

**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:	NECCI @ Ruth Chaffee	Date of Inspection:	12.5.24	Time of Arrival:	3:15 pm
Address:	160 Superior Ave	License Number:	12817	Expiration Date:	10/31/25
Town:	Newington 06111	Telephone Number:	860-665-7053	Summer Care:	closed
Operator:	Newington Elementary children's center Inc.	# of Staff Present:	3	# over 3 Present:	33
Email:	tizi@mynecci.com	Total Capacity:	100	Total Under 3 capacity:	
Designated Director:	Margaret Rubino	Hours/Days of Operation:	M-F 7:00 - 8:30am		3:00 - 5:30 pm

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in 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-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 9/17/24

19. (a)(1) Staff health records
 20. (a)(3) Disciplinary actions
 21. (b) Comprehensive Background Checks
 22. (b)(4) Evidence of compliance ★
 23. (d) Adequate staffing
 24. (d)(1) Designated head teacher-approved-60%
 25. (d)(2) Two staff present-age 18 or older
 26. (d)(3)(A-C) Personal qualities of staff
 27. RATIOS
 (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 (d)(4)(B) Mixed age group-ratios
 (d)(6) Nap time ratio
 28. (d)(4)(D) Supervision-Indoors/Outdoors
 29. GROUP SIZE
 (d)(5) Group Size-Indoors/Outdoors
 (d)(5)(A) Group Size-school age field trips/outdoors
 (d)(5)(B) Mixed age group-group size
 30. (e)(1) Designated director-training
 31. (f)(1) CPR certified program staff
 32. (f)(2) First aid certified program staff
 33. PROFESSIONAL DEVELOPMENT
 (a)(2) Documentation
 (h)(1)(2) Health & Safety training ★
 (h)(1)(2) 1% annual hours
 34. SWIMMING ACTIVITIES - Y/N
 (4)(C)(ii-v) Swimming-Ratios
 (4)(C)(i) Non-swimmers identified
 (e)(6) CPR certified staff-age 20 or older
 (e)(6) Lifeguard-certified-supervising
 35. CONSULTANTS ★
 (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 (i) Consultant agreements-signed annually
 (i)(2)(A-H) Agreements complete w/required services
 (F) Consultant logs-documented activities, observations and required services
 (i)(2) Consultant visits- Education/Health

ADMINISTRATION 19a-79-3a

2. (a) Ensuring health & safety of children
 3. (b) Overall management of program
 4. (b)(6) Employee orientation for new program staff
 5. (b)(6) Annual policy training for program staff
 6. (b)(7)(A) Child behavior management
 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
 8. (b)(7)(C) Child Protection
 9. (b)(7)(E) Mandated Reporting
 10. (c)(1-4) Notification of Change
 11. POLICIES-COMplete/IMPLEMENTED
 (d)(2)(A) Discipline policy
 (d)(2)(B)-C) Child Protection policy
 (d)(3) Closing time policy
 (d)(4)(A) Medical emergency policy
 (d)(4)(B) Multi-Hazards policy-annual drill ★
 (d)(5) Supervision policy
 (d)(6) General Operating policies
 (d)(6)(C) Administrative Oversight policy ★
 (d)(7) Personnel policies
 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
 13. ACCESS
 (f) Immediate access by parents
 (h) Immediate access by OEC-facility/records
 14. (l) 2.8 yr olds enrolled in preschool-authorization
 15. (m) Motor vehicle laws-transportation
 16. (n) Capacity
 17. (o) Respond to OEC-no false, misleading statements or documents
 18. POSTINGS
 (e)(1) License posted
 (e)(2) OEC Complaint Procedure posted
 (e)(3) Menus posted
 (e)(4) No Smoking posted signs at entrances
 (e)(5) OEC Inspection report posted or available
 (e)(6) Developmental Milestones posted n/a

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 22. (b)(4) Evidence of compliance ★
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 (F) Consultant logs-documented activities, observations and required services
 (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	NECCI @ Ruth Chaffee	LICENSE NUMBER	12817	DATE OF INSPECTION	12.5.24
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RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation 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 ☆

PHYSICAL PLANT 19a-79-7a cont.

<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.		TOILETING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible ☆
<input checked="" type="checkbox"/>	84.		AIR TEMPERATURE
<input checked="" type="checkbox"/>		<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"/>		<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>			LIGHTING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: _____ (N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(17)	Results posted-Date: _____ (Schls-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>		<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 _____ (N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies (N/A)
<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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 8129124
<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.		WATER SUPPLY – Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: _____
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		LEAD PAINT -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y/N Inside/Outside
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results _____
<input checked="" type="checkbox"/>			Lead Management Plan _____
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/>	95.	(e)(10)	
<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

PROGRAM NAME: **NECCI at Ruth Chaffee** LICENSE NUMBER: **12817** DATE OF INSPECTION: **12.5.24**

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. **OUTDOOR PROTECTED/FENCING**
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- 114. **WATER HAZARDS**
 - (i) Pools, swimming areas- N/A conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4 " diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**
 - (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
 - (b) Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b)
- 141. (c)
- 142. (c)(1)
- (c)(2)
- (c)(3)
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES
 Written daily 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-written authorization/permission from director/parent
 Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	NECCI at Ruth Chaffee	LICENSE NUMBER	12817	DATE OF INSPECTION	12.5.24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.		STAFF TRAINING
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.		SLEEP PROVISIONS	<input type="checkbox"/> 173.	(c)(3)	Trained staff on site when child is present
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding		<input type="checkbox"/> (d)(1)	Self-administration - written authorization and under supervision of trained staff
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174.	(d)(2)	Equipment provided by parents
	<input type="checkbox"/> (b)(6)(B)	Required bedding	<input type="checkbox"/> 175.	(d)(3)	Equipment labeled and inaccessible
	<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input type="checkbox"/> 176.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly		<input type="checkbox"/> 177.	Authorized prescriber written order
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants		<input type="checkbox"/> 178.	Written authorization from parent
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft		<input type="checkbox"/> 179.	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input type="checkbox"/> 156.	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input 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

<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	NONPRESC. TOPICAL MEDICATION	<p>DISCUSSIONS - COMMENTS *Policy review provided</p> <p>* New Regulations Discussed</p> <p>#47 only one food group served for snack.</p> <p>#19 one staff physical incomplete</p> <p>discussed ① Staff purses observed on table accessible</p> <p>② Lead management plan to be monitored/updated</p> <p>③ Evidence of background checks needed.</p>		
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors			
	<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage			
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Unused/expired meds destroyed/returned			
	<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication			
	<input type="checkbox"/> (b)(1)(F)	Rectal medication			
	<input type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector			
	<input type="checkbox"/> (b)(2)(C)	Training approval documents/certificates			
<input type="checkbox"/> 161.	(b)(3)(A-B)	Training outline on file			
<input type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission			
<input type="checkbox"/> 163.	(b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification			
<input type="checkbox"/> 164.	(b)(5)(A-B)	Medication Administration Records (MAR)			
<input type="checkbox"/> 165.	(b)(5)(C)	Labeling and Storage			
<input type="checkbox"/> 166.	(b)(5)(D)	Emergency medication inaccessible			
<input type="checkbox"/> 167.	(b)(5)(E)	Unused/Expired meds-destroyed/returned			
<input type="checkbox"/> 168.	(b)(6)	Auto-injector/inhalant equipment			
<input type="checkbox"/> 169.	(b)(7)(A-B)	Self-administration documentation			
<input type="checkbox"/> 170.	(d)	Petition for special medication authorization			
		Potassium Iodide (KI) emergency distribution-permission and storage			N/A

SIGNATURE OF OEC STAFF	Betty Mayer	SIGNATURE OF PERSON IN CHARGE	Cmangan
PRINTED NAME	Betty Mayer	PRINTED NAME	Caitlin Mangan

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