

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

Around the Clock ^{For} TOTS	1214124	9:30am
41 West Hartford Rd.	pending	n/a
Newington 01111	860-897-6344	open
Around The Clock 4 TOTS LLC	# of Staff Present: 1	# over 3 Present: 0
atc 4ts @ gmail.com	Total Capacity: 46	Total Under 3 capacity: 36
Tiffany West		Ages 6 weeks to 8 years Served: 8 years
		M-F 6:00am to 6:30 pm

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

REGULATORY		STAFFING	
<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 10/30/23	<input checked="" type="checkbox"/> 19. (a)(1)
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29. (d)(4)(D)
	<input type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 30. (e)(1)
	<input type="checkbox"/> (d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 31. (f)(1)
	<input type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 32. (f)(2)
	<input type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 33. (a)(2)
	<input type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (h)(1)(2)
	<input type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 35. (h)(1)(2)
	<input type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> (4)(C)(ii-v)
	<input type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (4)(C)(i)
	<input type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (e)(6)
<input checked="" type="checkbox"/> 13.	(f)	ACCESS	<input checked="" type="checkbox"/> (i)(1)(A)-(D)
	(h)	Immediate access by parents	<input checked="" type="checkbox"/> (i)
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (i)(2)(A-H)
<input checked="" type="checkbox"/> 15.	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (F)
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)(2)
<input checked="" type="checkbox"/> 17.	(o)	Capacity	(H)(i)-(I)(i)
<input checked="" type="checkbox"/> 18.	(e)(1)	Respond to OEC-no false, misleading statements or documents	
	(e)(2)	POSTINGS	
	(e)(3)	License posted	
	(e)(4)	OEC Complaint Procedure posted	
	(e)(5)	Menus posted	
	(e)(6)	No Smoking posted signs at entrances	
		OEC Inspection report posted or available	
		Developmental Milestones posted	
			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 - <input checked="" type="checkbox"/> N
			Swimming-Ratios
			Non-swimmers identified
			CPR certified staff-age 20 or older
			Lifeguard-certified-supervising
			CONSULTANTS
			Consultants-Education, Health, Social Service, Dietitian <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
			Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
			Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
			Dietitian n/a n/a <input checked="" type="checkbox"/>

Around The Clock 4 TOTS

pending

pending

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<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)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<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"/> 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"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 86.	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 87.	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 88.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 89.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 90.	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 91.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 92.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 93.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 94.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 95.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 96.	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 97.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 98.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 99.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 100.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 101.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 102.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 103.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 104.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 105.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 106.		LIGHTING
<input checked="" type="checkbox"/> 107.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 108.	(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 109.	(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 110.	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 111.	(e)(10)	Potentially hazardous substances, materials - labeled/inaccessible
<input checked="" type="checkbox"/> 112.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 113.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 114.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 115.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 116.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 117.	(e)(17)	Radon test- Results: _____ N/A
<input checked="" type="checkbox"/> 118.	(e)(18)	Results posted-Date: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 119.	(f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 120.	(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 121.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 122.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 123.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> 124.	(g)(4)	Developmentally app equipment, materials

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>9126124</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>10/20/23</u> Bact./Chem Test-Date: <u>n/a</u> (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

Around the CLOCK 4 TOTS

pending

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PHYSICAL PLANT

<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.		<u>OUTDOOR SPACE</u>
<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.		<u>OUTDOOR PROTECTED/FENCING</u>
<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)		Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>
<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

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>
<input 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

<input checked="" type="checkbox"/> 129.		<u>LINENS/CLOTHING</u>
<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 type="checkbox"/> 130.		<u>SAFE SLEEP</u>
<input checked="" type="checkbox"/> (g)(1)		Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (g)(1)		Crib-slug 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"/> (h)(1)		Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> (h)(1)		Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (h)(2)		No toys/objects less than 1 1/4 " diameter
<input checked="" type="checkbox"/> (h)(2)		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 131.		Health consultant visits/documentation
<input checked="" type="checkbox"/> 132.		<u>FEEDING</u>
<input checked="" type="checkbox"/> 133.		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 134.		Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 136.		Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> (j)		Baby food served from dish or whole jar
<input checked="" type="checkbox"/> (k)(1)		Bottles labeled with child's name
<input checked="" type="checkbox"/> (k)(2)		Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> (k)(3)		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> (k)(4)		Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> (k)(5)		
<input type="checkbox"/> 137.		
<input checked="" type="checkbox"/> 138.		
<input checked="" type="checkbox"/> 139.		

UNDER THREE ENDORSEMENT 19a-79-10 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 type="checkbox"/> 128.		<u>DIAPERING</u>
<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

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<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"/> 143.	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 144.	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 145.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 146.	(e)	Ratio- 1:15
	(f)	Group size- max. 30
	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Head teacher approved- 60%

Around the Clock ⁴TOTS

pending

12-4-24

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153.
 - (b)(6)
 - (b)(6)(A)
 - (b)(6)(B)
 - (b)(6)(C)
 - (b)(6)(D)
 - (b)(7)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

Approved Night Care Endorsement
 Person in charge-head teacher
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities
 Written plan for supervision including cot placement and evacuation
 Children in care no more than 12 hrs. in 24
 Staff awake and available
SLEEP PROVISIONS
 Individual cot/crib with bedding
 Sleeping apparel/toiletries labeled
 Required bedding
 Required toiletries
 Bedding/sleeping apparel laundered weekly
 Sleep arrangements for infants
 Air temp 65 °F at 3 ft
 Fire marshal approval-hours specified
 Local health approval

- 171. (a)(1)
- 172.
 - (b)(1)(A)
 - (b)(1)(B)
 - (i)-(iii)
 - (b)(2)
 - (b)(3)
 - (c)(2)
 - (c)(3)
 - 173.
 - 174. (d)(1)
 - 175. (d)(2)
 - 176. (d)(3)
 - 177. (e)(1)
 - 178. (e)(2)
 - 179. (e)(3)

Written policies and procedures *enrolled with*
STAFF TRAINING
 Staff training – first aid
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 Training updated at least every 3 years
 Written documentation of training
 Trained staff on site when child is present
 Self-administration - written authorization and under supervision of trained staff
 Equipment provided by parents
 Equipment labeled and inaccessible
 Signed agreement with parent regarding equipment, supplies, materials to be discarded
 Authorized prescriber written order
 Written authorization from parent
 Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19-25-26, 1/N

ADDITIONAL VIOLATION

- 157. (9a)
- 158. (9a)
- 159.
 - (a)(2)
 - (a)(3)(A-B)
 - (a)(3)(C)
- 160.
 - (b)(1)(A/C)
 - (b)(1)(D)
 - (b)(1)(E)
 - (b)(1)(F)
 - (b)(2)(A-B)
 - (b)(2)(C)
- 161. (b)(3)(A-B)
- 162. (b)(3)(D)
- 163. (b)(4)(A-B)
- 164. (b)(5)(A-B)
- 165. (b)(5)(C)
- 166. (b)(5)(D)
- 167. (b)(5)(E)
- 168. (b)(6)
- 169. (b)(7)(A-B)
- 170. (d)

Written medication policies/procedures
 Permit enrollment of children with asthma, allergies, diabetes
NONPRESC. TOPICAL MEDICATION
 Admin/Parent permission/report errors
 Labeling and Storage
 Unused/expired meds destroyed/returned
MEDICATION TRAINING
 Medication training-general-oral/top/inhalant
 Injectable premeasured autoinjector medication
 Rectal medication
 Injectable other than premeasured auto-injector
 Training approval documents/certificates
 Training outline on file
 Authorized prescriber/parent permission
 Medication errors- documentation, parent(s) and OEC notification
 Medication Administration Records (MAR)
 Labeling and Storage
 Emergency medication inaccessible
 Unused/Expired meds-destroyed/returned
 Auto-injector/inhalant equipment
 Self-administration documentation
 Petition for special medication authorization
 Potassium Iodide (KI) emergency distribution-permission and storage N/A

- 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF
 PRINTED NAME

Betty Mayer
 K Kellerman

Jiffany West
 Tiffany West

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
 Written Corrective Action Plan
 Due by: *prior to*
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

licensure

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Around The Clock 4 Tots License # pending Date: 12.4.24

Observations/Corrections needed:

#11 All program policies observed to be incomplete.
(checklist provided)

#7 Documentation that parents were informed of behavior management techniques not observed.

#21 comprehensive background check not complete for three staff.

#35 ~~Education consultant contract not observed~~ ^{OK ✓ BM} Social service and nurse consultant contract incomplete.

~~#44 First aid kit missing CPR mask and thermometer~~ ^{BM}

#115 written daily/weekly education plan not observed.

#116 complete schedule not observed for children.

#95 Potentially hazardous substances observed in classrooms unlabeled.

#101 Radon test not complete (send copy)

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 aka Miller
(OEC Representative)
Print Name: Betty Mayer K Kellerman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to licensure

Signature: Tiffany West
(Person in Charge)
Print Name: Tiffany West

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Around the Clock Tots License # pending Date: 12.4.24

Observations/Corrections needed:

#104 Dramatic play refrigerator not secure in Grace and Mercy classrooms. Large book shelf in Joy classroom not secured and puzzle shelf in Promise room not secured. Kitchen set in promise room observed to have loose parts; also needs to be secured/sturdy.

#128 Disposable paper sheets for diapering not observed.

#130 safe sleep policy not posted.

#133 observed rocks and small wood chips on under 3 playground.

#111 observed exposed pipes and small ditch on under 3 playground causing tripping hazard.

#104 [continued from above] observed unclean little tykes cars picnic table and house on under 3 playground.

Discussed: ① New regs ② All items checked discussed ③ vents in bathroom dusty; ④ one ceiling tile stained in baby room ⑤ Bookshelf in waddlers work ⑥ bathroom in need of cleaning ⑦ window sills dusty.

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

Signature: Betty mayer Ka Keller
(OEC Representative)
Print Name: Betty Mayer K Kellerman

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to licensure

Signature: Tiffany West
(Person in Charge)
Print Name: Tiffany West