

**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:	Children's Community Development Center	Date of Inspection:	12-16-24	Time of Arrival:	10am
Address:	90 Hillspoint Rd	License Number:	12809	Expiration Date:	10-31-28
Town:	Westport	Telephone Number:	203-226-8033	Summer Care:	Open
Operator:	Children's Community Dev Center Inc - Board of Dir	# of Staff Present:	21	# over 3 Present:	29
Email:	director@myccdc.org	Total Capacity:	96	Total Under 3 capacity:	32
Designated Director:	Eileen Ward	Hours/Days of Operation:	M-F 7:15am - 5:30pm		

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: 1-23-2024	<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.	(d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11.		<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 13.	(d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 36.	(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 37.	(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38.	(h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39.	(h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40.	(4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 41.	(4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents	<input checked="" type="checkbox"/> 42.	(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43.	(e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44.	(i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 45.	(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 27.	(o)	Capacity	<input checked="" type="checkbox"/> 46.	(f)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47.	(F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 29.	(e)(1)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> 48.	(i)(2)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 30.	(e)(2)	License posted	<input checked="" type="checkbox"/> 49.	(H)(i)-(l)(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 31.	(e)(3)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50.		Consultant agreements-signed annually
<input checked="" type="checkbox"/> 32.	(e)(4)	Menus posted	<input checked="" type="checkbox"/> 51.		Agreements complete w/required services
<input checked="" type="checkbox"/> 33.	(e)(5)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 52.		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 34.	(e)(6)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 53.		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted	<input checked="" type="checkbox"/> 54.		

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

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

<b>PROGRAM NAME</b>	Children's Community Development Center	<b>LICENSE NUMBER</b>	12809	<b>DATE OF INSPECTION</b>	12-16-24
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**RECORD KEEPING 19a-79-5**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days

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

<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<input checked="" type="checkbox"/>		(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	85.	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>		(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	89.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	92.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	93.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.		<b>LIGHTING</b>
<input checked="" type="checkbox"/>		(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>1.0</u> N/A
<input checked="" type="checkbox"/>			Results posted-Date: <u>4-30-94</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u>
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection <u>exp 1-31-25</u> N/A
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	(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"/>	61.	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

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

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>1-18-24</u>
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>10-6-23</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b> -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>None</u>
<input checked="" type="checkbox"/>			Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

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

<b>PROGRAM NAME</b>		Childrens Community Development Center	<b>LICENSE NUMBER</b>	12809	<b>DATE OF INSPECTION</b>	12-16-24
<b>PHYSICAL PLANT 19a-79-7a cont.</b>				<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>	
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed	
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child			Cribs/cots cleaned-linens changed when shared	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds, etc.	
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCING</b>		<input checked="" type="checkbox"/> (g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible	
	<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"/> 132.	<input checked="" type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/> 134.	<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61		<input checked="" type="checkbox"/> 135.	No toys/objects less than 1 1/4" diameter	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible			Health consultant visits/documentation	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>			<b>FEEDING</b>			
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
<input checked="" type="checkbox"/> 116.	<input checked="" type="checkbox"/> (a)	<b>EDUCATIONAL REQUIREMENTS</b>		<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated	
	<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"/> 137.	<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings	
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing	
			<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar	
<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>				<input checked="" type="checkbox"/> (l)(1)	Bottles labeled with child's name	
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement		<input checked="" type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25	
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		<input checked="" type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children	
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)			Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety	
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>			
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement	
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>	
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<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"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day	
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children	
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 144.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/> 145.	(e)	Ratio- 1:15	
<input checked="" type="checkbox"/> 128.		<b>DIAPERING</b>	<input checked="" type="checkbox"/> 146.	(f)	Group size- max. 30	
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail		(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			Head teacher approved- 60%	
	<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				

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

<b>PROGRAM NAME</b>	Children's Community Development Center	<b>LICENSE NUMBER</b>	12809	<b>DATE OF INSPECTION</b>	12-16-24
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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.	(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 checked="" 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"/> (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"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
NA	<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
	<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly			Authorized prescriber written order
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants			Written authorization from parent
<input type="checkbox"/> 154.	(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
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	NA	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			N/A
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>			
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors			
	<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 type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage			N/A

**DISCUSSIONS - COMMENTS**

<b>SIGNATURE OF OEC STAFF</b>	Cathy Anderson		<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	Cathy Anderson	Eileen A. Ward	<b>PRINTED NAME</b>

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: 12-30-24 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: Children's Community Development Center License # 12809 Date: 12-16-24

Observations/Corrections needed:

Regulation not in compliance when:

- #66 - Twos and 4's rooms have wooden refrigerator not secured
- Young Toddlers - radiator door not secured and bathroom radiator has rust and rough to the touch
- #109 - Indoor Climbing equipment throughout does not have shock absorbing material under and around.
- #111 ch (3) - Outdoor shed is chipping and has wood splitting accessible to children.

Discussed

2024 regulations

1 care plan not signed by staff

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: Cathy Anderson

Print Name: Cathy Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Eileen A Ward

OEC BY: 12-30-24

Print Name: Eileen A Ward  
(Person in Charge)