

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:	AaBbCc Early Learning Center	Date of Inspection:	12/12/24	Time of Arrival:	10:00am
Address:	31 Miry Brook Rd.	License Number:	pending	Expiration Date:	-
Town:	Danbury, CT 06810	Telephone Number:	203-942-2225	Summer Care:	open
Operator:	AaBbCc Early Learning Center 2 LLC	# of Staff Present:	10	# over 3 Present:	3
Email:	msigurasson@outlook.com	Total Capacity:	78	Total Under 3 capacity:	22
Designated Director:	Maria Sigurdsson	Hours/Days of Operation:		# under 3 Present:	7
				Ages Served:	1-12y.o.

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: 2/20/24

ADMINISTRATION 19a-79-3a

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28.
- 29.
- (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33.
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- 34.
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (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	-	-	-

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

PROGRAM NAME	AaBbCc Early Learning Center 2, LLC	LICENSE NUMBER	Pending	DATE OF INSPECTION	12/12/24
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RECORD KEEPING 19a-79-5      PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <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) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D)	Children's Enrollment information <b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7) (d)(8)  (d)(8) (d)(9)  (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F)  (d)(10)(G) (d)(10)(H) (d)(11)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only-N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible-covered or protected (Schl age only-N/A) <b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 (Schl age only) Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes-N/A) Staff personal articles inaccessible <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: 3.6 N/A Results posted-Date: 11/8/24 (Schl age only-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child 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
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HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60.  <input checked="" type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only-N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 85.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.	(e)(1) <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7)  <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)  <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10) (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17)  (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)
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PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.  <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3) (c)(4) (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)  <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate 7/29/24 Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: 10/28/24 Bact./Chem Test-Date: (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Peeling Paint - Y6 Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: Lead identified Lead Management Plan: 12 months Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101.  <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(e)(9) (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17)  (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Aa Bb Cc Early Learning	LICENSE NUMBER	Ormaing	DATE OF INSPECTION	12/12/24
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PHYSICAL PLANT 19a-79-7a cont. Center 2 LLC	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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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.		<b>OUTDOOR SPACE</b>
	(h)(1)	Adequate space- 75 sq. ft. per child
	(h)(2)	Shock absorbing surfaces-minimum 8"
	(h)(3)	Playground free from hazards
	(h)(4)	Nuts, bolts, screws-tight, covered/protected
	(h)(5)	Outside equipment anchored-anchors buried
	(h)(6)	New equip- cert play. Inspection upon request
	(h)(8)	Drinking water available/accessible
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
112.		<b>OUTDOOR PROTECTED/FENCING</b>
	(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)
		<b>WATER HAZARDS</b>
	(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

129.				<b>LINENS/CLOTHING</b>
	(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.				<b>SAFE SLEEP</b>
	(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
	(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.				<b>FEEDING</b>
	(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)	<b>EDUCATIONAL REQUIREMENTS</b>
	(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	(b)	Limited access to screen time/video games

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

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.		<b>DIAPERING</b>
	(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

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

140.	(b)	Approved Schl Age Endorsement
141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(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
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 and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

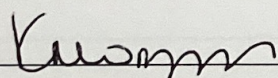
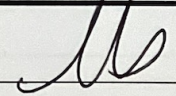
<b>PROGRAM NAME</b> AaBbCc Early Learning Ctr.	<b>LICENSE NUMBER</b> grossing	<b>DATE OF INSPECTION</b> 12/12/24	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b> <input checked="" type="checkbox"/>		<b>MONITORING OF DIABETES 19a-79-13 Y/N</b> <input checked="" type="checkbox"/>	

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

**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

<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<b>DISCUSSIONS - COMMENTS</b>		
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage			
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication			
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication			
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector			
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates			
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/> 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 N/A			

<b>SIGNATURE OF OEC STAFF</b> 	<b>SIGNATURE OF PERSON IN CHARGE</b> 
<b>PRINTED NAME</b> Kristin Morgan	<b>PRINTED NAME</b> Marie Sigurdsson

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

Name of Program/Provider: AaBbCc Early Learning Center License # pending Date: 12/12/24  
2446

Observations/Corrections needed:

Yellow room:

Toilets: 5 Sinks: 11

$$20.3 \times 31.2 = 633.36 \div 35 = 18.09 \text{ OK } \boxed{18 \ 3^+}$$

Blue Room:

$$31.2 \times 21 = 655.2 \div 35 = 18.72 \text{ OK } \boxed{18 \ 3^+}$$

Small room by office:

$$13.6 \times 13.1 = 178.16 \div 35 = 5.09 \text{ OK } \boxed{4 \text{ under } 3^+}$$

Green Room:

$$33.6 \times 21 = 705.6 \div 35 = 20.14 \text{ OK } \boxed{20 \ 3^+}$$

Purple Room:~~24.4 x 35~~ Front/Side 1:

$$9.6 \times 30.10 - (2.7 \times 1.2) = 292.2 / 35 = 8.34 \text{ OK } \boxed{8 \ 0 \ 3}$$

Back/Side 2:

$$32.2 \times 11 - (1 \times 1.8) + (7.8 \times 2.5) = 373 \div 35 = 10.65 \text{ OK } \boxed{10 \ 2^+}$$
  
$$\text{OR } \boxed{8 \ 0 \ 3}$$

Large playground:

$$7742.19 \div 35 = 103.23 - \text{OK } \boxed{103 \ 3^+}$$

Small pg (left side):

$$20.6 \times 14.7 = 302.82 \div 75 = 4.03 \text{ OK } \boxed{4 \ 0 \ 3}$$

Small pg (right side):

$$19.3 \times 24.3 = 468.99 \div 75 = 6.25 \text{ OK } \boxed{6 \ 0 \ 3}$$

Total Capacity: 78

Under 3 Capacity: 22

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: Kuom Kirti Mogan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Marie Sigurdsson  
(Person in Charge)OEC BY: prior to license.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: AABbCc Early Learning Center LLC License # pending Date: 12/12/24

Observations/Corrections needed:

II - policies incomplete (discipline, operating, closing time, multi hazard, operating + administrative oversight) Checklist left.

35 - health consultant agreement missing duties related to under 3s - see checklist.

46 - observed cubbies unsecured in purple room; small shelf/table top in green room unsecured.

III - educational program plan incomplete - see checklist

Discussed:

- Canoe drainage on playground
- needed - new food service license
- post updated complaint procedure.

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: Kristina Knorr  
(OEC Representative) Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: MS Marie Sigurdsson  
(Person in Charge)

OEC BY: prior to license.