

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Children' Center	Date of Inspection:	12/16/24	Time of Arrival:	9:00
Address:	172 Grandview Ave	License Number:	15747	Expiration Date:	2/28/26
Town:	Wtby	Telephone Number:	203 437-8969	Summer Care:	Open
Operator:	Easter Seal	# of Staff Present:	19	# over 3 Present:	55
Email:	ellisoneeswct.com	Total Capacity:	142	Total Under 3 capacity:	32
Designated Director:	Gail Gatling Ellison	Hours/Days of Operation:	M-F 7-5pm		

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: 4/1/21

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2.	(a)	JF	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.			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)		<u>Multi-Hazards policy-annual drill</u>
	(d)(5)		Supervision policy
	(d)(6)		General Operating policies
	(d)(6)(C)		<u>Administrative Oversight policy</u>
	(d)(7)		Personnel policies
<input checked="" type="checkbox"/> 12.	(d)(1)		Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.			ACCESS
	(f)		Immediate access by parents
	(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.			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

<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.		RATIOS
	(d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	(d)(4)(B)	Mixed age group-ratios
	(d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		GROUP SIZE
	(d)(5)	Group Size-Indoors/Outdoors
	(d)(5)(A)	Group Size-school age field trips/outdoors
	(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.		PROFESSIONAL DEVELOPMENT
	(a)(2)	Documentation
	(h)(1)(2)	Health & Safety training
<input type="checkbox"/> (h)(1)(2)		1% annual hours
<input checked="" type="checkbox"/> 34.		SWIMMING ACTIVITIES - Y/N
	(4)(C)(ii-v)	Swimming-Ratios
	(4)(C)(i)	Non-swimmers identified
	(e)(6)	CPR certified staff-age 20 or older
	(e)(6)	Lifeguard-certified-supervising
		CONSULTANTS
	(i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input type="checkbox"/> (i)		Consultant agreements-signed annually
<input type="checkbox"/> (i)(2)(A-H)		Agreements complete w/required services
<input type="checkbox"/> (F)		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)		Consultant visits- Education/Health
(H)(i)-(I)(i)		

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

PROGRAM NAME	<u>Children's Center</u>	LICENSE NUMBER	<u>12/6/24</u>	DATE OF INSPECTION	<u>15747</u>
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<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"/>	(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"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission				(N/A)
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports				Matches/lighters inaccessible
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	81.	(d)(9)	TOILETING
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	82.		Toileting needs met

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)(10)(A)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection <u>12/31/24 exp</u> N/A	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft – non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(3)	Air temp > 80 °F – ↑ fluids/ventilation
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(4)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	60.	(c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>		(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>		(e)(6)	Rugs- not tripping/slipping hazard
				<input checked="" type="checkbox"/>		(e)(7)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
				<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>		(e)(8)	LIGHTING
				<input checked="" type="checkbox"/>		(e)(9)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
				<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
				<input checked="" type="checkbox"/>		(e)(10)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials – labeled, inaccessible
				<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>		(e)(13)	Stairs-protected/good repair-handrails
				<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals-in good health, written care plan including access to children
				<input checked="" type="checkbox"/>		(e)(17)	Prevention of vermin-openings screened
				<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: _____ N/A
				<input checked="" type="checkbox"/>		(f)(1)(A)	Results posted-Date: _____ (Schls-N/A)
				<input checked="" type="checkbox"/>		(g)(1)	Carbon monoxide detector-each level N/A
				<input checked="" type="checkbox"/>		(g)(2)	Program space-adequate-35 sq. ft. per child
				<input checked="" type="checkbox"/>		(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
				<input checked="" type="checkbox"/>		(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
				<input checked="" type="checkbox"/>			Air conditioners, water heaters, fuse boxes inaccessible
				<input checked="" type="checkbox"/>			Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>11/7/24</u>	<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"/>		(e)(11)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(12)	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"/>		(e)(13)	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"/>		(e)(14-15)	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"/>		(e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(17)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	69.		WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(18)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/>	Lead Water Test – Date: <u>11/17/23</u>	<input checked="" type="checkbox"/>		(f)(1)(A)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(g)(1)	Radon test- Results: _____ N/A
		<input checked="" type="checkbox"/>	Drinking water available/accessible	<input checked="" type="checkbox"/>		(g)(2)	Results posted-Date: _____ (Schls-N/A)
<input checked="" type="checkbox"/>	70.		LEAD PAINT -	<input checked="" type="checkbox"/>		(g)(3)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/>		(g)(4)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/>	Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/>	Results _____	<input checked="" type="checkbox"/>			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		<input checked="" type="checkbox"/>	Lead Management Plan <u>n/a</u>	<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	Children's Center	LICENSE NUMBER	15747	DATE OF INSPECTION	12/6/24
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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 checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.		Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input checked="" type="checkbox"/> (h)(7)(B)	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/> 114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input checked="" type="checkbox"/> 129.		LINENS/CLOTHING
	<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> 130.		SAFE SLEEP
	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 133.	(h)(2)	No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/> 134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 136.		FEEDING
	<input checked="" type="checkbox"/> (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"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 138.	(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)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		DIAPERING
	<input 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

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
		Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<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"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%

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

PROGRAM NAME	childrens center	LICENSE NUMBER	15747	DATE OF INSPECTION	12/16/24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 147. (b) Approved Night Care Endorsement <input checked="" type="checkbox"/> 148. (b)(1) Person in charge-head teacher <input checked="" type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities <input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation <input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24 <input type="checkbox"/> 152. (b)(5) Staff awake and available <input type="checkbox"/> 153. <u>SLEEP PROVISIONS</u> <input type="checkbox"/> (b)(6) Individual cot/crib with bedding <input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled <input type="checkbox"/> (b)(6)(B) Required bedding <input type="checkbox"/> (b)(6)(C) Required toiletries <input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly <input type="checkbox"/> (b)(7) Sleep arrangements for infants <input type="checkbox"/> 154. (b)(8) Air temp 65 °F at 3 ft <input type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified <input type="checkbox"/> 156. (b)(10) Local health approval n/a	<input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures <input checked="" type="checkbox"/> 172. <u>STAFF TRAINING</u> <input checked="" type="checkbox"/> (b)(1)(A) Staff training – first aid <input checked="" type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions <input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years <input checked="" type="checkbox"/> (b)(3) Written documentation of training <input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present <input checked="" type="checkbox"/> 173. (c)(3) Self-administration - written authorization and under supervision of trained staff <input checked="" type="checkbox"/> 174. (d)(1) Equipment provided by parents <input checked="" type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible <input checked="" type="checkbox"/> 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded <input checked="" type="checkbox"/> 177. (e)(1) Authorized prescriber written order <input checked="" type="checkbox"/> 178. (e)(2) Written authorization from parent <input checked="" type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures <input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes <input checked="" type="checkbox"/> 159. <u>NONPRESC. TOPICAL MEDICATION</u> <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. <u>MEDICATION TRAINING</u> <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	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

reviewed new regulations updates located on website reviewed policy update, consultants and reference checks.

SIGNATURE OF OEC STAFF	Jayne Fortin	SIGNATURE OF PERSON IN CHARGE	Gail Gatling
PRINTED NAME	Jayne Fortin	PRINTED NAME	Gail Gatling-Ellison

Inspection shall be posted or available for review upon request.

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	Written Corrective Action Plan Due by: 12/20/24	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: Children's Center License # 15747 Date: 12/4/24

Observations/Corrections needed:

Guidance of Regulations given at visit.

2(a)

~~(1)(A)~~ - program did not ensure safety of children in program when 1 child present did not have his emergency medication (epi pen) on site

1 Local health inspection not current (send in copy with CAP)

35(i)(1) - Social Service and Dietitian Contracts not current

(F) - Social service, dietitian + education logs - missing annual policy review - (New Regulations require updates)

33(h)(1)(2) 3 staff missing documentation of 1% annual hours of PD.

discussed - 1 staff annual review not observed; wall in toddlers shared Bathroom not clean (labeled)

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: *Jaime Fortin*
Print Name: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/20/24

Signature: *Gail Garing-Ellison*
Print Name: Gail Garing-Ellison
(Person in Charge)