

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Partial  Follow-Up  Change of Location  Other \_\_\_\_\_

PROGRAM NAME:	St. Dominic Child Care Center	LICENSE NUMBER:	pending	DATE OF INSPECTION:	11-01-24	TIME OF ARRIVAL:	9:30
ADDRESS:	1050 Flanders Rd.	EXPIRATION DATE:	n/a	TELEPHONE NUMBER:	860-628-4678		
TOWN:	Southington 06489	HOURS OF OPERATION:	M-F 6:30 am to 6:00 pm	SUMMER CARE:	open		
OPERATOR:	St. Luke Parish Corporation	# OF STAFF PRESENT:	16	# OVER 3 PRESENT:	20	# UNDER 3 PRESENT:	34
EMAIL:	directorcc@stlukect.org	AGES SERVED:	6 weeks to 5 years				
DIRECTOR:	Ashley Maddalena	TOTAL CAPACITY:	86	TOTAL UNDER 3 CAPACITY:	46		
HEAD TEACHER:	Kristina Liseo	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found					

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**LICENSURE PROCEDURES 19a-79-2a** **STAFFING and CONSULTANTS 19a-79-4a cont.**

<input checked="" type="checkbox"/> 1. (a) License required	<input checked="" type="checkbox"/> 32. (d)(1) Designated head teacher – approved-60%
<input checked="" type="checkbox"/> 2. (c)(8) Local Health Inspection-Date: _____	<input checked="" type="checkbox"/> 33. (d)(2) Two staff present – age 18 or older
<b>ADMINISTRATION 19a-79-3a</b>	
<input checked="" type="checkbox"/> 3. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 34. (d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 4. (b) Overall management of program	<input checked="" type="checkbox"/> 35. (d)(4)(A) Ratios 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 5. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 36. (d)(4)(B) Mixed age group – ratios
<input checked="" type="checkbox"/> 6. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 37. (d)(4)(D) Supervision – Indoors/Outdoors
<input checked="" type="checkbox"/> 7. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 38. (d)(5) Group Size – Indoors/Outdoors
<input checked="" type="checkbox"/> 8. (b)(7)(B) Doc. that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 39. (d)(5)(A) Group Size – schl age field trips/outdoors
<input checked="" type="checkbox"/> 9. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 40. (d)(5)(B) Mixed age group – group size
<input checked="" type="checkbox"/> 10. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 41. (d)(6) Nap time ratio
<input checked="" type="checkbox"/> 11. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 42. (e)(1) Designated director-training
<input checked="" type="checkbox"/> 12. (d)(2)-(7) Policies-complete/implemented – Discipline, Child Prot, Operating, Supervision, Closing time, Medical, Admin Oversight, Multi-Hazards, Personnel	<input checked="" type="checkbox"/> 43. (f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 13. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 44. (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 14. (f) Immediate access by parents	<input checked="" type="checkbox"/> 45. (h)(1) Prof. dev. – health & safety training
<input checked="" type="checkbox"/> 15. (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 46. (h)(2) Prof. dev. – 1% annual hours
<input checked="" type="checkbox"/> 16. (l) 2.8 yr olds enrolled in preK- authorization	<input checked="" type="checkbox"/> 47. (d)(4)(C)-(ii-v) <b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 17. (m) Motor vehicle laws – transportation	<input checked="" type="checkbox"/> 48. (d)(4)(C)(i) Swimming - Ratios
<input checked="" type="checkbox"/> 18. (n) Capacity	<input checked="" type="checkbox"/> 49. (e)(6) Non-swimmers identified
<input checked="" type="checkbox"/> 19. (o) Respond to OEC- No false, misleading statements or documents	<input checked="" type="checkbox"/> 50. (e)(6) CPR certified staff – age 20 or older
<input checked="" type="checkbox"/> 20. (e)(1) License posted	<input checked="" type="checkbox"/> 51. (i)(A) Lifeguard – certified – supervising
<input checked="" type="checkbox"/> 21. (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 52. (i)(I)(i-iv) <b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 22. (e)(3) Menus posted	<input checked="" type="checkbox"/> 53. (i)(B) Education consultant
<input checked="" type="checkbox"/> 23. (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 54. (i)(H)(i) Education consultant duties/visits
<input checked="" type="checkbox"/> 24. (e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 55. (i)(H)(ii-ix) Health consultant
<input checked="" type="checkbox"/> 25. (e)(6) Developmental milestones posted	<input checked="" type="checkbox"/> 56. (i)(C) Health consultant visits
	<input checked="" type="checkbox"/> 57. (i)(D) Health consultant duties
	<input checked="" type="checkbox"/> 58. (i)(E) Social service consultant
	<input checked="" type="checkbox"/> 59. (i)(F) Dietitian consultant – N/A
	<input checked="" type="checkbox"/> 60. (a)(1)(A-C) Enrollment information
	<input checked="" type="checkbox"/> 61. (a)(1)(D)(i) Emergency medical permission
	<input checked="" type="checkbox"/> 62. (a)(1)(D)(ii) Authorized release permission
	<input checked="" type="checkbox"/> 63. (a)(1)(D)(iii) Field trip permission
	<input checked="" type="checkbox"/> 64. (a)(1)(D)(iv) Transportation permission
	<input checked="" type="checkbox"/> 65. (a)(2) Child Health Records

**STAFFING and CONSULTANTS 19a-79-4a** **RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/> 26. (a)(1) Staff health records	<input checked="" type="checkbox"/> 60. (a)(1)(A-C) Enrollment information
<input checked="" type="checkbox"/> 27. (a)(2) Professional development documentation	<input checked="" type="checkbox"/> 61. (a)(1)(D)(i) Emergency medical permission
<input checked="" type="checkbox"/> 28. (a)(3) Disciplinary actions	<input checked="" type="checkbox"/> 62. (a)(1)(D)(ii) Authorized release permission
<input checked="" type="checkbox"/> 29. (b) Comprehensive Background Checks	<input checked="" type="checkbox"/> 63. (a)(1)(D)(iii) Field trip permission
<input checked="" type="checkbox"/> 30. (b)(4) Evidence of compliance	<input checked="" type="checkbox"/> 64. (a)(1)(D)(iv) Transportation permission
<input checked="" type="checkbox"/> 31. (d) Adequate staffing	<input checked="" type="checkbox"/> 65. (a)(2) Child Health Records

SIGNATURE OF OEC STAFF	Betty Mayer	WRITTEN CAP DUE TO OEC BY:	Ashley Maddalena	SIGNATURE OF PERSON IN CHARGE	Ashley Maddalena
PRINTED NAME	Betty Mayer		prior to licensure	PRINTED NAME	Ashley Maddalena

ST. DOMINIC CENTER and GROUP CHILD CARE HOME INSPECTION FORM

NAME: **St. Dominic child care** LICENSE NUMBER: **pending** DATE OF INSPECTION: **11-01-24**

PHYSICAL PLANT IS: **75%**

<input checked="" type="checkbox"/> 66. (a)(2)(C) Immunization records	<input checked="" type="checkbox"/> 110. (d)(9) Electrical safety – Outlets inaccessible, covered (N/A for Schl age only)
<input checked="" type="checkbox"/> 67. (a)(2)(E) Individual care plan- signed by parents/staff	<input checked="" type="checkbox"/> 111. (d)(10)(A) Shared toilets/sinks – supervision plan
<input checked="" type="checkbox"/> 68. (a)(3)(A) Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 112. (d)(10)(B) Toileting needs met
<input checked="" type="checkbox"/> 69. (a)(3)(B) Parent notification of illness or injury	<input checked="" type="checkbox"/> 113. (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 70. (a)(3)(C) Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 114. (d)(10)(C) Required toilets/sinks – 1:16
<input checked="" type="checkbox"/> 71. (a)(3)(D) Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 115. (d)(10)(D) Required toilets/sinks – 1:25 schl age only
<input checked="" type="checkbox"/> 72. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 116. (d)(10)(E) Toileting Supplies – hand drying/garbage
<input checked="" type="checkbox"/> 73. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 117. (d)(10)(E) Handwashing staff/children
<input checked="" type="checkbox"/> 74. (a)(2) Nutritious meals and snacks	<input checked="" type="checkbox"/> 118. (d)(10)(F) Toilets/sinks located at the facility or licensed premises
<input checked="" type="checkbox"/> 75. (a)(3) Proper refrigeration – 41 degrees	<input checked="" type="checkbox"/> 119. (d)(10)(G) Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 76. (a)(4) Menus – 1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> 120. (d)(10)(H) Mechanical ventilation (Grp Home not required)
<input checked="" type="checkbox"/> 77. (a)(5) Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> 121. (d)(11) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 78. (a)(6) Kitchen- clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 122. (e)(1) Air temp 65 °F at 3 ft –thermometer affixed to wall (N/A for Schl age only)
<input checked="" type="checkbox"/> 79. (a)(7) Separate hand washing facilities	<input checked="" type="checkbox"/> 123. (e)(1) Air temp <65 °F for Schl age only-comfortable N/A
<input checked="" type="checkbox"/> 80. (a)(8) Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 124. (e)(2) Air temp > 80 °F – ↑ fluids/ventilation
<input checked="" type="checkbox"/> 81. (a)(9) Kitchen separated-activity supervision	<input checked="" type="checkbox"/> 125. (e)(3) Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/> 82. (a)(10) Children supervised during meal prep	<input checked="" type="checkbox"/> 126. (e)(4) Portable space heaters prohibited
<input checked="" type="checkbox"/> 83. (a)(11) Handwashing – staff/children	<input checked="" type="checkbox"/> 127. (e)(5) Walls/ceilings/floors-Clean/Good repair
<input checked="" type="checkbox"/> 84. (b)(1) Illness procedures – staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 128. (e)(5) Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 85. (b)(2) Designated isolation area	<input checked="" type="checkbox"/> 129. (e)(6) Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 86. (c) First aid kits-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 130. (e)(7) Working phone on each level
<input checked="" type="checkbox"/> 87. (c)-d) First aid supplies	<input checked="" type="checkbox"/> 131. (e)(7) Emergency numbers posted adjacent to phones – parents provided on site #
<input checked="" type="checkbox"/> 88. (a)(2) Fire marshal codes/certificate <u>10/30/24</u>	<input checked="" type="checkbox"/> 132. (e)(8) All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 89. (b)(1)-(5) Indoor/outdoor space inspected/approved	<input checked="" type="checkbox"/> 133. (e)(9) Adequate lighting – 30/50 candle feet – napping children visible (Schl age only-lighting for comfort)
<input checked="" type="checkbox"/> 90. (b)(6) Space not approved- used for field trips – written parent permission	<input checked="" type="checkbox"/> 134. (e)(9) Light Fixture shielded/shatter proof
<input checked="" type="checkbox"/> 91. (c)(2) New construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 135. (e)(10) Potentially hazardous substances, materials – labeled, inaccessible to children
<input checked="" type="checkbox"/> 92. (c)(2) Licensed premises-clean/good repair/hazard free	<input checked="" type="checkbox"/> 136. (e)(11) Garbage/rubbish - disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 93. (c)(3) Schl age only premises-sanitary/hazard free N/A	<input checked="" type="checkbox"/> 137. (e)(12) Stairs- protected/good repair-handrails
<input checked="" type="checkbox"/> 94. (c)(4) Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 138. (e)(13) Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 95. (c)(5)(A) <u>Water Supply</u> – Public/Well – (N/A for Schls)	<input checked="" type="checkbox"/> 139. (e)(14) Pets – good health, friendly companion Y/N
<input checked="" type="checkbox"/> 96. (c)(5)(B) Lead Water Test – Date: _____ Y/N	<input checked="" type="checkbox"/> 140. (e)(15) Pets – care plan and access to children written
<input checked="" type="checkbox"/> 97. (c)(5)(C) Drinking water available/accessibile	<input checked="" type="checkbox"/> 141. (e)(16) Prevention of vermin- openings screened
<input checked="" type="checkbox"/> 98. (c)(6)(A) <u>Lead Paint</u> -	<input checked="" type="checkbox"/> 142. (e)(17) Radon test- Results: _____ N/A results posted-Date: _____ (N/A for Schls)
<input checked="" type="checkbox"/> 99. (c)(6)(B-D) Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/> 143. (e)(18) Carbon monoxide detector- each level N/A
<input checked="" type="checkbox"/> 100. (d)(1) Building Pre-78: Y/N Lead Test: Y/N Results _____	<input checked="" type="checkbox"/> 144. (f)(1)(A) Program space- adequate sq. ft. per child
<input checked="" type="checkbox"/> 101. (d)(2) Lead Management Plan _____	<input checked="" type="checkbox"/> 145. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 102. (d)(3) Emergency vehicle access	<input checked="" type="checkbox"/> 146. (g)(2) Adequate equipment for rest-cleaned when shared- cots – (Grp Homes- mats/sleeping bags)
<input checked="" type="checkbox"/> 103. (d)(3) Walkways maintained	<input checked="" type="checkbox"/> 147. (g)(3) Air cond./water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 104. (d)(4) Windows protected to prevent falls	<input checked="" type="checkbox"/> 148. (g)(4) Developmentally appr. equipment/materials
<input checked="" type="checkbox"/> 105. (d)(5) Window screens (N/A for Schl age only)	<input checked="" type="checkbox"/> 149. (g)(5) Manufacture guidelines followed-furniture, equipment and toys- CPSC unsafe/recalls
<input checked="" type="checkbox"/> 106. (d)(6)(f)(7) Glass and mirrors protected to 36"	<input checked="" type="checkbox"/> 150. (g)(6) Indoor climbing play equipment- shock absorbing materials under and around
<input checked="" type="checkbox"/> 107. (d)(8) Overhead doors – locking devices/Spring protectors N/A	<input checked="" type="checkbox"/> 151. (h)(1) Outdoor space- adequate sq. ft. per child
<input checked="" type="checkbox"/> 108. (d)(8) Exits, stairs, hallways unobstructed	<input checked="" type="checkbox"/> 152. (h)(2) Shock absorbing surface- 8"
<input checked="" type="checkbox"/> 109. (d)(8) Individual storage of clothing/bedding	<input checked="" type="checkbox"/> 153. (h)(3) Playground free from hazards, glass, debris
<input checked="" type="checkbox"/> 110. (d)(8) Smoking or vaping prohibited on premises/grounds	<input checked="" type="checkbox"/> 154. (h)(4) Nuts, bolts, screws- tight, covered/protected
<input checked="" type="checkbox"/> 111. (d)(8) Matches/lighters inaccessible	

INSPECTOR: **Betty mayer** WRITTEN CAP DUE TO OEC BY: **[Signature]**

INSPECTOR NAME: **Betty Mayer** prior to licensure **[Signature]**

## CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	St. Dominic child care Cntr.	LICENSE NUMBER	pending	DATE OF INSPECTION	11.01.24
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 Y/N
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<input checked="" type="checkbox"/>	155.	(h)(5)	Outside equipment anchored – anchors buried	<input checked="" type="checkbox"/>	191.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	156.	(h)(6)	New equip- cert play. Inspection upon OEC request	<input checked="" type="checkbox"/>	192.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	157.	(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/>	193.	(c)(3)	Group size- max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	158.	(h)(7)(A)	Fences installed to protect from hazards - 4 ft	<input checked="" type="checkbox"/>	194.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/>	159.	(h)(7)(B)	Fences installed to protect from water – 4 ft. – self closing and self latching devices or locks	<input checked="" type="checkbox"/>	195.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	160.	(h)(7)(C)	Rooftop play areas- 6 ft. wall/barrier N/A	<input checked="" type="checkbox"/>	196.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/>	161.	(h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/>	197.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	162.	(h)(9)	Equipment arranged for safety- equip/fences/structures not hazardous	<input checked="" type="checkbox"/>	198.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	163.	(i)	Pools, swimming areas- N/A conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/>	199.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	164.	(i)	Wading pools prohibited	<input checked="" type="checkbox"/>	200.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	165.	(i)	Hot tubs/spas/saunas- locked/inaccessible N/A	<input checked="" type="checkbox"/>	201.	(d)(3)(A-C)	Optional furniture/equip- safe/hazard free
<input checked="" type="checkbox"/>	166.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/>	202.	(e)(1)	Diaper area: elevated/sturdy/safety rail
				<input checked="" type="checkbox"/>	203.	(e)(2)	Diaper area: used only for this purpose, located in the program area

EDUCATIONAL REQUIREMENTS 19a-79-8a	<input checked="" type="checkbox"/> 204. (e)(3) <input checked="" type="checkbox"/> 205. (e)(4) <input checked="" type="checkbox"/> 206. (e)(5) <input checked="" type="checkbox"/> 207. (e)(6)/(9) <input checked="" type="checkbox"/> 208. (e)(7) <input checked="" type="checkbox"/> 209. (e)(8) <input checked="" type="checkbox"/> 210. (e)(10)(A-C) <input checked="" type="checkbox"/> 211. (f)(1) <input checked="" type="checkbox"/> 212. (f)(2) <input checked="" type="checkbox"/> 213. (f)(3) <input checked="" type="checkbox"/> 214. (f)(4) <input checked="" type="checkbox"/> 215. (g)(1) <input checked="" type="checkbox"/> 216. (g)(1) <input checked="" type="checkbox"/> 217. (g)(1) <input checked="" type="checkbox"/> 218. (g)(2) <input checked="" type="checkbox"/> 219. (g)(3) <input checked="" type="checkbox"/> 220. (g)(4) <input checked="" type="checkbox"/> 221. (g)(5) <input checked="" type="checkbox"/> 222. (g)(6) <input checked="" type="checkbox"/> 223. (g)(7) <input checked="" type="checkbox"/> 224. (g)(8) <input checked="" type="checkbox"/> 225. (h)(1) <input checked="" type="checkbox"/> 226. (h)(1) <input checked="" type="checkbox"/> 227. (h)(2) <input checked="" type="checkbox"/> 228. (h)(2) <input checked="" type="checkbox"/> 229. (i)(1)(2A-C) <input checked="" type="checkbox"/> 230. (j) <input checked="" type="checkbox"/> 231. (k)(1) <input checked="" type="checkbox"/> 232. (k)(2) <input checked="" type="checkbox"/> 233. (k)(3) <input checked="" type="checkbox"/> 234. (k)(4) <input checked="" type="checkbox"/> 235. (k)(5) <input checked="" type="checkbox"/> 236. (l)(1) <input checked="" type="checkbox"/> 237. (l)(2) <input checked="" type="checkbox"/> 238. (l)(3)
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<input checked="" type="checkbox"/>	167.	(a)	Written daily/weekly - dev. appr. plan	<input checked="" type="checkbox"/>	204.	(e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	168.	(a)	Plan includes indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity	<input checked="" type="checkbox"/>	205.	(e)(4)	Diaper area: washed/disinfected after use
		(1)-(11)		<input checked="" type="checkbox"/>	206.	(e)(5)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>	169.	(b)	Limited access to screen time/video games	<input checked="" type="checkbox"/>	207.	(e)(6)/(9)	Covered waste receptacle-removed daily
				<input checked="" type="checkbox"/>	208.	(e)(7)	Handwashing-staff/children
				<input checked="" type="checkbox"/>	209.	(e)(8)	Policies-handwashing/diapering-posted/followed
				<input checked="" type="checkbox"/>	210.	(e)(10)(A-C)	Cloth diapers – written plan
				<input checked="" type="checkbox"/>	211.	(f)(1)	Linens/emergency clothing available
				<input checked="" type="checkbox"/>	212.	(f)(2)	Linens washed weekly or as needed
				<input checked="" type="checkbox"/>	213.	(f)(3)	Linens/clothing stored individually
				<input checked="" type="checkbox"/>	214.	(f)(4)	Cribs/cots cleaned-linens changed when shared
				<input checked="" type="checkbox"/>	215.	(g)(1)	Under 12 mths placed on back for sleeping
				<input checked="" type="checkbox"/>	216.	(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
				<input checked="" type="checkbox"/>	217.	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
				<input checked="" type="checkbox"/>	218.	(g)(2)	Infants allowed to adopt other sleep positions
				<input checked="" type="checkbox"/>	219.	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
				<input checked="" type="checkbox"/>	220.	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
				<input checked="" type="checkbox"/>	221.	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN-instructions/timeframes
				<input checked="" type="checkbox"/>	222.	(g)(6)	Observe/assess infants at least every 15 minutes
				<input checked="" type="checkbox"/>	223.	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
				<input checked="" type="checkbox"/>	224.	(g)(8)	Safe sleep policies posted/parents informed
				<input checked="" type="checkbox"/>	225.	(h)(1)	Infant toys-separate/washed/sanitized daily
				<input checked="" type="checkbox"/>	226.	(h)(1)	Toddler toys-washed/sanitized weekly
				<input checked="" type="checkbox"/>	227.	(h)(2)	No toys/objects less than 1 1/4" diameter
				<input checked="" type="checkbox"/>	228.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input checked="" type="checkbox"/>	229.	(i)(1)(2A-C)	Health consultant visits/documentation
				<input checked="" type="checkbox"/>	230.	(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input checked="" type="checkbox"/>	231.	(k)(1)	Written feeding schedule from parent-updated
				<input checked="" type="checkbox"/>	232.	(k)(2)	Unused formula/milk discarded after feedings
				<input checked="" type="checkbox"/>	233.	(k)(3)	Clean bottles/disposable bottles/appvd washing
				<input checked="" type="checkbox"/>	234.	(k)(4)	Baby food served from dish or whole jar
				<input checked="" type="checkbox"/>	235.	(k)(5)	Bottles labeled with child's name
				<input checked="" type="checkbox"/>	236.	(l)(1)	Outdoor spaced fenced – 4 ft lic. after 1/1/25
				<input checked="" type="checkbox"/>	237.	(l)(2)	Outdoor equip. dev. appropriate
				<input checked="" type="checkbox"/>	238.	(l)(3)	Measures for shock ab materials less than 1 1/4"

ADMINISTRATION OF MEDICATIONS 19a-79-9a	<input checked="" type="checkbox"/> 170. (9a) <input checked="" type="checkbox"/> 171. (9a) <input checked="" type="checkbox"/> 172. (a)(2) <input checked="" type="checkbox"/> 173. (a)(3)(A-C) <input checked="" type="checkbox"/> 174. (a)(3)(C) <input checked="" type="checkbox"/> 175. (b)(1)(A/C) <input checked="" type="checkbox"/> 176. (b)(1)(D) <input checked="" type="checkbox"/> 177. (b)(1)(E) <input checked="" type="checkbox"/> 178. (b)(1)(F) <input checked="" type="checkbox"/> 179. (b)(2)(A-B) <input checked="" type="checkbox"/> 180. (b)(2)(C) <input checked="" type="checkbox"/> 181. (b)(3)(A-B) <input checked="" type="checkbox"/> 182. (b)(3)(D) <input checked="" type="checkbox"/> 183. (b)(4)(A-B) <input checked="" type="checkbox"/> 184. (b)(5)(A-B) <input checked="" type="checkbox"/> 185. (b)(5)(C) <input checked="" type="checkbox"/> 186. (b)(5)(D) <input checked="" type="checkbox"/> 187. (b)(5)(E) <input checked="" type="checkbox"/> 188. (b)(6) <input checked="" type="checkbox"/> 189. (b)(7)(A-B) <input checked="" type="checkbox"/> 190. (d)
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<input checked="" type="checkbox"/>	170.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	170.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	171.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
			<u>Nonprescription Topical Medications</u>	<input checked="" type="checkbox"/>	178.	(b)(1)(F)	Injectable other than premeasured auto-injector training
<input checked="" type="checkbox"/>	172.	(a)(2)	Admin/Parent permission/report errors	<input checked="" type="checkbox"/>	179.	(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>	173.	(a)(3)(A-C)	Labeling and Storage	<input checked="" type="checkbox"/>	180.	(b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/>	174.	(a)(3)(C)	Unused/expired meds destroyed/returned	<input checked="" type="checkbox"/>	181.	(b)(3)(A-B)	Authorized prescriber/parent permission
			<u>Oral/Topical/Inhalant/Injectable Medications</u>	<input checked="" type="checkbox"/>	182.	(b)(3)(D)	Medication errors-documented/parent and OEC notification
<input checked="" type="checkbox"/>	175.	(b)(1)(A/C)	Oral/Topical/Inhalant medication training	<input checked="" type="checkbox"/>	183.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/>	176.	(b)(1)(D)	Injectable premeasured autoinjector medication training	<input checked="" type="checkbox"/>	184.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>	177.	(b)(1)(E)	Rectal medication training	<input checked="" type="checkbox"/>	185.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/>	178.	(b)(1)(F)	Injectable other than premeasured auto-injector training	<input checked="" type="checkbox"/>	186.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
				<input checked="" type="checkbox"/>	187.	(b)(5)(E)	Auto-injector/inhalant equipment
				<input checked="" type="checkbox"/>	188.	(b)(6)	Self-administration documentation
				<input checked="" type="checkbox"/>	189.	(b)(7)(A-B)	Petition for special medication authorization
				<input checked="" type="checkbox"/>	190.	(d)	Potassium Iodide (KI) emergency distribution – permission and storage (N/A)

SIGNATURE OF OEC STAFF	Betty Mayer	WRITTEN CAP DUE TO OEC BY:	[Signature]	SIGNATURE OF PERSON IN CHARGE	[Signature]
PRINTED NAME	Betty Mayer		prior to licensure	PRINTED NAME	Donna MacBrien

CHILD CENTER AND GROUP CHILD CARE HOME INSPECTION FORM					
St. Dominic Child Care Center		LICENSE NUMBER	pending	DATE OF INSPECTION	11-01-24
MONITORING OF DISCIPLINE					
<input checked="" type="checkbox"/> 239. <input checked="" type="checkbox"/> 240. <input checked="" type="checkbox"/> 241. <input checked="" type="checkbox"/> 242. <input checked="" type="checkbox"/> 243. <input checked="" type="checkbox"/> 244. <input checked="" type="checkbox"/> 245. <input checked="" type="checkbox"/> 246. <input checked="" type="checkbox"/> 247.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e) (f) (g)	Approved Schl Age Endorsement Written program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age- permissions Head teacher approved- 60%	<input checked="" type="checkbox"/> 263. <input checked="" type="checkbox"/> 264. <input checked="" type="checkbox"/> 265.  <input checked="" type="checkbox"/> 266. <input checked="" type="checkbox"/> 267. <input checked="" type="checkbox"/> 268. <input checked="" type="checkbox"/> 269.  <input checked="" type="checkbox"/> 270. <input checked="" type="checkbox"/> 271. <input checked="" type="checkbox"/> 272.  <input checked="" type="checkbox"/> 273. <input checked="" type="checkbox"/> 274. <input checked="" type="checkbox"/> 275.	(a)(1) (b)(1)(A) (b)(1)(B) (i)-(iii)  (b)(2) (b)(3) (c)(2) (c)(3)  (d)(1) (d)(2) (d)(3)  (e)(1) (e)(2) (e)(3)	Written policies and procedures Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization of parent Testing results and actions taken – documented and keep on file/ensure parents are notified daily
ADDITIONAL VIOLATIONS					
<input checked="" type="checkbox"/> 248. <input checked="" type="checkbox"/> 249. <input checked="" type="checkbox"/> 250.  <input checked="" type="checkbox"/> 251. <input checked="" type="checkbox"/> 252. <input checked="" type="checkbox"/> 253. <input checked="" type="checkbox"/> 254. <input checked="" type="checkbox"/> 255. <input checked="" type="checkbox"/> 256. <input checked="" type="checkbox"/> 257. <input checked="" type="checkbox"/> 258. <input checked="" type="checkbox"/> 259. <input checked="" type="checkbox"/> 260. <input checked="" type="checkbox"/> 261. <input checked="" type="checkbox"/> 262.	(b) (b)(1) (b)(2)  (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities  Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 276. - NIA	Consent Order/Negotiated Corrective Action Plan conditions	
DISCUSSIONS/COMMENTS/NOTES					
<p>Betty Mayer</p> <p>Betty Mayer</p> <p>prior to licensure</p> <p><i>[Signature]</i></p> <p>Dshley Macchienna</p>					

**Connecticut Office of Early Childhood  
Division of Licensing**

450 Columbus Blvd, Suite 302  
Hartford, CT 06103  
(800)282-6063 or (860)500-4450  
[www.ctoec.org/licensing](http://www.ctoec.org/licensing)  
[oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Corrective Action Plan (CAP): <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

Inspection shall be posted or available for review upon request.

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic childcare Center License # pending Date: 11.01.24

Observations/Corrections needed:

CLASSROOM MEASUREMENTS

TODDLER 2

$$18.58 \times 15.50 - (\overset{\text{counter}}{2.10 \times 5.03}) - (\overset{\text{fridge}}{1.56 \times 1.6}) = 278.79 / 35 = 7.85 \quad \boxed{\text{OK 7}}$$

TODDLER 1

$$15.58 \times 16.83 - (\overset{\text{counter}}{2.10 \times 6.12}) = 249.35 / 35 = 7.12 \quad \boxed{\text{OK 7}}$$

INFANT 1

$$31.29 \times 23.07 - (\overset{\text{wall}}{2.33 \times 4.41}) - (\overset{\text{counter}}{2.11 \times 4.05}) = 703.03 / 35 = 20.8 \quad \boxed{\text{OK 8}}$$

TODDLER 4

$$19.42 \times 15.5 - (\overset{\text{counter}}{2.42 \times 6}) = 286.49 / 35 = 8.1 \quad \boxed{\text{OK 8}}$$

TODDLER 3

$$19.26 \times 16.50 - (\overset{\text{wall}}{2.28 \times 13.95}) = 285.98 / 35 = 8.17 \quad \boxed{\text{OK 8}}$$

INFANT 2

$$32.07 \times 24.05 - (\overset{\text{wall}}{6.26 \times 2.21}) - (\overset{\text{fridge}}{2.69 \times 2.51}) - (\overset{\text{counter}}{2.27 \times 4.05}) = 741.50 / 35 = 21.18 \quad \boxed{\text{OK 8}}$$

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mauser  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: prior to licensure

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic child care center License # pending Date: 11.01.24

Observations/Corrections needed:

Three's Room

$$29 \times 29 - (14.17 \times 6.58) - (2.17 \times 6) = 734.74 / 35 = 20.9 \quad \boxed{\text{OK } 20}$$

Four's Room

$$29 \times 29.5 - (13.83 \times 6.75) - (2.17 \times 6) = 749.13 / 35 = 21.4$$

Requesting 20

Gross Motor Room (Not in capacity)

$$28 \times 29 - (17.75 \times 5.17) = 720.23 / 35 = 20.57 \quad \boxed{\text{OK } 20}$$

Outdoor Space

$$\text{toddler } 59 \times 68 = 4012 / 75 = 53.49 \quad \text{OK } 53$$

Group size 8

$$\text{Preschool } 69 \times 74 - (23 \times 13) = 4807 / 75 = 64.09$$

OK 64

$$\text{open field area } 77 \times 69 - (6.67 \times 32) = 5099.56 / 75 = 67.98$$

OK 67

	Building 1	Building 2
Toilets:	3	4
Sinks:	###	### ### 1

Total license capacity  
86 with 46 under 3

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer  
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: prior to licensure

Print Name: Wiley Maddaleno

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Dominic Child Care Center License # pending Date: 11.01.24

Observations/Corrections needed:

#2 Local health inspection not observed

#12 Multihazard policy not observed.

#51 Education consultant contract not available.

#53 Health consultant contract not available.

#5u social service consultant contract not available.

#95 Lead water test not complete.

#98 Lead paint test not complete.

#142 radon test not complete.

#224 safe sleep policy not observed.

★ New regulations and all items checked discussed.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: prior to licensure

(Person in Charge)