



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

CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	SEDONA DAYCARE AND LEARNING CENTER				License Number	DCCC.16179	Date of Inspection	10/03/2024
					Expiration Date	2/28/2026	Time of Inspection	09:05 AM
Address	21 PLYMOUTH PL MILFORD CT 06460-3451				Telephone	(203) 876-7060	Licensed Capacity	46
					Hours of Operation	MONDAY-FRIDAY 7:00AM-6:00PM	Infant/Toddler Capacity	16
Is this a Change of Address?	Yes?		No?	X			Summer Care	Open
New Address					Minimum Age Served	6 weeks	Maximum Age Served	6 years
					Program's Email	sedonadaycare@gmail.com		
Operator	SEDONA DAYCARE AND LEARNING CENTER LLC				Name of Inspector	Bridget Merrill		
Director	SELINA PISELLI				Inspector's Email	bridget.merrill@ct.gov		
Key: Compliant = X Non-Compliant = O	# of Infants - Toddlers Present	8	# of Total Children Present	17	# of Staff Present	5	Type of Inspection	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. Local Health Inspection	
	Date: 11/09/2023	
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	

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	10/23/2023
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
	12/23/2010	.7
X	15a. Developmental Milestones	
X	15b. Access	
X	15bb. 32-36 mths enrolled in prek-permissions	
STAFFING 19a-79-4a		
X	15c. Staffing	
X	16. Staff Health records – TB tests	
X	17. Professional development	
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					
X	23. Designated director - Training					
X	24. CPR Certified Staff (Group Home N/A)					
X	25. First Aid Trained Staff					
X	26. Consultants- Agreements and Contracts					
X	27. Logs – Visits documented					
	Not in Compliance?	Education	Health	Social Service	Dental	Dietician N/A? X
	Contracts					
	Logs					
	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					

X	37. Child health records and immunizations		
X	38. Individual care plan (signed by parents and staff)		
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			
X	45. License premises – clean, good repair, hazard free		
X	47b. Plans for new construction, expansion, renovation or conversion		
X	48. Sanitary drinking fountains – disposable cups		
X	49. Lead Water Test (N/A?) 07/10/2023	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		
X	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	
X	76. Potentially hazardous substances locked	
X	77. Garbage, rubbish disposed daily	

X	78. Stairs protected, good repair, handrails		
X	79. Pets – maintained, care plan	Y/N N	
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		
O	99. Administration, parent permission, MAR	Failed to maintain complete written parent permission for 2 diaper creams that are missing dates of administration.
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%; border: none;">O/T/I</td> <td style="border: none;">Injectable</td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> </tr> </table>	O/T/I	Injectable	N	N	
O/T/I	Injectable					
N	N					
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	

INFANT/TODDLER ENDORSEMENT 19a-79-10		
Yes	Is there an approved endorsement?	
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	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

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 15 children	
	146. Group size – maximum 30 children	
	146b. 4 yr olds enrolled in school age-permissions	
	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. Reviewed lead management plan.

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:	 (Signature of Person in Charge)
Bridget Merrill (Printed Name)	 (Printed Name)	10/17/2024	Selina piselli (Printed Name)