

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

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Spark - Little Learners	Date of Inspection:	12/5/24	Time of Arrival:	10:20 am
Address:	202 Water St.	License Number:	70311	Expiration Date:	8/31/28
Town:	Naugatuck, CT	Telephone Number:	203-892-2797	Summer Care:	Open
Operator:	Spark, LLC	# of Staff Present:	8	# over 3 Present:	9
Enroll:		Total Capacity:	43	Total Under 3 capacity:	24
Designated Director:	Susan Gallagher	Hours/Days of Operation:	M-F 6:30 am - 6:00 pm		

Instruction Codes: N/A - Not applicable at this time \* - Regulation in Compliance O - Regulation out of Compliance

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-79-2a cont.**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12/18/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 31. (e)(1)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 32. (f)(1)	<b>GROUP SIZE</b>
	<input checked="" type="checkbox"/> 33. (f)(2)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> 34. (a)(2)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 35. (h)(1)(2)	Mixed age group-group size
	<input checked="" type="checkbox"/> 36. (h)(1)(2)	Designated director-training
	<input checked="" type="checkbox"/> 37. (4)(C)(ii-v)	CPR certified program staff
	<input checked="" type="checkbox"/> 38. (4)(C)(i)	First aid certified program staff
	<input checked="" type="checkbox"/> 39. (e)(6)	<b>PROFESSIONAL DEVELOPMENT</b>
	<input checked="" type="checkbox"/> 40. (e)(6)	Documentation
	<input checked="" type="checkbox"/> 41. (i)(1)(A)-(D)	Health & Safety training
	<input checked="" type="checkbox"/> 42. (i)	1% annual hours
	<input checked="" type="checkbox"/> 43. (i)(2)(A-H)	<b>SWIMMING ACTIVITIES - Y/N</b>
	<input checked="" type="checkbox"/> 44. (F)	Swimming-Ratios
	<input checked="" type="checkbox"/> 45. (i)(2)	Non-swimmers identified
	<input checked="" type="checkbox"/> 46. (H)(i)-(I)(i)	CPR certified staff-age 20 or older
		Lifeguard-certified-supervising
		<b>CONSULTANTS</b>
		Consultants-Education, Health, Social Service, Dietitian (N/A)
		Consultant agreements-signed annually
		Agreements complete w/required services
		Consultant logs-documented activities, observations and required services
		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	N/A	N/A	✓

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Spark - Little Learners		70311	12/5/24
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only-N/A) <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <input checked="" type="checkbox"/> 82. (d)(10)(A) TOILETING <input checked="" type="checkbox"/> (d)(10)(B) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(C) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(D) Required toilets/sinks-1:25 schl age only (N/A) <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located-at the facility or licensed premises <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> (e)(1) AIR TEMPERATURE <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) <input checked="" type="checkbox"/> (e)(2) Air temp <65°F comfortable (Schl age only-N/A) <input checked="" type="checkbox"/> (e)(3) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(4) Water temperature 60 °F - 120 °F <input checked="" type="checkbox"/> (e)(5) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(6) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(7) Hot water/Steam pipes protected <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> (e)(8) LIGHTING <input checked="" type="checkbox"/> (e)(9) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort (N/A) <input checked="" type="checkbox"/> (e)(10) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials - labeled, inaccessible <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(14-15) Pets or other animals-in good health, written care plan including access to children (N/A) <input checked="" type="checkbox"/> (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(17) Radon test- Results: <u>4.4</u> N/A <input checked="" type="checkbox"/> (e)(17) Results posted-Date: <u>4/19/16</u> (Schl N/A) <input checked="" type="checkbox"/> (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (g)(4) Developmentally app equipment, materials		
HEALTH and SAFETY 19a-79-6a			
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection <u>      </u> (N/A) <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> 60. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94.		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>7/1/24</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>1/23/23</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: <u>      </u> (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. LEAD PAINT - <input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint - Y/N Inside/Outside <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N <input checked="" type="checkbox"/> (c)(6)(B-D) Results <u>      </u> <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>      </u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)		

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3**

<b>PROGRAM NAME</b>		Spark - Little learners		<b>LICENSE NUMBER</b>		70311		<b>DATE OF INSPECTION</b>		12/5/24	
<b>PHYSICAL PLANT 19a-79-7a cont.</b>						<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>					
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.			<b>LINENS/CLOTHING</b>					
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> 130.			<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available				
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm				<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed				
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>				<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually				
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child				<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared				
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"				<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>				
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards				<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping				
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected				<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet				
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried				<input checked="" type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file				
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request				<input checked="" type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions				
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible				<input checked="" type="checkbox"/> (g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles				
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous				<input checked="" type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds, etc.				
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCING</b>					No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes				
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards				<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes				
<input checked="" type="checkbox"/> 113.		Fences installed to protect from hazards-4 ft				<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible				
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 131.			<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed				
	<input checked="" type="checkbox"/> (h)(7)(B)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 132.				Infant toys-separate/washed/sanitized daily				
	<input checked="" type="checkbox"/> (h)(7)(C)	<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/> 133.				Toddler toys-washed/sanitized weekly				
<input checked="" type="checkbox"/> 114.		Pools, swimming areas-	<input checked="" type="checkbox"/> 134.				No toys/objects less than 1 1/4" diameter				
	<input checked="" type="checkbox"/> (i)	conforms to 19-13-B33b and 19a-36-B61					Plastic bags/balloons/styrofoam inaccessible unless under direct supervision				
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 135.				Health consultant visits/documentation				
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 136.			<input checked="" type="checkbox"/> (j)	<b>FEEDING</b>				
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>											
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate				<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle				
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>				<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated				
	<input checked="" type="checkbox"/> (1)-(11)	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"/> 137.			<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings				
		Limited access to screen time/video games	<input checked="" type="checkbox"/> 138.			<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing				
	<input checked="" type="checkbox"/> (b)		<input checked="" type="checkbox"/> 139.			<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar				
<b>UNDER THREE ENDORSEMENT 19a-79-10 <input checked="" type="checkbox"/> N</b>											
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement					Bottles labeled with child's name				
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)					Outdoor spaced fenced-4 ft lic. after 1/1/25				
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)					Outdoor equipment-developmentally appropriate for ages of the children				
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors					Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety				
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space ( <del>Group Homes accessible</del> ) handwashing-diapering-food prep									
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)									
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots									
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray									
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment									
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities									
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free									
<input checked="" type="checkbox"/> 128.		<b>DIAPERING</b>									
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail									
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area									
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair									
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use									
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets									
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily									
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children									
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed									
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed									
<b>SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> N</b>											
<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement					<b>SCHEDULE - ACTIVITIES</b>				
<input checked="" type="checkbox"/> 141.	(c)	Written daily program plan-flexible schedule-available to staff/parents					Activities not a duplication of child's day				
<input checked="" type="checkbox"/> 142.	(c)(1)	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				
<input checked="" type="checkbox"/> 143.	(c)(2)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events					Ratio- 1:15				
<input checked="" type="checkbox"/> 144.	(c)(3)	Ratio- 1:15					Group size- max. 30				
<input checked="" type="checkbox"/> 145.	(d)	Group size- max. 30					4 yr. olds enrolled in schl age-written authorization/permission from director/parent				
<input checked="" type="checkbox"/> 146.	(e)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent					Head teacher approved- 60%				
	(f)	Head teacher approved- 60%									
	(g)										

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM -- page 4**

<b>PROGRAM NAME</b>	Spark - Little Learners	<b>LICENSE NUMBER</b>	70311	<b>DATE OF INSPECTION</b>	12/5/24
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y</b>		<b>MONITORING OF DIABETES 19a-79-13 Y</b>			
<input checked="" type="checkbox"/>	147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171. (a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.	<b>STAFF TRAINING</b>
<input checked="" type="checkbox"/>	149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>	150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	(b)(1)(B) (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>	151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>	153.	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/>	(c)(2)	Trained staff on site when child is present
	<input type="checkbox"/>	(b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/>	173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
	<input type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174. (d)(1)	Equipment provided by parents
	<input type="checkbox"/>	(b)(6)(B) Required bedding	<input checked="" type="checkbox"/>	175. (d)(2)	Equipment labeled and inaccessible
	<input type="checkbox"/>	(b)(6)(C) Required toiletries	<input checked="" type="checkbox"/>	176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/>	(b)(6)(D) Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177. (e)(1)	Authorized prescriber written order
	<input type="checkbox"/>	(b)(7) Sleep arrangements for infants	<input checked="" type="checkbox"/>	178. (e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	155. (b)(9)	Fire marshal approval-hours specified			
<input checked="" type="checkbox"/>	156. (b)(10)	Local health approval			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/>	157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/>	158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A	N/A

<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>
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<input checked="" type="checkbox"/>	159.	Admin/Parent permission/report errors			
<input checked="" type="checkbox"/>	(a)(2)	Labeling and Storage			
<input checked="" type="checkbox"/>	(a)(3)(A-B)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/>	(a)(3)(C)	<b>MEDICATION TRAINING</b>			
<input checked="" type="checkbox"/>	(b)(1)(A/C)	Medication training-general-oral/top/inhalant			
<input checked="" type="checkbox"/>	(b)(1)(D)	Injectable premeasured autoinjector medication			
<input checked="" type="checkbox"/>	(b)(1)(E)	Rectal medication			
<input checked="" type="checkbox"/>	(b)(1)(F)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/>	(b)(2)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/>	(b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/>	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/>	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/>	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/>	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/>	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/>	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/>	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/>	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/>	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/>	(d)	Potassium Iodide (KI) emergency distribution-permission and storage			

<b>SIGNATURE OF OEC STAFF</b>			<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Kriem Morgan	Susan Gallagher	<b>PRINTED NAME</b>

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	<b>Inspection shall be posted or available for review upon request.</b>  Written Corrective Action Plan Due by: 12/19/24 <b>CAP:</b> <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Spark - Little learners License # 70311 Date: 12/5/24

Observations/Corrections needed:

- 66 - observed dusty bathroom vents in preschool bathrooms
- observed side of sink in diaper pit (not non-porous) in preschool bathroom.
- 78 - observed bedding on preschool cots touching - not individually stored.

Discussed:

- program responsible to understand + comply with all new regulations in addition to existing regulations.
- all items checked were either discussed or in compliance.
- observed 1 loose crib sheet - staff changing before infant used crib.
- 1 breast milk pouch unlabeled in refrigerator - only 1 infant present.
- new complaint procedure to be posted.

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: Kristin Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Samantha O'Connell  
(Person in Charge)

OEC BY: 12/19/24