



**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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:	Tunxis CTC Early Childhood Center	Date of Inspection:	12-19-24	Time of Arrival:	9:30 am
Address:	271 Scott Swamp Rd.	License Number:	13954	Expiration Date:	3/31/25
Town:	Farmington 06032	Telephone Number:	860-773-1350	Summer Care:	closed
Operator:	Tunxis community college	# of Staff Present:	4	# over 3 Present:	16
Email:	dcollins@txcc.comnet.edu	Total Capacity:	32	Total Under 3 capacity:	0
Designated Director:	Debra Collins	Hours/Days of Operation:	M-Th 8:00 am to 4:00 pm F 8:00 am to 1:00 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: 10/2/23

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

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

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Evidence of compliance
 Adequate staffing
 Designated head teacher-approved-60%
 Two staff present-age 18 or older
 Personal qualities of staff
RATIOS
 Ratio 1:10 – Indoors/Outdoors
 Mixed age group-ratios
 Nap time ratio
 Supervision-Indoors/Outdoors
GROUP SIZE
 Group Size-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Mixed age group-group size
 Designated director-training
 CPR certified program staff
 First aid certified program staff
PROFESSIONAL DEVELOPMENT
 Documentation
 Health & Safety training ★
 1% annual hours
SWIMMING ACTIVITIES - Y/N
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising
CONSULTANTS ★
 Consultants-Education, Health, Social Service, Dietitian (N/A)
 Consultant agreements-signed annually
 Agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

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

PROGRAM NAME Tunxis CTC Early childhood center	LICENSE NUMBER 13954	DATE OF INSPECTION 12.19.24
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RECORD KEEPING 19a-79-5 | **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors—locking devices, spring protectors N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan—signed by parents/staff	<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports *	<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety—outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury *	<input checked="" type="checkbox"/>	82.		TOILETING
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks—supervision plan
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days *	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected

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"/>	83.	(d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration—41 degrees	<input checked="" type="checkbox"/>	85.	<input checked="" type="checkbox"/> (e)(1)	Staff personal articles inaccessible *
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus—1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection N/A	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(3)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(6)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing—staff/children	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures—staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS —portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES —Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES —add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	LIGHTING

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 315124	<input checked="" type="checkbox"/>	95.	(e)(10)	Adequate lighting—30/50 candle feet—napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips—written parent permission	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials – labeled, inaccessible *
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(16)	Pets or other animals—in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: 9/14/23	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(17)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: N/A	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(18)	Radon test- Results: .4 N/A
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A) *	Drinking water available/accessible	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (f)(1)(A)	Results posted-Date: 11/30/19 (Schls-N/A)
		<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT -	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(1)	Carbon monoxide detector-each level N/A
			Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(2)	Program space-adequate-35 sq. ft. per child
			Building Pre-78 Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Results management plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Lead Management Plan every 3 months	<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>			Developmentally app equipment, materials

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

PROGRAM NAME	Tunxis Early Childhood center CTC	LICENSE NUMBER	13954	DATE OF INSPECTION	12.19.24
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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 type="checkbox"/>	129.		LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/>	130.	(f)(1)	
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE	<input type="checkbox"/>		(f)(3)	
		<input checked="" type="checkbox"/>	Adequate space- 75 sq. ft. per child	<input type="checkbox"/>		(f)(4)	
		<input checked="" type="checkbox"/>	Shock absorbing surfaces-minimum 8"	<input type="checkbox"/>		(g)(1)	
		<input checked="" type="checkbox"/>	Playground free from hazards	<input type="checkbox"/>		(g)(1)	
		<input checked="" type="checkbox"/>	Nuts, bolts, screws-tight, covered/protected	<input type="checkbox"/>		(g)(2)	
		<input checked="" type="checkbox"/>	Outside equipment anchored-anchors buried	<input type="checkbox"/>		(g)(3)	
		<input checked="" type="checkbox"/>	New equip- cert playg. Inspection upon request	<input type="checkbox"/>		(g)(4)	
		<input checked="" type="checkbox"/>	Drinking water available/accessible	<input type="checkbox"/>		(g)(5)	
		<input checked="" type="checkbox"/>	Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING	<input type="checkbox"/>		(g)(7)	
		<input checked="" type="checkbox"/>	Playground protected from traffic, water, gullies or other hazards	<input type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	113.		Fences installed to protect from hazards-4 ft	<input type="checkbox"/>	131.	(h)(1)	
		<input checked="" type="checkbox"/>	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/>	132.	(h)(1)	
		<input checked="" type="checkbox"/>	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/>	133.	(h)(2)	
<input checked="" type="checkbox"/>	114.		WATER HAZARDS	<input type="checkbox"/>	134.	(h)(2)	
		<input checked="" type="checkbox"/>	Pools, swimming areas- N/A	<input type="checkbox"/>	135.	(i)(1)(2A-C)	
		<input checked="" type="checkbox"/>	conforms to 19-13-B33b and 19a-36-B61	<input type="checkbox"/>	136.		
		<input checked="" type="checkbox"/>	Wading pools prohibited	<input type="checkbox"/>		(j)	
		<input checked="" type="checkbox"/>	Hot tubs/spas/saunas-locked/inaccessible N/A	<input type="checkbox"/>		(k)(1)	

EDUCATIONAL REQUIREMENTS 19a-79-8a ★

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/>	137.		
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS	<input type="checkbox"/>	138.	(l)(1)	
		<input checked="" type="checkbox"/>	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 type="checkbox"/>	139.	(l)(2)	
		<input checked="" type="checkbox"/>	Limited access to screen time/video games ★	<input type="checkbox"/>		(l)(3)	

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 ★ Group size- max. 30 ★ 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>	141.	(c)	
<input type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/>	142.	(c)(1)	
<input type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/>		(c)(2)	
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input type="checkbox"/>		(c)(3)	
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/>	143.	(d)	
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/>	144.	(e)	
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/>	145.	(f)	
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>	146.	(g)	
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities				
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free				
<input type="checkbox"/>	128.		DIAPERING				
		<input type="checkbox"/>	Diaper area: elevated/sturdy/safety rail				
		<input type="checkbox"/>	Diaper area: used only for this purpose, located in the program area				
		<input type="checkbox"/>	Diaper area: non-porous surface/good repair				
		<input type="checkbox"/>	Diaper area: washed/disinfected after use				
		<input type="checkbox"/>	Diaper area: disposable paper sheets				
		<input type="checkbox"/>	Covered waste receptacle-removed daily				
		<input type="checkbox"/>	Handwashing-staff/children				
		<input type="checkbox"/>	Diapering-Handwashing policies-posted/followed				
		<input type="checkbox"/>	Cloth diapers-written plan developed				

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

PROGRAM NAME	Tunxis Early Childhood Center etc	LICENSE NUMBER	13954	DATE OF INSPECTION	12.19.24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/>	172.		STAFF TRAINING
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input 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 type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input type="checkbox"/>		(b)(2)	Written documentation of training
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input 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 type="checkbox"/>	173.	(c)(3)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input type="checkbox"/>	175.	(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 type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input type="checkbox"/>	178.	(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 type="checkbox"/>	179.	(e)(3)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

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

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	* items new regulations - updated complaint procedure provided. - policy review checklist provided. To be updated by next inspection. - consultant contracts to be updated ASAP - Health & safety course for staff due April 2025			
<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>			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				

SIGNATURE OF OEC STAFF	Betty Mayer	SIGNATURE OF PERSON IN CHARGE	Debra A. Collins
PRINTED NAME	Betty Mayer	PRINTED NAME	Debra A. Collins

OEC DIVISION OF LICENSING Inspection shall be posted or available for review upon request.

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	Written Corrective Action Plan Due by: 1/2/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tunxis CTC Early Child License # 13954 Date: 12.19.24

Observations/Corrections needed:

#5 Annual policy review for staff not current.

discussed: bathroom vents observed to be dusty

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Debra A. Collins
(Person in Charge)

OEC BY: 1/2/25

Print Name: Debra A. Collins