



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 Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

| | | | | | | | | | |
|-------------------------------------|--|--|------------|------------------------------------|---------------------------|------------------------------------|--------------------------------|---------------------------|--------------------------------------|
| Program Name | WOMEN'S LEAGUE CHILD DEVELOPMENT CENTER | | | | License Number | DCCC.14248 | Date of Inspection | 08/26/2024 | |
| | | | | | Expiration Date | 5/31/2025 | Time of Inspection | 11:43 AM | |
| Address | 1695 MAIN STREET HARTFORD CT 06120 | | | | Telephone | (860) 524-5969 | Licensed Capacity | 210 | |
| | | | | | Hours of Operation | FROM: 7:00AM TO: 5:30PM | Infant/Toddler Capacity | 88 | |
| Is this a Change of Address? | Yes? | | No? | X | | | Summer Care | Open | |
| New Address | | | | | Minimum Age Served | 3 months | Maximum Age Served | 5 years | |
| | | | | | Water Supply | | Public Water | | |
| | | | | | Program's Email | sgooge@womensleaguecdc.org | | | |
| Operator | WOMEN'S LEAGUE CHILD DEVELOPMENT CENTER INC | | | | Name of Inspector | Johanne Dalo | | | |
| Director | KAREN LOTT | | | | Inspector's Email | johanne.dalo@ct.gov | | | |
| Key: | Compliant = X | # of Infants - Toddlers Present | 58 | # of Total Children Present | 101 | # of Staff Present | 30 | Type of Inspection | UNANNOUNCED INSPECTION - FULL |
| Non-Compliant = O | | | | | | | | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
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| X | 1. Local Health Inspection | |
| | Date: 10/31/2022 | |
| 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 | |

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| 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 | 10/12/2023 |
| X | 10. OEC Complaint procedure | |
| X | 11. Food Service Certificate | N/A? |
| | Date | 06/30/2025 |
| X | 12. Menus | |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | Results |
| | 03/31/1997 | 0.6pCi/L |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. 32-36 mths enrolled in prek-permissions | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| ○ | 16. Staff Health records – TB tests | Failed to maintain current medical statement(s) for 1 staff when observed 1 staff without the statement of good health. |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

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| X | 37. Child health records and immunizations | |
| O | 38. Individual care plan (signed by parents and staff) | Failed to maintain complete individual care plans when observed 6 care plans not signed by all staff working with children and 1 care plan not signed by parent. |
| 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 | | |
| O | 45. License premises – clean, good repair, hazard free | Failed to maintain the building, equipment and services free of hazards when observed cords accessible to children (2 infants rooms) and observed an opened soda can in the children hand washing sink (sharp edge) Room 9 |
| X | 47b. Plans for new construction, expansion, renovation or conversion | |
| X | 48. Sanitary drinking fountains – disposable cups | |
| X | 49. Lead Water Test (N/A?) 02/01/2024 | 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 | |
| O | 56. Exits, Hallways and Stairs unobstructed | Failed to ensure that exit doorways are not blocked by furniture, toys, or play equipment when observed a table blocking the doorway. (Room 17) |

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| 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 | |
| O | 67. Water temperature 60° – 115° | Failed to ensure the water temperature is between 60-115 degrees when observed water temperature exceeding 115 in 9 rooms (under three). Water tested between 118.9-125.2. |
| 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 | |

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| X | 78. Stairs protected, good repair, handrails | |
| X | 79. Pets – maintained, care plan | Y/N Y |
| 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 | |
| O | 89. Playground free from hazards | Failed to ensure the playground is free of hazards when observed poison ivy and red berries accessible to children on preschool playground. |
| 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%; 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 | | | | | |
| 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 | | | | | |
| X | 110. Ratio: 1 staff to 4 children | | | | | |
| 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 | | | | | |

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| 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

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| X | 141. Play space fenced | |
| X | 142. Outdoor equipment developmentally appropriate | |
| No | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| | 143. Approved endorsement | |
| | 144. Activity choices appropriate | |
| | 145. Ratio – 1 staff to 10 children | |
| | 146. Group size – maximum 20 children | |
| | 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 | |

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| 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

| | | | |
|----------|---|------|--|
| X | 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

- 1 rug under sensory table curling up (room 1)
- 1 child without behavior management discussed with parent.

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: 09/09/2024 |  (Signature of Person in Charge) |
| Johanne Dalo (Printed Name) | (Printed Name) | | Stephanie Googe (Printed Name) |