



**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>MORNING GLORY EARLY LEARNING CENTER</b>				<b>License Number</b>	<b>DCCC.15339</b>	<b>Date of Inspection</b>	<b>10/02/2024</b>		
					<b>Expiration Date</b>	<b>6/30/2025</b>	<b>Time of Inspection</b>	<b>08:55 AM</b>		
<b>Address</b>	<b>1859 CHAPEL ST NEW HAVEN CT 06515-2209</b>				<b>Telephone</b>	<b>(203) 389-4148</b>	<b>Licensed Capacity</b>	<b>23</b>		
					<b>Hours of Operation</b>	<b>FROM: 7:30AM TO: 5:30PM; PM</b>	<b>Infant/Toddler Capacity</b>	<b>8</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>6 weeks</b>	<b>Maximum Age Served</b>	<b>6 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>glory@mgehc.com</b>				
<b>Operator</b>	<b>GLORY SMITH</b>				<b>Name of Inspector</b>	<b>Bridget Merrill</b>				
<b>Director</b>	<b>GLORY J SMITH</b>				<b>Inspector's Email</b>	<b>bridget.merrill@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>4</b>	<b># of Total Children Present</b>	<b>12</b>	<b># of Staff Present</b>	<b>3</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: 03/25/2022	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 4 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	07/26/2024
<b>X</b>	10. OEC Complaint procedure	
<b>O</b>	11. Food Service Certificate	<u>N/A?</u>
	Date	05/01/2023
		Failed to post current Food Service Certificate. Observed certificate to be expired
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	<u>N/A?</u>
	Date	Results
	03/20/2020	2.5
<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>O</b>	18b. Background checks	Failed to ensure staff have completed background checks for 1 staff.

<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 type="checkbox"/>	26. Consultants- Agreements and Contracts	Failed to maintain current agreements for Dietary & Social Service consultants.																				
<input type="checkbox"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs by Dietary & Social Service consultants.																				
	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> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contracts</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Logs</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?			<input type="checkbox"/>		<input type="checkbox"/>	Contracts		<input type="checkbox"/>		<input type="checkbox"/>	Logs		<input type="checkbox"/>		<input type="checkbox"/>
Education	Health	Social Service	Dental	Dietician N/A?																		
		<input type="checkbox"/>		<input type="checkbox"/>																		
Contracts		<input type="checkbox"/>		<input type="checkbox"/>																		
Logs		<input type="checkbox"/>		<input type="checkbox"/>																		
	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 type="checkbox"/>	32. Enrollment information	Failed to maintain complete enrollment information for 5 child including dates of enrollment, child home address, parents work address, work phone number, doctor's name & doctor's phone number.																				
<input type="checkbox"/>	33. Emergency medical permission	Failed to maintain emergency medical permission forms for 4 children.																				
<input type="checkbox"/>	34. Authorized release permission	Failed to maintain authorized release permission forms for 4 children.																				
<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 health records for children, including immunization records & TB risk, for 1 child. Failed to maintain current immunization records for 2 children.	
<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 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?) 07/29/2024	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 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>O</b>	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees. Observed bathroom hot water temperature at sink to be 116.5*
<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 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>X</b>	88. Impact absorbing material under equipment	
<b>X</b>	89. Playground free from hazards	
<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>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 90%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">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 1 child with Albuterol. Written authorization expired 9-19-24.				
<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>X</b>	111. Group size: no larger than 8					
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)					
<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 15 children	
<b>X</b>	146. Group size – maximum 30 children	
<b>X</b>	146b. 4 yr olds enrolled in school age-permissions	
<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**

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




**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

Discussed/ gave new OEC complaint procedure.

**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:  10/16/2024	 (Signature of Person in Charge)
<b>Bridget Merrill</b> (Printed Name)	 (Printed Name)		<b>Raymond Pearson</b> (Printed Name)