

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

Mittas at Blastonbury LLC TBA	12/10/24	10:10am
86 oak st TLZ	pending	
Glastonbury, CT 06033	860781856	open
Vid Mitta	# of Staff Present: 17	# over 3 Present: 21
Glastonbury@TLZchildcare.com	Total Capacity:	Total Under 3 capacity:
Anguanelle Delcath		Ages Served: 16 ³⁰ AM-6 ³⁰ PM

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

LICENSURE PROCEDURES 19a-74 **STAFFING and CONSULTANTS 19a-75-76**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 11/15/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)-C) Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 39. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12. ACCESS	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 14. (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (n) Capacity	<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(1) License posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(3) Menus posted	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		Consultant logs-documented activities, observations and required services
		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

Mittas at Glastonbury

Pending

12/10/24

RECORD KEEPING 19a-79-75

PHYSICAL PLANT 19a-79-7a cont.

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

<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

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>7/11/27</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.	<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

<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<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)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	LIGHTING
<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(10)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(11)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(12)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(13)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(17)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(18)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (f)(1)(A)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (g)(1)	Radon test- Results: <u>5</u> N/A
<input checked="" type="checkbox"/> (g)(2)	Results posted-Date: <u>10/29/20</u> (Schls-N/A)
<input checked="" type="checkbox"/> (g)(3)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (g)(4)	Program space-adequate-35 sq. ft. per child

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>9/20/24</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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY -Public Well (Schools-N/A) Lead Water Test - Date: <u>11/12/24</u> Bact./Chem Test-Date: _____ N/A Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/ <u>N</u> Inside/Outside Building Pre-78: Y/ <u>N</u> Lead Test: Y/ <u>N</u> Results _____ 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)	

PROGRAM NAME: Nittas at Eastonbury STATUS: Pending INSPECTION DATE: 12/10/24

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10

- 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**
 - (b)(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 play. 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
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- (i) **WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
 - (i) Wading pools prohibited (N/A)
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 129. **LINENS/CLOTHING**
 - (f)(1) Linens/emergency clothing available
 - (f)(2) Linens washed weekly or as needed
 - (f)(3) Linens/clothing stored individually
 - (f)(4) Cribs/cots cleaned-linens changed when shared
- 130. **SAFE SLEEP**
 - (g)(1) Under 12 mths placed on back for sleeping
 - (g)(1) Crib-snug fitting mattress/tightly fitted sheet
 - (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file
 - (g)(2) Infants allowed to adopt other sleep positions
 - (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles, etc.
 - (g)(4) No unapproved sleeping-car seats/swings/beds, etc.
 - (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 - (g)(6) Observe/assess infants at least every 15 minutes
 - (g)(7) Teething necklaces/bracelets, jewelry inaccessible
 - (g)(8) Safe sleep policies posted/parents informed
- 131. (h)(1) Infant toys-separate/washed/sanitized daily
- 132. (h)(1) Toddler toys-washed/sanitized weekly
- 133. (h)(2) No toys/objects less than 1 1/4" diameter
- 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
- 135. (i)(1)(2A-C) Health consultant visits/documentation
- 136. **FEEDING**
 - (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 - (k)(1) Written feeding schedule from parent-updated
 - (k)(2) Unused formula/milk discarded after feedings
 - (k)(3) Clean bottles/disposable bottles/appvd washing
 - (k)(4) Baby food served from dish or whole jar
 - (k)(5) Bottles labeled with child's name
- 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
- 139. (l)(3) 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

SCHOOL AGE ENDORSEMENT 19a-79-11

- 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) Approved Schl Age Endorsement
- 141. **SCHEDULE - ACTIVITIES**
 - (c) Written daily program plan-flexible schedule-available to staff/parents
 - (c)(1) Activities not a duplication of child's day
 - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
 - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

CHILD CARE CENTER/SCHOOL CHILD CARE HOME INSPECTION

Muttas at Glastonbury

pending

12/10/24

NIGHT CARE ENDORSEMENT

MONITORING OF DEVICES

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 174. (d)(1) Equipment provided by parents
- 175. (d)(2) Equipment labeled and inaccessible
- 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 177. (e)(1) Authorized prescriber written order
- 178. (e)(2) Written authorization from parent
- 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a


ADDITIONAL VIOLATION


- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

All items on checklist discussed
 - Consultant logs/visits discussed
 - Blinds fixed in Prepper A, Preschool B
 - All measurements on supplemental report with total capacities
 - Supervisor review before approval of license with completed CAP

SIGNATURE OF OEC STAFF

PRINTED NAME
 Ma Miller

SIGNATURE OF PERSON IN CHARGE

PRINTED NAME
 Anguanelle Delator

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: oc.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: *pending on licensure*
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Nittas at Glastonbury TLE License # pending Date: 12/10/24

Observations/Corrections needed:

Preschool 1A - 33 x 24 - (1.5 x 7.67) - (2.08 x 2.83) - (3 x 2) = 792.45 W
746.35 / 35 = 21 (OK 21)

Preschool 1B - 37 x 25.5 - (3.17 x 7.42) - (1.45 x 8) - (2.08 x 2.83) - (3 x 2) - (6 x 2.17) - (3.83 x 2) = 943.5 - 172.08 = 771.42 / 35 = 22 (OK for 22)

Preschool 2A - 24.83 x 32.75 - (7.25 x 7) - (2.08 x 6) = 813.18 - 63.23 = 749.95 / 35 = 21.42 (OK for 21)

↓ Infant A - 32.75 x 17 - (3.83 x 15) - (2.08 x 6.5) - (2.33 x 2.58) - (6 x 2.17) - (3.83 x 2) = 556.75 - 97.66 = 459.09 / 35 = 13.1 (OK 8)

↓ Infant B - 32.75 x 17 - (3.83 x 15) - (2.08 x 6.5) - (2.33 x 2.58) - (6 x 2.17) - (3.83 x 2) = 556.75 - 97.66 = 459.09 / 35 = 13.1 (OK 8)

↓ Toddler A - 25.5 x 16.5 - (4 x 14.5) - (6 x 2.17) - (3.83 x 2) - (2.33 x 2.58) - (2.08 x 6.5) = 422.4 - 98.31 = 324 / 35 = 9.2 (OK 9)

↓ Toddler B - identical to Toddler A (OK 9)

↓ Twaddler A - 25.5 x 16.5 - (4 x 14.5) - (6 x 2.17) - (3.83 x 2) - (2.33 x 2.58) - (2.08 x 6.5) = 422.4 - 98.31 = 324 / 35 = 9.2 (OK 9)

↓ Twaddler B - identical to Toddler A (OK 9)

↓ Preppers A - 25.42 x 13 - (2 x 3.83) - (2.08 x 2.83) - (1.25 x 11.42) = 330.46 - 27.81 = 302.60 / 35 = 8.6 (OK 8)

↓ Preppers B - 25.42 x 13 - (1.25 x 1.25) - (2.08 x 2.83) = 330.46 - 27.6 = 302.92 / 35 = 8.6 (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: [Signature]

Print Name: E. Petarman (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: pending on 2/10/25

Signature: [Signature]
Print Name: Arquandette Delicata (Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Muttas at blasterbury TLE License # pending Date: 12/10/24

Observations/Corrections needed:

$$\sqrt{\text{Tod C} - 32.67 \times 18.25 - (\overset{\text{Bath}}{7.17 \times 21}) - (\overset{\text{fridge}}{3 \times 2}) - (\overset{\text{cabinet}}{2.83 \times 2.08}) = 596.22 - 162.45}$$

$$433.77 / 35 = 12.3 \quad \text{OK } 10$$

Total Capacity: 142

Under 3's : 78

Not on licensed capacity:

Gross Motor Room - $33 \times 265 - (\overset{\text{Bath}}{7.17 \times 21}) - (\overset{\text{cabinet}}{2.08 \times 2.83}) = 8745 - 156.45$
CMake Believe Blvd) $718 / 35 = 20.5$ OK 20 over 3 OK 10 under 24
OK 8 under 24

Under 3 playground - $45.5 \times 43 = 1956.5 / 75 = 26$ OK 8 under 24
OK 10 over 24

over 3 playground - $45.5 \times 67 = 3048.5 / 75 = 40.6$ OK groups 20

Child toilets - 13

Sinks - 20+

Regulations not compliant when
#166-observed dirty microwaves in Infant A, Tod B
Dusty vents observed in preschool 1B Bathroom
and preschool 2B^{CPA} bathroom

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

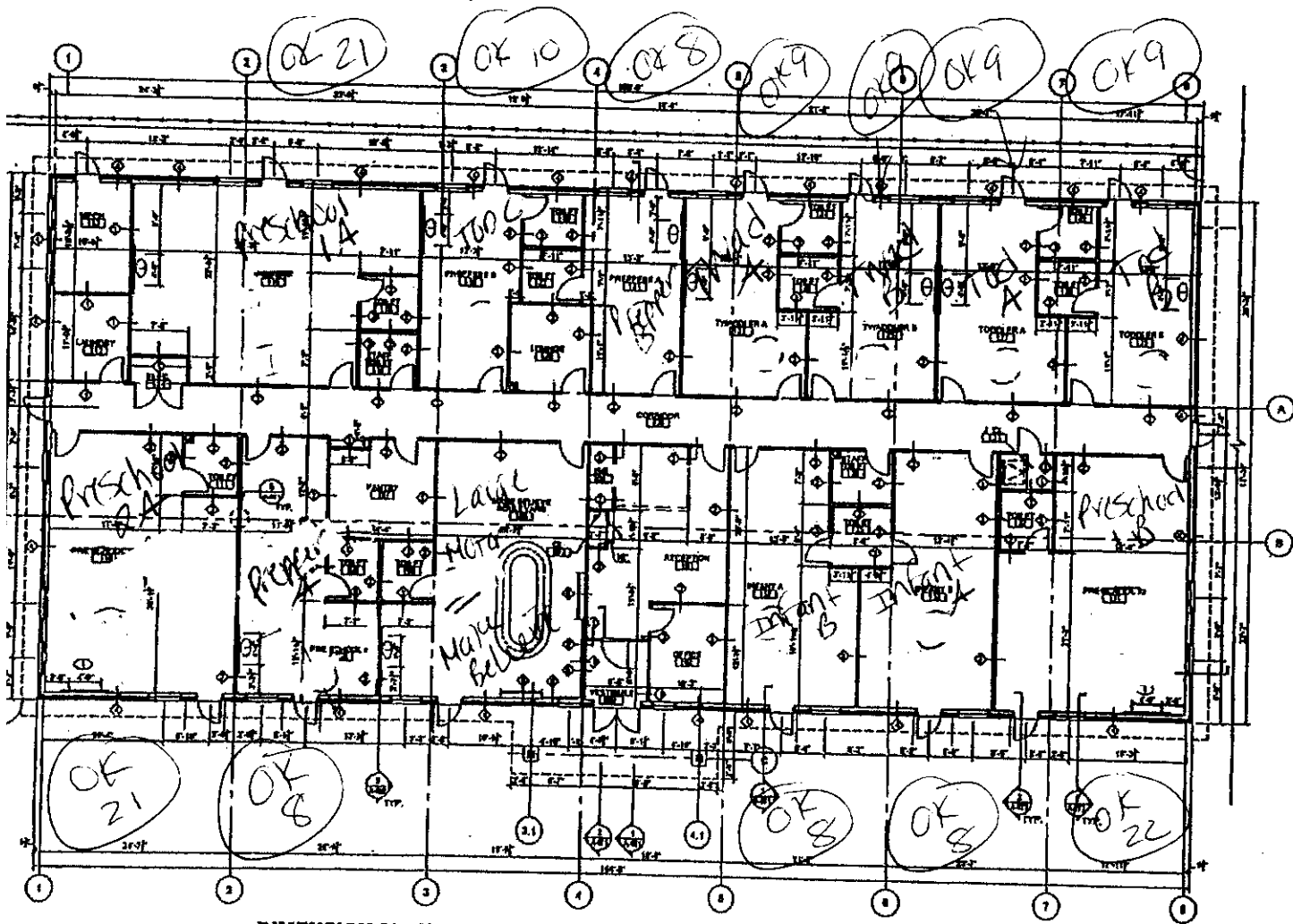
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: *Mia Shellen*
Print Name: Mia Shellen
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: pending on Licensurer

Signature: *[Signature]*
Print Name: Angela DeBorja
(Person in Charge)



1 DIMENSION PLAN
 NORTH SCALE 1/8" = 1'-0"

Total Capacity - 142
 Under 35 - 78