

**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:	The Little Riverbrook 3's	Date of Inspection:	12/5/24	Time of Arrival:	9:15 am
Address:	404 Danbury Road	License Number:	13213	Expiration Date:	3-31-26
Town:	Wilton, CT 06897	Telephone Number:	(203) 762-9384	Summer Care:	No
Operator:	Riverbrook Regional Young Men's Christian Assoc. Inc	# of Staff Present:	2	# over 3 Present:	6
Email:	kfejes@riverbrookymca.org	Total Capacity:	16	Total Under 3 capacity:	8
Designated Director:	Kimberly Fejes	Hours/Days of Operation:	M-F 9am-1:30 pm		

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: 4.26.22

ADMINISTRATION 19a-79-3a

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

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	<u>RATIOS</u>
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.	<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	<u>SWIMMING ACTIVITIES - Y/N</u>
<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> (F)	Agreements complete w/required services
<input type="checkbox"/> (i)(2)	Consultant logs-documented activities, observations and required services
<input type="checkbox"/> (H)(i)-(I)(i)	Consultant visits- Education/Health

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

PROGRAM NAME	The Little Riverbrook 3's	LICENSE NUMBER	13213	DATE OF INSPECTION	12/5/24
--------------	---------------------------	----------------	-------	--------------------	---------

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 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) (a)(4)	Children's Enrollment information PARENT PERMISSIONS 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 type="checkbox"/> 77. <input type="checkbox"/> 78. <input 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) <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(D) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> (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) <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) <input checked="" type="checkbox"/> (e)(12) <input checked="" type="checkbox"/> (e)(13) <input checked="" type="checkbox"/> (e)(14-15) <input checked="" type="checkbox"/> (e)(16) <input checked="" type="checkbox"/> (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	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) TOILETING 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 AIR TEMPERATURE 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 LIGHTING 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: <u>0.28 pCi/L</u> N/A Results posted-Date: <u>4.8.23</u> (Schls-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
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 type="checkbox"/> (c) <input type="checkbox"/> (c) <input 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 FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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) <input checked="" type="checkbox"/> (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) (d)(1)	Fire marshal codes/certificate <u>1-4-24</u> 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 WATER SUPPLY – Public/Well (Schools-N/A) Lead Water Test – Date: <u>5.21.24</u> Bact./Chem Test-Date: <u>6.1.23</u> N/A Drinking water available/accessible LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>remediation</u> Lead Management Plan _____ 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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

PROGRAM NAME		<i>The Little Riverbrook 3's</i>	LICENSE NUMBER		<i>13213</i>	DATE OF INSPECTION		<i>12/5/24</i>
PHYSICAL PLANT 19a-79-7a cont.				UNDER THREE ENDORSEMENT 19a-79-10 cont.				
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING			
<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.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually			
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared			
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP			
	<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)(2)	Crib-snug fitting mattress/tightly fitted sheet			
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(3)	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)(4)	Infants allowed to adopt other sleep positions			
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(5)	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)(6)	No unapproved sleeping-car seats/swings/beds, etc.			
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING		<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes			
	<input checked="" type="checkbox"/> (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes			
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	(h)(1)	Teething necklaces/bracelets, jewelry inaccessible			
	<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132.	(h)(1)	Safe sleep policies posted/parents informed			
		Rooftop play areas-6 ft. wall/barrier N/A	<input checked="" type="checkbox"/> 133.	(h)(2)	Infant toys-separate/washed/sanitized daily			
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	WATER HAZARDS	<input checked="" type="checkbox"/> 134.	(h)(2)	Toddler toys-washed/sanitized weekly			
	<input checked="" type="checkbox"/> (j)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	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 N/A			Health consultant visits/documentation			
EDUCATIONAL REQUIREMENTS 19a-79-8a					FEEDING			
<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.	(a)	EDUCATIONAL REQUIREMENTS		<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			
				<input checked="" type="checkbox"/> (l)(1)	Bottles labeled with child's name			
				<input checked="" type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25			
				<input checked="" type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children			
					Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety			
UNDER THREE ENDORSEMENT 19a-79-10 <i>Y/N</i>				SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i>				
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement			
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES			
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<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"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day			
<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"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children			
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events			
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15			
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30			
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent			
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%			
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free						
<input checked="" type="checkbox"/> 128.		DIAPERING						
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail						
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area						
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair						
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use						
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets						
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily						
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children						
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed						
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed						

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

PROGRAM NAME	The Little Kiverbrook 3's	LICENSE NUMBER	13213	DATE OF INSPECTION	12/5/24
---------------------	---------------------------	-----------------------	-------	---------------------------	---------

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

<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" 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 checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input checked="" type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(c)(3)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>		(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>		(d)(2)	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"/>		(d)(3)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>		(e)(1)	Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>		(e)(2)	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"/>		(e)(3)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/>			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	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
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				N/A
<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 checked="" 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

- Program no longer enrolling children under age 3 and school age. Disussed submitting change form to remove endorsements

- Disussed new requirements + required contract/policy updates

- many required items were located in license program next door. Disussed having them at this license premises.

SIGNATURE OF OEC STAFF	Tern K Roberts	SIGNATURE OF PERSON IN CHARGE	Kimberly A. Fejes
PRINTED NAME	Tern K Roberts	PRINTED NAME	Kimberly A. Fejes

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: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 12-19-24 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Little Riverbrook 3's License # 13213 Date: 12/5/24

Observations/Corrections needed:

1 (c)(8) - local health inspection report not current.
Dated 4.26.22

Discussed:
Inch on 5-12 year old playground and other playground
snow covered and frozen. Program will maintain compliance
with impact material requirements

Social Service consultant contract and log not current

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: Terril R Roberts
(OEC Representative)
Print Name: Terril R Roberts

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: H/A (TK) 12.19.24

Signature: Kimberly A Fejes
(Person in Charge)
Print Name: Kimberly A Fejes