



DIVISION OF LICENSING

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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	MS MIA'S TLC GROUP DAYCARE				License Number	DCGH.80007	Date of Inspection	09/06/2024		
					Expiration Date	9/30/2027	Time of Inspection	09:00 AM		
Address	18-20 COMPTON ST 1ST FL NEW HAVEN CT 06511				Telephone	(203) 865-4914	Licensed Capacity	12		
					Hours of Operation	MON-FRI 6A-7P	Infant/Toddler Capacity	10		
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open		
New Address					Minimum Age Served	3 months	Maximum Age Served	12 years	Water Supply	Public Water
					Program's Email	miadu64@yahoo.com				
Operator	MIA FRANKLIN				Name of Inspector	Bridget Merrill				
Director	MIA FRANKLIN				Inspector's Email	bridget.merrill@ct.gov				
Key:	Compliant = X	# of Infants - Toddlers Present	8	# of Total Children Present	9	# of Staff Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL	
	Non-Compliant = O									

LICENSURE PROCEDURES 19a-79-2a

O	1. Local Health Inspection	Failed to maintain current local health inspection that's less than 2yrs old
	Date:	
X	1a. False or Misleading Statements	

ADMINISTRATION 19a-79-3a

	1b. Administration	(a)Failed to ensure the safety, health and development of the children when Ibuprofen is not on site for child with Seizure disorder & no medication on site for child whose physical indicates he has Asthma.
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	
O	9. Fire Marshal certificate	Failed to maintain a current fire marshal inspection. Observed posted inspection to be more than 1y old.
	Date 04/05/2023	
X	10. OEC Complaint procedure	
	11. Food Service Certificate	N/A?
	Date	X
X	12. Menus	
X	13. Emergency plans	
X	14. No Smoking Signs	
X	15. Radon Test	N/A?
	Date Results	
	11/01/2014 1.3	
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. 32-36 mths enrolled in prek-permissions	
STAFFING 19a-79-4a		
X	15c. Staffing	
O	16. Staff Health records – TB tests	Failed to maintain 2 medical statement(s) & failed to maintain TB test(s) for 3 staff.
O	17. Professional development	Failed to document professional development for 3 staff, failed to document new employee orientation for 4 staff & failed to document annual policy and procedure training for 4 staff.
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																													
○	23. Designated director - Training	Failed to ensure director has 3 credits in the administration of early childhood education programs or educational administration.																												
	24. CPR Certified Staff (Group Home N/A)																													
X	25. First Aid Trained Staff																													
○	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for Health & Dental consultants.																												
○	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs by Health & Dental consultants.																												
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician</th> <th>N/A?</th> <th>x</th> </tr> </thead> <tbody> <tr> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician	N/A?	x		x		x				Contracts							Logs		x				
Education	Health	Social Service	Dental	Dietician	N/A?	x																								
	x		x																											
Contracts																														
Logs		x																												
	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																													

<input type="radio"/>	37. Child health records and immunizations	Failed to maintain current health records for 9 children & failed to maintain complete immunization records for children for 8 children including 2023 Flu vaccinations.	
<input type="radio"/>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plan for 1 child whose physical indicates the child has Asthma & failed to maintain complete individual care plans that include parent & staff signatures for child with Seizure care plan.	
<input checked="" type="checkbox"/>	39. Injury, Illness, Accident reports		
HEALTH AND SAFETY 19a-79-6a			
<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		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/>	45. License premises – clean, good repair, hazard free		
<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?)	Bacterial/Chemical Test (N/A?)	
	03/31/2023		
<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		

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	
O	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area in loft room & bathroom.
X	77. Garbage, rubbish disposed daily	

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		
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					
	<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					
O	102. Authorized prescriber, parent permission, MAR	Failed to maintain written parent permission for medication. Observed Ibuprofen authorization to be missing parent information section with name, address, phone number(s) & signature.				
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 prep 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	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>N</td> </tr> </table>	Yes	No		N
Yes	No					
	N					
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					
O	133. Plastic bags, balloons, Styrofoam objects inaccessible	Failed to ensure plastic bags, balloons and styrofoam objects are not accessible to children in art organizer in the kitchen.				
X	134. Health consultant, doc. of visits					
X	135. Infants held for bottles, indiv. attention, tummy time					
O	136. Written statement, feeding schedule from parent	Failed to maintain a written statement specifying the feeding schedule for 1 infant.				
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 15 children	
X	146. Group size – maximum 30 children	
X	146b. 4 yr olds enrolled in school age-permissions	
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

Discussed/ gave new OEC complaint procedure. Observed lead management plan & logs. Discussed getting a copy of the ASTM for shock absorbing tiles on playground & reporting diaper procedure now that painting is complete.

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: 09/20/2024	 (Signature of Person in Charge)
Bridget Merrill (Printed Name)	 (Printed Name)		Mia Franklin (Printed Name)