

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovering Dev Ctr. License # 70542 Date: 12/18/2024

Observations/Corrections needed:

- #122(d)(2)(A)-iii: observed no manufacture's date for 1 crib in Infant room
- #128(e)(3): observed no posted diaper procedure in Transition Toddler room and no hand wash procedures posted at sinks in Transition Toddler, Toddler and Infant rooms
- #135(j)(2)(A-C): observed last logged health consultant visit 11/25/2024
- #141(b)(3)(A-B): observed no written doctor's authorization for Calamine and anti-itch cream

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: BRIDGET L. HEARILL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/1/2025

Signature: [Signature]
(Person in Charge)
Print Name: Selina Ortega

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

PROGRAM NAME Stepping Stones Discovery + Development Center LICENSE NUMBER 70542 DATE OF INSPECTION 12/18/2024

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. (f)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 111. (h)(1)	<u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> 112. (h)(7)	<u>OUTDOOR PROTECTED/FENCING</u> Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113. (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114. (i)	<u>WATER HAZARDS</u> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/> 131. (h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 132. (h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A	<input checked="" type="checkbox"/> 133. (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		<input checked="" type="checkbox"/> 134. (h)(2)	Health consultant visits/documentation
		<input checked="" type="checkbox"/> 135. (i)(1)(2A-C)	<u>FEEDING</u>
		<input checked="" type="checkbox"/> 136. (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
		<input checked="" type="checkbox"/> (l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
		<input checked="" type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
		<input checked="" type="checkbox"/> 139. (l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115. (a)	Written daily/weekly educational plan-developmentally appropriate		
<input checked="" type="checkbox"/> 116. (a)	<u>EDUCATIONAL REQUIREMENTS</u> 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. (l)(1)	
<input checked="" type="checkbox"/> (1)-(11)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 138. (l)(2)	
<input checked="" type="checkbox"/> (b)		<input checked="" type="checkbox"/> 139. (l)(3)	

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"/> 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. (c)	<u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142. (c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<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)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 122. (d)(2)(A-i-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 143. (d)	Ratio- 1:15
<input checked="" type="checkbox"/> 123. (d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 144. (e)	Group size- max. 30
<input checked="" type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 146. (g)	Head teacher approved- 60%
<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. (e)(1)	<u>DIAPERING</u> 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		

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stepping Stones Discovery + Development Center License # 70542 Date: 12/13/2024

Observations/Corrections needed:

- #12- observed no documentation of time present for 8 children
- #21- observed 1 staff without evidence of comprehensive background checks
- #33(a)(2): observed 1 staff without documentation of new employee orientation and 3 staff without documentation of annual policy review
- #35(i): observed all consultant agreements to be more than 1 year old
- #35(F): observed all consultant annual policy reviews to be more than 1 year old
- #37(a)(1)(D)(ii): observed no pick up persons other than parent(s) for 1 child
- #40- observed no parent and staff signatures on care plan for child with G-Tube
- #59(c): observed no first aid kit on playground while playground was in use
- #66(c)(2): observed no wall mounted thermometer in Transition Toddler room
- #74(e)(1): observed multiple buckets of water and sand box on front under 3 playground, dusty staff bathroom vent and rot on outdoor fence gate between building and garage
- #75(e)(10): observed accessible disinfectant wipes/spray in Transition Toddler diaper table
- #104(a)(2): observed rust on all fence gates outside on playgrounds
- #111(h)(3): observed broken fence pickets and zebra ride on try in back Toddler playground and exposed gray fiber matting on preschool playground and broken fire truck try in front playground for Infants/Toddlers
- #113(h)(7)(A): observed back Toddler playground fencing less than 4ft.
- #116(b): observed DVD playing read-a-long book in preschool, music videos playing on DVD device in Infant/Toddler rooms where children were under 2yrs

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: _____

Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____

1/1/2025

Signature: _____

Print Name: _____

[Signature]
(OEC Representative)

BERNICE MERRILL

[Signature]
(Person in Charge)

Selina Ortega

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

PROGRAM NAME <i>Stephanie James Discovering Dev Ctr.</i>		LICENSE NUMBER <i>70542</i>	DATE OF INSPECTION <i>12/10/2024</i>
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>		MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>	
<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. (a)(1)	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	<i>N/A</i>	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. (b)(6)	SLEEP PROVISIONS	<input type="checkbox"/> (b)(3)	Trained staff on site when child is present
<i>N/A</i>	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 <i>Y/N</i>		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	<i>N/A</i>	Plan conditions <i>N/A</i>
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	<p><i>Discussed new regulations</i></p> <p><i>Posting current fire marshal certificate on board to replace old certificate</i></p> <p><i>Posting new OEC complaint procedure</i></p> <p><i>Updating policies/procedure using checklist provided + sample policies</i></p> <p><i>Providing parents copy of accident/injury forms</i></p> <p><i>Logging milk served w/ lunch</i></p>	
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <i>N/A</i>		
SIGNATURE OF OEC STAFF	<i>[Signature]</i>	SIGNATURE OF PERSON IN CHARGE	<i>[Signature]</i>
PRINTED NAME	<i>BRIDGETT HERRLW</i>	PRINTED NAME	<i>Selina Ortega</i>
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: <i>1/1/2025</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf



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:	Stepping Stones Discovery + Development Center	Date of Inspection:	12/13/2024	Time of Arrival:	10:55 AM
Address:	177 Pleasant Valley Rd. S.	License Number:	70542	Expiration Date:	3/31/2028
Town:	Groton, CT. 06340	Telephone Number:	860 440 0441	Summer Care:	Open
Operator:	LLA Services LLC	# of Staff Present:	7	# over 3 Present:	7
Email:	lagudelo.ssdcc@gmail.com	Total Capacity:	36	# under 3 Present:	8
Designated Director:	Laura Agudelo	Hours/Days of Operation:	M-F 7AM-5:30PM	Ages Served:	6w-12yrs

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 5/22/2024	<input checked="" type="checkbox"/> 19. (a)(1) Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4) Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d) Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1) Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2) Two staff present—age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. RATIOS
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> (d)(4)(A) Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 11. POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(B) Mixed age group—ratios
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> (d)(6) Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D) Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (d)(5) Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(A) Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)(B) Mixed age group—group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (e)(1) Designated director—training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (f)(1) CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance—children—staff- keep 1 yr.	<input checked="" type="checkbox"/> PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12. ACCESS	<input checked="" type="checkbox"/> (a)(2) Documentation
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> (h)(1)(2) Health & Safety training
<input type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (h)(1)(2) 1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (4)(C)(i) Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (e)(6) CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> (e)(6) Lifeguard—certified—supervising
<input checked="" type="checkbox"/> (e)(1) License posted	<input checked="" type="checkbox"/> CONSULTANTS
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(1)(A)-(D) Consultants—Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(3) Menus posted	<input checked="" type="checkbox"/> (i) Consultant agreements—signed annually
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(2)(A-H) Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> (F) Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> (i)(2) Consultant visits— Education/Health
	(H)(i)-(I)(i)

	Contracts	Logs	Visits
Education	0	0	
Health	0	0	
Soc. Serv.	0	0	
Dietitian	0	0	

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

PROGRAM NAME	Stephanie Jones Disability + Development Center	LICENSE NUMBER	70542	DATE OF INSPECTION	12/18/2024
RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.				

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

HEALTH and SAFETY 19a-79-6a					
46.	(a)(1)	Preparation, transportation of food—follow DPH Model Food Code N/A	83.	(d)(10)(A)	Shared toilets/sinks—supervision plan
47.	(a)(2)	Nutritious meals and snacks	84.	(d)(10)(B)	Toileting needs met
48.	(a)(3)	Proper refrigeration—41 degrees			
49.	(a)(4)	Menus—1 wk in advance- keep 3 mths	85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
50.	(a)(5)	Food Service Inspection <u>N/A</u>			
51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	86.	(d)(10)(D)	Required toilets/sinks—1:16
52.	(a)(7)	Separate hand washing facilities	87.	(d)(10)(E)	Required toilets/sinks—1:25 schl age only
53.	(a)(8)	Multi-use eating/drinking utensils	88.	(d)(10)(E)	Toileting Supplies—Hand drying-Garbage
54.	(a)(9)	Kitchen separated (Schl age only N/A)	89.	(d)(10)(F)	Handwashing staff/children
55.	(a)(10)	Children supervised during meal prep	90.	(d)(10)(G)	Toilets/sinks located-at the facility or licensed premises
56.	(a)(11)	Handwashing—staff/children	91.	(d)(10)(H)	Well lighted/ventilated toilet rooms
57.	(b)(1)	Illness procedures—staff knowledgeable, children observed for signs/symptoms	92.	(e)(1)	Mechanical ventilation (Grp Homes N/A)
58.	(b)(2)	Designated isolation area	93.	(d)(11)	Staff personal articles inaccessible
59.	(c)	FIRST AID KITS —portable, accessible to staff, closed container—Indoor/Outdoor/Field Trips	94.		
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			
61.	(d)	FIRST AID SUPPLIES —add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags			

PHYSICAL PLANT 19a-79-7a					
62.	(a)(2)	Fire marshal codes/certificate <u>11/12/2023</u>	95.	(e)(1)	AIR TEMPERATURE
63.	(b)	Indoor/Outdoor space inspected/approved			Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	96.	(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
65.	(b)(6)	Space not inspected/approved but used for field trips—written parent permission	97.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	98.	(e)(4)	Water temperature 60 °F – 120 °F
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	99.	(e)(5)	Portable space heaters prohibited
68.	(c)(4)	Testing of premises/grounds for chemicals	100.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
69.		WATER SUPPLY – Public/Well (Schools-N/A)	101.	(e)(7)	Rugs- not tripping/slipping hazard
	(c)(5)(A)	Lead Water Test – Date: <u>11/16/2023</u>	102.	(e)(8)	Hot water/Steam pipes protected
	(c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>	103.	(e)(9)	Working phone on each level
	(c)(5)(C)	Drinking water available/accessible	104.	(e)(10)	Emergency numbers posted-adjacent to phones
70.		LEAD PAINT -	105.	(e)(11)	Parents provided direct on site phone number
	(c)(6)(A)	Peeling Paint – Y/N Inside/Outside	106.	(e)(12)	LIGHTING
	(c)(6)(B-D)	Building Pre-78 Y/N Lead Test Y/N Results <u>no lead identified</u>	107.	(e)(13)	All areas min. 1 foot candle of lighting
71.	(d)(1)	Lead Management Plan			Adequate lighting—30/50 candle feet—napping children-sufficient lighting to be visible
		Emergency vehicle access			Schl age only-lighting for comfort