

**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:	Dayco Activities Program	Date of Inspection:	12/2/24	Time of Arrival:	7:30 am
Address:	1300 Newfield Avenue	License Number:	16658	Expiration Date:	5.31.25
Town:	Stamford	Telephone Number:	203.609.9021	Summer Care:	Closed
Operator:	Roscco Stamford School Comm Org Inc	# of Staff Present:	2	# over 3 Present:	4
Email:	abis@roscco.org	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Audette Bisillon	Hours/Days of Operation:	7:30-4:50am and 9:30-5:30		

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: 8-27-24

ADMINISTRATION 19a-79-3a

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

<input checked="" type="checkbox"/> 19. (a)(1)	
<input checked="" type="checkbox"/> 20. (a)(3)	
<input checked="" type="checkbox"/> 21. (b)	
<input checked="" type="checkbox"/> 22. (b)(4)	
<input checked="" type="checkbox"/> 23. (d)	
<input checked="" type="checkbox"/> 24. (d)(1)	
<input checked="" type="checkbox"/> 25. (d)(2)	
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	
<input checked="" type="checkbox"/> 27.	<input checked="" type="checkbox"/> (d)(4)(A)
	<input checked="" type="checkbox"/> (d)(4)(B)
	<input checked="" type="checkbox"/> (d)(6)
<input checked="" type="checkbox"/> 28. (d)(4)(D)	
<input checked="" type="checkbox"/> 29.	<input checked="" type="checkbox"/> (d)(5)
	<input checked="" type="checkbox"/> (d)(5)(A)
	<input checked="" type="checkbox"/> (d)(5)(B)
<input checked="" type="checkbox"/> 30. (e)(1)	
<input checked="" type="checkbox"/> 31. (f)(1)	
<input checked="" type="checkbox"/> 32. (f)(2)	
<input checked="" type="checkbox"/> 33.	<input checked="" type="checkbox"/> (a)(2)
	<input checked="" type="checkbox"/> (h)(1)(2)
	<input checked="" type="checkbox"/> (h)(2)(2)
<input checked="" type="checkbox"/> 34.	<input checked="" type="checkbox"/> (4)(C)(ii-v)
	<input checked="" type="checkbox"/> (4)(C)(i)
	<input checked="" type="checkbox"/> (e)(6)
	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 35.	<input checked="" type="checkbox"/> (i)(1)(A)-(D)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)(2)(A-H)
	<input checked="" type="checkbox"/> (F)
	<input checked="" type="checkbox"/> (i)(2)
	(H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours
SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

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

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

PROGRAM NAME Danco Activities Program		LICENSE NUMBER 16658	DATE OF INSPECTION 12-2-24
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. <input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only) (N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only) (N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only) (N/A)	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<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"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(2)	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"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> (e)(4)	Water temperature 60 °F - 120 °F
<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"/> (e)(5)	Portable space heaters prohibited
<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"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<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"/> (e)(6)	Rugs- not tripping/slipping hazard
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate 8.6.24	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(9)	LIGHTING
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools) (N/A)	<input checked="" type="checkbox"/> (e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____	<input checked="" type="checkbox"/> (e)(12)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> (e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y(N) Lead Test: Y(N) Results _____	<input checked="" type="checkbox"/> (e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan _____	<input checked="" type="checkbox"/> (e)(17)	Pets or other animals-in good health, written care plan including access to children
	Emergency vehicle access	<input checked="" type="checkbox"/> (e)(18)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> (f)(1)(A)	Radon test- Results: _____ (N/A)
		<input checked="" type="checkbox"/> (g)(1)	Results posted-Date: _____ (Schls) (N/A)
		<input checked="" type="checkbox"/> (g)(2)	Carbon monoxide detector-each level (N/A)
		<input checked="" type="checkbox"/> (g)(3)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

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

PROGRAM NAME	Davco Activities Program	LICENSE NUMBER	116658	DATE OF INSPECTION	12-2-24
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PHYSICAL PLANT 19a-79-7a 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.		OUTDOOR SPACE
		<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 playg. 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
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
		<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
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/>	129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
		<input type="checkbox"/> (f)(2)	Linens/emergency clothing available
		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
		<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
			Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>	130.		SAFE SLEEP
		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
		(h)(1)	Infant toys-separate/washed/sanitized daily
		(h)(1)	Toddler toys-washed/sanitized weekly
		(h)(2)	No toys/objects less than 1 ¼ " diameter
		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		(i)(1)(2A-C)	Health consultant visits/documentation
			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
		(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
		(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
		(l)(3)	Shock ab materials less than 1 ¼ "-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)	EDUCATIONAL REQUIREMENTS
		<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

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

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

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

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PROGRAM NAME	DAVID Activities Program	LICENSE NUMBER	16658	DATE OF INSPECTION	12.2.24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y(N) MONITORING OF DIABETES 19a-79-13 Y(N)

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	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 checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. SLEEP PROVISIONS		<input checked="" type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 177. (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 checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		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

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

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	<p>Violation #160. Regulation was not in compliance when morning staff present do not have injectable certification on site. One staff who arrived after 8pm had expired certificate and the other staff with current certification is not present.</p> <p>Discussed - Ed. Contract needs all new requirements indicated on contract.</p> <ul style="list-style-type: none"> - Need multi-hazard policy - annual drill - need administrative oversight policy - 1 staff with expired physical.
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned	
<input type="checkbox"/> 160. (b)(1)(A/C)	<u>MEDICATION TRAINING</u>	
<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 checked="" type="checkbox"/> (b)(1)(F)	Rectal medication	
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization	
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage	

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lori Mangano	PRINTED NAME	Christopher Nugent

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: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 12.16.24	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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