

**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:        | CP Kids Early Learning Center | Date of Inspection:      | 12-9-24          | Time of Arrival:        | 9:15am  |
| Address:             | 1 Blachley Rd                 | License Number:          | 70067            | Expiration Date:        | 8-31-28 |
| Town:                | Stamford                      | Telephone Number:        | 203 989-1900     | Summer Care:            | open    |
| Operator:            | Chelsea Piers Connecticut LLC | # of Staff Present:      | 26               | # over 3 Present:       | 42      |
| Email:               | mkondub@chelseapiers.com      | Total Capacity:          | 118              | Total Under 3 capacity: | 40      |
| Designated Director: | Madeline Kondub               | Hours/Days of Operation: | m-F 7:30am - 6pm |                         |         |

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.**

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| <input checked="" type="checkbox"/> 1.  | (c)(8)  | Local Health Inspection-Date: 1-31-24                                      | <input checked="" type="checkbox"/> 19. | (a)(1)   | Staff health records  |
| <b>ADMINISTRATION 19a-79-3a</b>         |   |  | <input checked="" type="checkbox"/> 20. | (a)(3)   | Disciplinary actions  |
| <input checked="" type="checkbox"/> 2.  | (a)   | Ensuring health & safety of children                                       | <input checked="" type="checkbox"/> 21. | (b)  | Comprehensive Background Checks   |
| <input checked="" type="checkbox"/> 3.  | (b)   | Overall management of program  | <input checked="" type="checkbox"/> 22. | (b)(4)   | Evidence of compliance  |
| <input checked="" type="checkbox"/> 4.  | (b)(6)  | Employee orientation for new program staff                                 | <input checked="" type="checkbox"/> 23. | (d)  | Adequate staffing   |
| <input checked="" type="checkbox"/> 5.  | (b)(6)  | Annual policy training for program staff                                   | <input checked="" type="checkbox"/> 24. | (d)(1)   | Designated head teacher-approved-60%  |
| <input checked="" type="checkbox"/> 6.  | (b)(7)(A)                                       | Child behavior management  | <input checked="" type="checkbox"/> 25. | (d)(2)   | Two staff present-age 18 or older   |
| <input checked="" type="checkbox"/> 7.  | (b)(7)(B)                                       | Documentation that parents were informed of behavior management techniques | <input checked="" type="checkbox"/> 26. | (d)(3)(A-C)                                      | Personal qualities of staff   |
| <input checked="" type="checkbox"/> 8.  | (b)(7)(C)                                       | Child Protection   | <input checked="" type="checkbox"/> 27. | <input checked="" type="checkbox"/> (d)(4)(A)    | <b>RATIOS</b>   |
| <input checked="" type="checkbox"/> 9.  | (b)(7)(E)                                       | Mandated Reporting   | <input checked="" type="checkbox"/> 28. | <input checked="" type="checkbox"/> (d)(4)(B)    | Ratio 1:10 - Indoors/Outdoors   |
| <input checked="" type="checkbox"/> 10. | (c)(1-4)  | Notification of Change   | <input checked="" type="checkbox"/> 29. | <input checked="" type="checkbox"/> (d)(6)       | Mixed age group-ratios  |
| <input checked="" type="checkbox"/> 11. | <input checked="" type="checkbox"/> (d)(2)(A)   | <b>POLICIES-COMplete/IMPLEMENTED</b>                                       | <input checked="" type="checkbox"/> 30. | <input checked="" type="checkbox"/> (d)(4)(D)    | Nap time ratio  |
|   | <input checked="" type="checkbox"/> (d)(2)(B-C) | Discipline policy  | <input checked="" type="checkbox"/> 31. | <input checked="" type="checkbox"/> (d)(5)       | Supervision-Indoors/Outdoors  |
|   | <input checked="" type="checkbox"/> (d)(3)      | Child Protection policy  | <input checked="" type="checkbox"/> 32. | <input checked="" type="checkbox"/> (d)(5)(A)    | <b>GROUP SIZE</b>   |
|   | <input checked="" type="checkbox"/> (d)(4)(A)   | Closing time policy  | <input checked="" type="checkbox"/> 33. | <input checked="" type="checkbox"/> (d)(5)(B)    | Group Size-Indoors/Outdoors   |
|   | <input checked="" type="checkbox"/> (d)(4)(B)   | Medical emergency policy   | <input checked="" type="checkbox"/> 34. | (e)(1)   | Group Size-school age field trips/outdoors                                    |
|   | <input checked="" type="checkbox"/> (d)(4)(B)   | Multi-Hazards policy-annual drill  | <input checked="" type="checkbox"/> 35. | (f)(1)   | Group Size-group size   |
|   | <input checked="" type="checkbox"/> (d)(5)      | Supervision policy   |   | <input checked="" type="checkbox"/> (f)(2)       | Designated director-training  |
|   | <input checked="" type="checkbox"/> (d)(6)      | General Operating policies   |   | <input checked="" type="checkbox"/> (a)(2)       | CPR certified program staff   |
|   | <input checked="" type="checkbox"/> (d)(6)(C)   | Administrative Oversight policy  |   | <input checked="" type="checkbox"/> (h)(1)(2)    | First aid certified program staff   |
|   | <input checked="" type="checkbox"/> (d)(7)      | Personnel policies   |   | <input checked="" type="checkbox"/> (h)(1)(2)    | <b>PROFESSIONAL DEVELOPMENT</b>   |
| <input checked="" type="checkbox"/> 12. | (d)(1)  | Daily attendance-children/staff- keep 1 yr.                                |   | <input checked="" type="checkbox"/> (4)(C)(ii-v) | Documentation   |
| <input checked="" type="checkbox"/> 13. | <input checked="" type="checkbox"/> (f)         | <b>ACCESS</b>  |   | <input checked="" type="checkbox"/> (4)(C)(i)    | Health & Safety training  |
|   | <input checked="" type="checkbox"/> (h)         | Immediate access by parents  |   | <input checked="" type="checkbox"/> (e)(6)       | 1% annual hours   |
| <input checked="" type="checkbox"/> 14. | (l)   | Immediate access by OEC-facility/records                                   |   | <input checked="" type="checkbox"/> (e)(6)       | <b>SWIMMING ACTIVITIES</b> <input checked="" type="checkbox"/> <del>Y</del> N |
| <input checked="" type="checkbox"/> 15. | (m)   | 2.8 yr olds enrolled in preschool-authorization                            |   | <input checked="" type="checkbox"/> (i)(1)(A-D)  | Swimming-Ratios   |
| <input checked="" type="checkbox"/> 16. | (n)   | Motor vehicle laws-transportation  |   | <input checked="" type="checkbox"/> (i)          | Non-swimmers identified   |
| <input checked="" type="checkbox"/> 17. | (o)   | Capacity   |   | <input checked="" type="checkbox"/> (i)(2)(A-H)  | CPR certified staff-age 20 or older   |
|   |   | Respond to OEC-no false, misleading statements or documents                |   | <input checked="" type="checkbox"/> (F)          | Lifeguard-certified-supervising   |
| <input checked="" type="checkbox"/> 18. | <input checked="" type="checkbox"/> (e)(1)      | <b>POSTINGS</b>  |   | <input checked="" type="checkbox"/> (i)(2)       | <b>CONSULTANTS</b>  |
|   | <input checked="" type="checkbox"/> (e)(2)      | License posted   |   | (H)(i)-(I)(i)                                    | Consultants-Education, Health, Social Service, Dietitian (N/A)                |
|   | <input checked="" type="checkbox"/> (e)(3)      | OEC Complaint Procedure posted   |   |  | Consultant agreements-signed annually   |
|   | <input checked="" type="checkbox"/> (e)(4)      | Menus posted   |   |  | Agreements complete w/required services                                       |
|   | <input checked="" type="checkbox"/> (e)(5)      | No Smoking posted signs at entrances                                       |   |  | Consultant logs-documented activities, observations and required services     |
|   | <input checked="" type="checkbox"/> (e)(6)      | OEC Inspection report posted or available                                  |   |  | Consultant visits- Education/Health   |
|   | <input checked="" type="checkbox"/> (e)(6)      | Developmental Milestones posted  |   |  |   |

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

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

PROGRAM NAME: CPKAS Early Learning Center LICENSE NUMBER: 70067 DATE OF INSPECTION: 12.9.24

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"/> 72. | (d)(2)   | Walkways maintained  |
| <input checked="" type="checkbox"/> 37. |  | <b>PARENT PERMISSIONS</b>                    | <input checked="" type="checkbox"/> 73. | (d)(3)   | Windows protected to prevent falls   |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 | <input checked="" type="checkbox"/> 74. | (d)(3)   | Window screens (Schl age only- N/A)  |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                | <input checked="" type="checkbox"/> 75. | (d)(4)   | Glass and mirrors protected to 36"   |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        | <input checked="" type="checkbox"/> 76. | (d)(5)   | Overhead doors-locking devices, spring protectors N/A                            |
|   | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                    | <input checked="" type="checkbox"/> 77. | (d)(6), (f)(3)                                 | Exits, stairs, hallways unobstructed   |
| <input checked="" type="checkbox"/> 38. | (a)(2)(A-B)  | Child Health Records                         | <input checked="" type="checkbox"/> 78. | (d)(7)   | Individual storage of clothing/bedding   |
| <input checked="" type="checkbox"/> 39. | (a)(2)(C)  | Immunization records                         | <input checked="" type="checkbox"/> 79. | (d)(8)   | Smoking or vaping prohibited on premises/grounds                                 |
| <input checked="" type="checkbox"/> 40. | (a)(2)(E)  | Individual care plan-signed by parents/staff | <input checked="" type="checkbox"/> 80. | (d)(8)   | Matches/lighters inaccessible  |
| <input checked="" type="checkbox"/> 41. | (a)(3)(A)  | Injury, Illness, Incident, Accident reports  | <input checked="" type="checkbox"/> 81. | (d)(9)   | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 42. | (a)(3)(B)  | Parent notification of illness or injury     | <input checked="" type="checkbox"/> 82. |  | <b>TOILETING</b>   |
| <input checked="" type="checkbox"/> 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality     |   | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan  |
| <input checked="" type="checkbox"/> 44. | (a)(3)(D)  | Notify DPH, local health-reportable diseases |   | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met  |
| <input checked="" type="checkbox"/> 45. | (a)(4)   | Video recordings- keep 30 days               |   | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected                                     |

HEALTH and SAFETY 19a-79-6a

|   |   |  |   |         |   |
|---|---|--|---|---------|---|
| <input checked="" type="checkbox"/> 46. | (a)(1)                                  | Preparation, transportation of food-follow DPH Model Food Code <u>(N/A)</u>  | <input checked="" type="checkbox"/> 83. | (d)(11) | Required toilets/sinks-1:16   |
| <input checked="" type="checkbox"/> 47. | (a)(2)                                  | Nutritious meals and snacks  | <input checked="" type="checkbox"/> 84. |         | Required toilets/sinks-1:25 schl age only   |
| <input checked="" type="checkbox"/> 48. | (a)(3)                                  | Proper refrigeration-41 degrees  | <input checked="" type="checkbox"/> 85. |         | Toileting Supplies-Hand drying-Garbage  |
| <input checked="" type="checkbox"/> 49. | (a)(4)                                  | Menus-1 wk in advance- keep 3 mths   | <input checked="" type="checkbox"/> 86. | (e)(3)  | Handwashing staff/children  |
| <input checked="" type="checkbox"/> 50. | (a)(5)                                  | Food Service Inspection <u>(N/A)</u>   | <input checked="" type="checkbox"/> 87. | (e)(4)  | Toilets/sinks located-at the facility or licensed premises                          |
| <input checked="" type="checkbox"/> 51. | (a)(6)                                  | Kitchen-clean, safe storage of food/supplies   | <input checked="" type="checkbox"/> 88. | (e)(5)  | Well lighted/ventilated toilet rooms  |
| <input checked="" type="checkbox"/> 52. | (a)(7)                                  | Separate hand washing facilities   | <input checked="" type="checkbox"/> 89. | (e)(5)  | Mechanical ventilation (Grp Homes N/A)  |
| <input checked="" type="checkbox"/> 53. | (a)(8)                                  | Multi-use eating/drinking utensils   | <input checked="" type="checkbox"/> 90. | (e)(6)  | Staff personal articles inaccessible  |
| <input checked="" type="checkbox"/> 54. | (a)(9)                                  | Kitchen separated (Schl age only N/A)  | <input checked="" type="checkbox"/> 91. | (e)(7)  | <b>AIR TEMPERATURE</b>  |
| <input checked="" type="checkbox"/> 55. | (a)(10)                                 | Children supervised during meal prep   | <input checked="" type="checkbox"/> 92. | (e)(7)  | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) |
| <input checked="" type="checkbox"/> 56. | (a)(11)                                 | Handwashing-staff/children   | <input checked="" type="checkbox"/> 93. | (e)(7)  | Air temp <65°F comfortable (Schl age only-N/A)                                      |
| <input checked="" type="checkbox"/> 57. | (b)(1)                                  | Illness procedures-staff knowledgeable, children observed for signs/symptoms   | <input checked="" type="checkbox"/> 94. | (e)(7)  | Air temp > 80 °F - ↑ fluids/ventilation   |
| <input checked="" type="checkbox"/> 58. | (b)(2)                                  | Designated isolation area  | <input checked="" type="checkbox"/> 95. | (e)(9)  | Water temperature 60 °F - 120 °F  |
| <input checked="" type="checkbox"/> 59. | <input checked="" type="checkbox"/> (c) | <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips  | <input checked="" type="checkbox"/> 96. | (e)(11) | Portable space heaters prohibited   |
| <input checked="" type="checkbox"/> 60. | <input checked="" type="checkbox"/> (c) | <b>FIRST AID SUPPLIES</b> -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"/> 97. | (e)(12) | Walls/ceilings/floors/rugs-clean/good repair  |
| <input checked="" type="checkbox"/> 61. | <input checked="" type="checkbox"/> (d) | <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags  | <input checked="" type="checkbox"/> 98. | (e)(13) | Rugs- not tripping/slipping hazard  |

PHYSICAL PLANT 19a-79-7a

|   |   |  |  |            |  |
|---|---|--|--|------------|--|
| <input checked="" type="checkbox"/> 62. | (a)(2)  | Fire marshal codes/certificate <u>1.30.24</u>                                      | <input checked="" type="checkbox"/> 99.  | (e)(14-15) | Hot water/Steam pipes protected  |
| <input checked="" type="checkbox"/> 63. | (b)   | Indoor/Outdoor space inspected/approved  | <input checked="" type="checkbox"/> 100. | (e)(16)    | Working phone on each level  |
| <input checked="" type="checkbox"/> 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                       | <input checked="" type="checkbox"/> 101. | (e)(17)    | Emergency numbers posted-adjacent to phones  |
| <input checked="" type="checkbox"/> 65. | (b)(6)  | Space not inspected/approved but used for field trips-written parent permission    | <input checked="" type="checkbox"/> 102. | (e)(18)    | Parents provided direct on site phone number   |
| <input checked="" type="checkbox"/> 66. | (c)(2)  | Licensed premises-clean, good repair, hazard free, maintenance program established | <input checked="" type="checkbox"/> 103. | (f)(1)(A)  | <b>LIGHTING</b>  |
| <input checked="" type="checkbox"/> 67. | (c)(3)  | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)         | <input checked="" type="checkbox"/> 104. | (g)(1)     | All areas min. 1 foot candle of lighting   |
| <input checked="" type="checkbox"/> 68. | (c)(4)  | Testing of premises/grounds for chemicals  | <input checked="" type="checkbox"/> 105. | (g)(2)     | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible |
| <input checked="" type="checkbox"/> 69. |   | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)                                    | <input checked="" type="checkbox"/> 106. | (g)(3)     | Schl age only-lighting for comfort   |
|   | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: <u>8.7.23</u>  | <input checked="" type="checkbox"/> 107. | (g)(4)     | Light fixtures shielded/shatter proof  |
|   | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: <u>(N/A)</u>   |  |            | Potentially hazardous substances, materials - labeled, inaccessible                    |
|   | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible  |  |            | Garbage/rubbish-disposed of daily, containers in good repair                           |
| <input checked="" type="checkbox"/> 70. |   | <b>LEAD PAINT</b> -  |  |            | Stairs-protected/good repair-handrails   |
|   | <input checked="" type="checkbox"/> (c)(6)(A)   | Peeling Paint - Y <u>(N)</u> Inside/Outside  |  |            | Toxic plants/materials inaccessible  |
|   | <input checked="" type="checkbox"/> (c)(6)(B-D) | Building Pre-78: Y <u>(N)</u> Lead Test: Y <u>(N)</u>                              |  |            | Pets or other animals-in good health, written care plan including access to children   |
|   |   | Results _____  |  |            | Prevention of vermin-openings screened   |
| <input checked="" type="checkbox"/> 71. | (d)(1)  | Lead Management Plan _____   |  |            | Radon test- Results: <u>0.3</u> N/A  |
|   |   | Emergency vehicle access   |  |            | Results posted-Date: <u>4.20.12</u> (Schls-N/A)  |

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

|                     |                               |                       |       |                           |         |
|---------------------|-------------------------------|-----------------------|-------|---------------------------|---------|
| <b>PROGRAM NAME</b> | CP Kids Early Learning Center | <b>LICENSE NUMBER</b> | 70067 | <b>DATE OF INSPECTION</b> | 12.9.24 |
|---------------------|-------------------------------|-----------------------|-------|---------------------------|---------|

**PHYSICAL PLANT 19a-79-7a cont.**

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

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

|                                     |      |  |  |
|-------------------------------------|------|--|--|
| <input checked="" type="checkbox"/> | 115. | (a)  | Written daily/weekly educational plan-developmentally appropriate  |
| <input checked="" type="checkbox"/> | 116. | (a)  | <b>EDUCATIONAL REQUIREMENTS</b>  |
|                                     |      | <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"/> (b)      | Limited access to screen time/video games  |

**UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)**

**SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)**

|                                     |      |  |  |
|-------------------------------------|------|--|--|
| <input checked="" type="checkbox"/> | 117. | (b)  | Approved Under 3 Endorsement   |
| <input checked="" type="checkbox"/> | 118. | (c)(2)   | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)   |
| <input checked="" type="checkbox"/> | 119. | (c)(3)   | Group size-max 8 (6wks-24mths), max 10 (24-36mths)                                     |
| <input checked="" type="checkbox"/> | 120. | (c)(4)   | Physical barriers- indoors/outdoors  |
| <input checked="" type="checkbox"/> | 121. | (d)(1)(A-C)                                      | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input 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   |

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| <input checked="" type="checkbox"/> | 140. | (b)  | Approved Schl Age Endorsement  |
| <input checked="" type="checkbox"/> | 141. | <input checked="" type="checkbox"/> (c)    | <b>SCHEDULE - ACTIVITIES</b>   |
| <input checked="" type="checkbox"/> | 142. | <input checked="" type="checkbox"/> (c)(1) | Written daily program plan-flexible schedule-available to staff/parents  |
|                                     |      | <input checked="" type="checkbox"/> (c)(2) | Activities not a duplication of child's day  |
|                                     |      | <input checked="" type="checkbox"/> (c)(3) | Activities include cognitive, physical, social, emotional needs of the children  |
|                                     |      | (d)  | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (e)  | Ratio- 1:15  |
| <input checked="" type="checkbox"/> | 144. | (f)  | Group size- max. 30  |
| <input checked="" type="checkbox"/> | 145. | (g)  | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                    |
| <input checked="" type="checkbox"/> | 146. |  | Head teacher approved- 60%   |

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

|                     |                               |                       |       |                           |         |
|---------------------|-------------------------------|-----------------------|-------|---------------------------|---------|
| <b>PROGRAM NAME</b> | CP Kids Early Learning Center | <b>LICENSE NUMBER</b> | 10067 | <b>DATE OF INSPECTION</b> | 12-9-24 |
|---------------------|-------------------------------|-----------------------|-------|---------------------------|---------|

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|---|--|
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y(N)</b> | <b>MONITORING OF DIABETES 19a-79-13 Y(N)</b> |
|---|--|

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

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|--|---|--|--|-------|---|
| <input checked="" type="checkbox"/> 157.<br><input checked="" type="checkbox"/> 158.<br><br><input checked="" type="checkbox"/> 159.<br><br><input checked="" type="checkbox"/> 160.<br><br><input checked="" type="checkbox"/> 161.<br><input checked="" type="checkbox"/> 162.<br><br><input checked="" type="checkbox"/> 163.<br><input checked="" type="checkbox"/> 164.<br><input checked="" type="checkbox"/> 165.<br><input checked="" type="checkbox"/> 166.<br><input checked="" type="checkbox"/> 167.<br><input checked="" type="checkbox"/> 168.<br><input checked="" type="checkbox"/> 169.<br><input checked="" type="checkbox"/> 170. | (9a)<br>(9a)<br>(a)(2)<br>(a)(3)(A-B)<br>(a)(3)(C)<br>(b)(1)(A/C)<br>(b)(1)(D)<br>(b)(1)(E)<br>(b)(1)(F)<br>(b)(2)(A-B)<br>(b)(2)(C)<br>(b)(3)(A-B)<br>(b)(3)(D)<br>(b)(4)(A-B)<br>(b)(5)(A-B)<br>(b)(5)(C)<br>(b)(5)(D)<br>(b)(5)(E)<br>(b)(6)<br>(b)(7)(A-B)<br>(d) | Written medication policies/procedures<br>Permit enrollment of children with asthma, allergies, diabetes<br><b>NONPESC. TOPICAL MEDICATION</b><br>Admin/Parent permission/report errors<br>Labeling and Storage<br>Unused/expired meds destroyed/returned<br><b>MEDICATION TRAINING</b><br>Medication training-general-oral/top/inhalant<br>Injectable premeasured autoinjector medication<br>Rectal medication<br>Injectible other than premeasured auto-injector<br>Training approval documents/certificates<br>Training outline on file<br>Authorized prescriber/parent permission<br>Medication errors- documentation, parent(s) and OEC notification<br>Medication Administration Records (MAR)<br>Labeling and Storage<br>Emergency medication inaccessible<br>Unused/Expired meds-destroyed/returned<br>Auto-injector/inhalant equipment<br>Self-administration documentation<br>Petition for special medication authorization<br>Potassium Iodide (KI) emergency distribution-permission and storage | <input checked="" type="checkbox"/> 180. | - N/A | Consent Order/Negotiated Corrective Action Plan conditions<br>(N/A) |
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| <b>DISCUSSIONS - COMMENTS</b> |
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| le b (C)(2) Regulation Was not in compliance when wood furniture not secured in teal, orange and green rooms<br><br>Discussion - All new state regulations and policies. |
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| <b>SIGNATURE OF OEC STAFF</b> | <b>SIGNATURE OF PERSON IN CHARGE</b> |
| <b>PRINTED NAME</b>           | <b>PRINTED NAME</b>                  |

|   |   |
|---|---|
| OEC DIVISION OF LICENSING<br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> | Inspection shall be posted or available for review upon request.<br>Written Corrective Action Plan Due by: 12.23.24<br>CAP: <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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