

**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: | Gingerbread School House | Date of Inspection: | 12/9/24 | Time of Arrival: | 9:05 AM |
| Address: | 32 Church Street | License Number: | 70431 | Expiration Date: | 9.30.26 |
| Town: | Monroe, Ct. 06468 | Telephone Number: | (203) 268-6611 | Summer Care: | No |
| Operator: | John and Cynthia O'Rourke LLC | # of Staff Present: | 4 | # over 3 Present: | 28 |
| Email: | gingerbreadmonroe@yahoo.com | Total Capacity: | 32 | Total Under 3 capacity: | 8 |
| Designated Director: | Cindy O'Rourke | Hours/Days of Operation: | MWF 9-230 THF-9a/1pm | # under 3 Present: | 0 |
| | | | | Ages Served: | 3-5 |

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

1. (c)(8) Local Health Inspection-Date: 11.16.23

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) POLICIES-COMplete/IMPLEMENTED
- 12. (d)(2)(B-C) Discipline policy
- 13. (d)(3) Child Protection policy
- 14. (d)(4)(A) Closing time policy
- 15. (d)(4)(B) Medical emergency policy
- 16. (d)(5) Multi-Hazards policy-annual drill
- 17. (d)(6) Supervision policy
- 18. (d)(6)(C) General Operating policies
- 19. (d)(7) Administrative Oversight policy
- 20. (d)(1) Personnel policies
- 21. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 22. (f) ACCESS
- 23. (h) Immediate access by parents
- 24. (l) Immediate access by OEC-facility/records
- 25. (m) 2.8 yr olds enrolled in preschool-authorization
- 26. (n) Motor vehicle laws-transportation
- 27. (o) Capacity
- 28. Respond to OEC-no false, misleading statements or documents
- 29. POSTINGS
- 30. (e)(1) License posted
- 31. (e)(2) OEC Complaint Procedure posted
- 32. (e)(3) Menus posted
- 33. (e)(4) No Smoking posted signs at entrances
- 34. (e)(5) OEC Inspection report posted or available
- 35. (e)(6) Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. (d)(4)(A) RATIOS
- 28. (d)(4)(B) Ratio 1:10 - Indoors/Outdoors
- 29. (d)(6) Mixed age group-ratios
- 30. (d)(4)(D) Nap time ratio
- 31. (d)(5) Supervision-Indoors/Outdoors
- 32. (d)(5)(A) GROUP SIZE
- 33. (d)(5)(B) Group Size-Indoors/Outdoors
- 34. (e)(1) Group Size-school age field trips/outdoors
- 35. (f)(1) Mixed age group-size
- 36. (f)(2) Designated director-training
- 37. (a)(2) CPR certified program staff
- 38. (h)(1)(2) First aid certified program staff
- 39. (h)(1)(2) PROFESSIONAL DEVELOPMENT
- 40. (4)(C)(ii-v) Documentation
- 41. (4)(C)(i) Health & Safety training
- 42. (e)(6) 1% annual hours
- 43. (e)(6) SWIMMING ACTIVITIES - Y/N
- 44. (i)(1)(A-D) Swimming-Ratios
- 45. (i) Non-swimmers identified
- 46. (i)(2)(A-H) CPR certified staff-age 20 or older
- 47. (F) Lifeguard-certified-supervising
- 48. (i)(2) CONSULTANTS
- 49. (H)(i)-(I)(i) Consultants-Education, Health, Social Service, Dietitian (N/A)
- 50. (i) Consultant agreements-signed annually
- 51. (i)(2) Agreements complete w/required services
- 52. (i)(2) Consultant logs-documented activities, observations and required services
- 53. (i)(2) 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 | Gingerbread School House | LICENSE NUMBER | 70431 | DATE OF INSPECTION | 12-9-24 |
|--------------|--------------------------|----------------|-------|--------------------|---------|

RECORD KEEPING 19a-79-5

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C) | Children's Enrollment information |
| <input checked="" type="checkbox"/> 37. | | PARENT PERMISSIONS |
| <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. | | TOILETING |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes N/A) |
| <input checked="" type="checkbox"/> | (d)(11) | Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> | (e)(1) | AIR TEMPERATURE |
| <input checked="" type="checkbox"/> | (e)(1) | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) |
| <input checked="" type="checkbox"/> | (e)(2) | Air temp <65°F comfortable (Schl age only-N/A) |
| <input checked="" type="checkbox"/> | (e)(3) | Air temp > 80 °F - ↑ fluids/ventilation |
| <input checked="" type="checkbox"/> | (e)(4) | Water temperature 60 °F - 120 °F |
| <input checked="" type="checkbox"/> | (e)(5) | Portable space heaters prohibited |
| <input checked="" type="checkbox"/> | (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| <input checked="" type="checkbox"/> | (e)(6) | Rugs- not tripping/slipping hazard |
| <input checked="" type="checkbox"/> | (e)(7) | Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> | (e)(7) | Working phone on each level |
| <input checked="" type="checkbox"/> | (e)(7) | Emergency numbers posted-adjacent to phones |
| <input checked="" type="checkbox"/> | (e)(7) | Parents provided direct on site phone number |
| <input checked="" type="checkbox"/> | (e)(8) | LIGHTING |
| <input checked="" type="checkbox"/> | (e)(9) | All areas min. 1 foot candle of lighting |
| <input checked="" type="checkbox"/> | (e)(9) | Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible |
| <input checked="" type="checkbox"/> | (e)(9) | Schl age only-lighting for comfort |
| <input checked="" type="checkbox"/> | (e)(10) | Light fixtures shielded/shatter proof |
| <input checked="" type="checkbox"/> | (e)(11) | Potentially hazardous substances, materials - labeled, inaccessible |
| <input checked="" type="checkbox"/> | (e)(12) | Garbage/rubbish-disposed of daily, containers in good repair |
| <input checked="" type="checkbox"/> | (e)(13) | Stairs-protected/good repair-handrails |
| <input checked="" type="checkbox"/> | (e)(14-15) | Toxic plants/materials inaccessible |
| <input checked="" type="checkbox"/> | (e)(16) | Pets or other animals-in good health, written care plan including access to children |
| <input checked="" type="checkbox"/> | (e)(17) | Prevention of vermin-openings screened |
| <input checked="" type="checkbox"/> | (e)(18) | Radon test- Results: 0.5 pCi/L N/A |
| <input checked="" type="checkbox"/> | (e)(18) | Results posted-Date: 11-30-00 (Schls-N/A) |
| <input checked="" type="checkbox"/> | (f)(1)(A) | Carbon monoxide detector-each level N/A |
| <input checked="" type="checkbox"/> | (g)(1) | Program space-adequate-35 sq. ft. per child |
| <input checked="" type="checkbox"/> | (g)(2) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/> | (g)(3) | Adequate equipment for resting-cleaned-cots (Grp Homes-mats/sleeping bags) |
| <input checked="" type="checkbox"/> | (g)(4) | Air conditioners, water heaters, fuse boxes inaccessible |
| <input checked="" type="checkbox"/> | (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 (N/A) |
| <input checked="" type="checkbox"/> 47. | (a)(2) | Nutritious meals and snacks |
| <input checked="" type="checkbox"/> 48. | (a)(3) | Proper refrigeration-41 degrees |
| <input checked="" type="checkbox"/> 49. | (a)(4) | Menus-1 wk in advance- keep 3 mths |
| <input checked="" type="checkbox"/> 50. | (a)(5) | Food Service Inspection (N/A) |
| <input checked="" type="checkbox"/> 51. | (a)(6) | Kitchen-clean, safe storage of food/supplies (N/A) |
| <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) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| <input checked="" type="checkbox"/> 60. | (c) | FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier |
| <input checked="" type="checkbox"/> 61. | (d) | FIRST AID SUPPLIES -addtl 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 8-27-24 |
| <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. | (c)(5)(A) | WATER SUPPLY - Public/Well (Schools-N/A) |
| <input checked="" type="checkbox"/> | (c)(5)(B) | Lead Water Test - Date: 9-14-23 |
| <input checked="" type="checkbox"/> | (c)(5)(C) | Bact./Chem Test-Date: (N/A) |
| <input checked="" type="checkbox"/> 70. | (c)(6)(A) | Drinking water available/accessible |
| <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"/> | (d)(1) | Lead Management Plan _____ |
| <input checked="" type="checkbox"/> 71. | (d)(1) | Emergency vehicle access |

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

| | | | | | |
|--------------|--------------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Gingerbread School House | LICENSE NUMBER | 70431 | DATE OF INSPECTION | 12.9.24 |
|--------------|--------------------------|----------------|-------|--------------------|---------|

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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|-------------------------------------|------|-----------|--|
| <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. | (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"/> | 114. | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier |
| | | | 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 |

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

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 checked="" 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. | | 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 |

| | | | |
|-------------------------------------|------|--------|--|
| <input checked="" type="checkbox"/> | 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> | 141. | (c) | SCHEDULE - ACTIVITIES |
| <input checked="" type="checkbox"/> | 142. | (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 |
| <input checked="" type="checkbox"/> | | (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

| | | | | | |
|---------------------|--------------------------|-----------------------|-------|---------------------------|---------|
| PROGRAM NAME | Gingerbread School House | LICENSE NUMBER | 70431 | DATE OF INSPECTION | 12.9.24 |
|---------------------|--------------------------|-----------------------|-------|---------------------------|---------|

| | | | |
|--|-------------------------------------|---|-------------------------------------|
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N | <input checked="" type="checkbox"/> | MONITORING OF DIABETES 19a-79-13 Y/N | <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)(1)(A) | STAFF TRAINING |
| <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 | <input checked="" type="checkbox"/> | ADDITIONAL VIOLATION | |
|--|-------------------------------------|-----------------------------|--|

| | | | |
|--|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> 157. (9a) | Written medication policies/procedures | <input type="checkbox"/> 180. - N/A | Consent Order/Negotiated Corrective Action Plan conditions N/A |
| <input checked="" type="checkbox"/> 158. (9a) | Permit enrollment of children with asthma, allergies, diabetes | | |
| <input checked="" type="checkbox"/> 159. | NONPRESC. TOPICAL MEDICATION | | |
| <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 type="checkbox"/> 160. | MEDICATION TRAINING | | |
| <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 | | |

DISCUSSIONS - COMMENTS

New Complaint procedure provided

| | | | |
|-------------------------------|-----------------|--------------------------------------|--------------------|
| SIGNATURE OF OEC STAFF | | SIGNATURE OF PERSON IN CHARGE | |
| PRINTED NAME | Terri R Roberts | PRINTED NAME | Cynthia F. Orourke |

| | |
|---|--|
| 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: 12.23.24 | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gingerbread School House License # 70431 Date: 12.9.24

Observations/Corrections needed:

19a-79-3a

5(b)(6) - No evidence of annual policy training

12(d)(1) - Only December staff attendance on site

19a-79-4a

24(d)(1) - Unable to verify as head teacher not completing attendance record

33(h)(1)(2) - 4 of 5 did not meet required hours for 23-24 school year

19a-79-5a

40(a)(2)(E) - 2 had no care plan and 1 missing staff signature of 5

41(a)(3)(A) - Program does not have illness or incident reports

Discussed:

New Regulations, policy/consultant updates to include nap time program to submit supervision plan for getting to the playground

Bandage scissors in first aid kit very rusty

Observed stairs (freestanding in classroom used for sitting) discussed handrail requirements

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: A. R. Roberts
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Cynthia
(Person in Charge)

OEC BY: 12.23.24

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Gingerbread School House License # 70431 Date: 12.9.24

Observations/Corrections needed:

19a-79-7a

70-(c)(6)(B-D) Program not monitoring bi-annually as required in plan. Last monitor dated 8.29.22

94-(e)(9) Close work table lighting measured 39, 40 footcandles and 33 footcandles at book case area (50 foot candle minimum req) (observed 1 light not working)

113-(h)(7)(A) - Playground fence measured 3ft 7in in corner and 3ft 8in, 3ft 3inches on side (4ft minum required)

19a-79-9a

160-(b)(2)(A-B) Medication Training Certificates do not include successful completion of required curriculum areas listed in subdivision 1 of its subsection (referred to sample)

19a-79-7a (cont)

111-(h)(2) - 8 inches not Observed

111-(h)(9) - Observed barriers too close to slide landings (measured 2 and 3-ft)

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

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

Signature: [Signature]
(OEC Representative)
Print Name: Terri R Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: Cynthia F. Orourke

OEC BY: 12.23.24