 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>O</b>	101. Med trained staff, certificates O/T/I    Injectable <b>N</b> <b>Y</b>	Failed to ensure staff are trained in oral/topical/inhalant medications and present during all operating hours. Observed no trained staff from 7:00am -8:00am
<b>O</b>	102. Authorized prescriber, parent permission, MAR	Failed to maintain written parent permission for medication for 1 child with asthma.
<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>No</b>	Is there an approved endorsement?	<b>INFANT/TODDLER ENDORSEMENT 19a-79-10</b>
	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)	
	113. Adequate sinks in program space	
	114. Free standing, well-constructed, safe cribs	
	115. Washable cots	
	116. Chairs for feeding, stable, safety straps, locking tray	
	117. Developmentally appropriate tables, chairs, equipment	
	118. Refrigerators and food prop facilities	

119. Diaper area- sturdy, safety rail, nonporous, exclusive use			
120. Diaper area- washed, disinfected			
121. Diaper area- disposable paper sheets			
122. Covered waste receptacle			
123. Diaper changing policy posted, followed			
124. Hand washing policy posted, followed			
125. Individual storage of personal items			
126. Cribs/cots washed and disinfected			
127. Under 12 months- placed on back for sleeping			
128. Alternate sleep position- equipment, medical documentation	Yes	No	
129. Crib, bed used for infant sleeping			
130. Crib, bed free from observable hazards			
131. Infant toys separate, washed, disinfected daily			
132. No toys, objects less than 1/1/4” diameter			
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	
<b>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	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?	
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**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

- new OEC complaint procedure on website to be posted.
- 1 staff physical current but does not include a statement of good health.
- 1 staff negative TB not observed.
- 1 unsecured rug.

**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)	<b>DATE CORRECTIONS DUE BY:</b>  <b>08/29/2024</b>	 (Signature of Person in Charge)
<b>Kristi Morgan</b> (Printed Name)	 (Printed Name)		<b>Kathleen LaBonte</b> (Printed Name)