



**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: | Total Learning Center | Date of Inspection: | 1-2-25 | Time of Arrival: | 9:00am |
| Address: | 500 Pegwonnock St | License Number: | 70103 | Expiration Date: | 2-28-2025 |
| Town: | Bridgewater | Telephone Number: | 203 333 5778 | Emergency Care: | Open |
| Operator: | House of God Outreach and Deliverance ministries | # of Staff Present: | 5 | # over 3 Present: | 1 |
| Email: | integrityfirst8491@gmail.com | Total Capacity: | 34 | Total Under 3 capacity: | 9 |
| Designated Director: | Beverly Robinson Jackson | Hours/Days of Operation: | M-F 7:30am - 5:30pm | | |
| # under 3 Present: | 4 | Ages Served: | 6wks - 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

1. (c)(8) Local Health Inspection-Date: 10-1-24

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
 - 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (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

STAFFING and CONSULTANTS 19a-79-4a cont

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group-ratios
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. **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
- 29. **DESIGNATED DIRECTOR-TRAINING**
 - (e)(1) Designated director-training
 - (f)(1) CPR certified program staff
 - (f)(2) First aid certified program staff
- 30. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- 31. **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
- 32. **CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 33. (H)(i)-(I)(i)
- 34.
- 35.

| | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | 0 | ✓ |
| Health | 0 | 0 | ✓ |
| Soc. Serv. | 0 | 0 | |
| Dietitian | NA | NA | |

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

| | | |
|--|------------------------------------|---|
| PROGRAM NAME <u>Total Learning Center</u> | LICENSE NUMBER <u>70103</u> | DATE OF INSPECTION <u>1-2-2025</u> |
|--|------------------------------------|---|

RECORD KEEPING 19a-79-5

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C) | Children's Enrollment information |
| <input checked="" type="checkbox"/> 37. | | PARENT PERMISSIONS |
| | <input checked="" type="checkbox"/> (a)(1)(D)(i) | Emergency medical permission |
| | <input checked="" type="checkbox"/> (a)(1)(D)(ii) | Authorized release permission |
| | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission |
| | <input checked="" type="checkbox"/> (a)(1)(D)(iv) | 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 |

PHYSICAL PLANT 19a-79-7a cont.

| | | |
|---|--|--|
| <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 |
| | | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> 80. | (d)(8) | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 81. | (d)(9) | |
| <input checked="" type="checkbox"/> 82. | | TOILETING |
| | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16 |
| | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only |
| | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children |
| | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises |
| | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms |
| <input checked="" type="checkbox"/> 83. | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes N/A) |
| <input checked="" type="checkbox"/> 84. | (d)(11) | Staff personal articles inaccessible |
| | <input checked="" type="checkbox"/> (e)(1) | AIR TEMPERATURE |
| | | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) |
| | <input checked="" type="checkbox"/> (e)(1) | Air temp < 65°F comfortable (Schl age only-N/A) |
| | <input checked="" type="checkbox"/> (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| | (e)(3) | Water temperature 60 °F - 120 °F |
| | (e)(4) | Portable space heaters prohibited |
| | (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| | (e)(5) | Rugs- not tripping/slipping hazard |
| | (e)(6) | Hot water/Steam pipes protected |
| | (e)(7) | Working phone on each level |
| | (e)(7) | Emergency numbers posted-adjacent to phones |
| | (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 |
| | | 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)(9) | Light fixtures shielded/shatter proof |
| | (e)(10) | Potentially hazardous substances, materials - labeled, inaccessible |
| | (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| | (e)(12) | Stairs-protected/good repair-handrails |
| | (e)(13) | Toxic plants/materials inaccessible |
| | (e)(14-15) | Pets or other animals-in good health, written care plan including access to children |
| | (e)(16) | Prevention of vermin-openings screened |
| | (e)(17) | Radon test- Results: <u>2.3</u> N/A |
| | | Results posted-Date: <u>11-27-12</u> (Schls-N/A) |
| | (e)(18) | Carbon monoxide detector-each level N/A |
| | (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| | (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| | (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| | (g)(3) | Air conditioners, water heaters, fuse boxes inaccessible |
| | (g)(4) | Developmentally app equipment, materials |

HEALTH and SAFETY 19a-79-6a

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> 46. | (a)(1) | Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u> |
| <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 <u>N/A</u> |
| <input checked="" type="checkbox"/> 51. | (a)(6) | Kitchen-clean, safe storage of food/supplies |
| <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 |

PHYSICAL PLANT 19a-79-7a

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| <input checked="" type="checkbox"/> 62. | (a)(2) | Fire marshal codes/certificate <u>11-8-2023</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. | | WATER SUPPLY - Public/Well (Schools-N/A) |
| | <input checked="" type="checkbox"/> (c)(5)(A) | Lead Water Test - Date: <u>5-24-24</u> |
| | <input checked="" type="checkbox"/> (c)(5)(B) | Bact./Chem Test-Date: <u>N/A</u> |
| | <input checked="" type="checkbox"/> (c)(5)(C) | Drinking water available/accessible |
| <input checked="" type="checkbox"/> 70. | | LEAD PAINT - |
| | <input checked="" type="checkbox"/> (c)(6)(A) | Peeling Paint - <u>Y</u> Inside/Outside |
| | | Building Pre-78 <u>Y</u> Lead Test <u>Y</u> (N/A) |
| | <input checked="" type="checkbox"/> (c)(6)(B-D) | Results <u>NO Lead</u> |
| | | Lead Management Plan <u>NA</u> |
| <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) | |

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

| | | | | | | | | | | | |
|--|------|-------------------------------------|--|-------------------------------------|------|--|--------------|--|--|----------|--|
| PROGRAM NAME | | Total Learning Center | | LICENSE NUMBER | | 70103 | | DATE OF INSPECTION | | 1-2-2025 | |
| PHYSICAL PLANT 19a-79-7a cont. | | | | | | UNDER THREE ENDORSEMENT 19a-79-10 cont. | | | | | |
| <input checked="" type="checkbox"/> | 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls | <input checked="" type="checkbox"/> | 129. | <input checked="" type="checkbox"/> | (f)(1) | LINENS/CLOTHING | | | |
| <input checked="" type="checkbox"/> | 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around | <input checked="" type="checkbox"/> | 130. | <input checked="" type="checkbox"/> | (f)(2) | Linens/emergency clothing available | | | |
| <input checked="" type="checkbox"/> | 110. | (j) | No weapons/no facsimile of a firearm | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (f)(3) | Linens washed weekly or as needed | | | |
| <input checked="" type="checkbox"/> | 111. | | OUTDOOR SPACE | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (f)(4) | Linens/clothing stored individually | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Adequate space- 75 sq. ft. per child | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(1) | Cribs/cots cleaned-linens changed when shared | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Shock absorbing surfaces-minimum 8" | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(1) | SAFE SLEEP | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Playground free from hazards | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(1) | Under 12 mths placed on back for sleeping | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Nuts, bolts, screws-tight, covered/protected | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(2) | Crib-snug fitting mattress/tightly fitted sheet | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Outside equipment anchored-anchors buried | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(3) | Alternate sleep position/equipment-medical documentation for medical reason on file | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | New equip- cert playg. Inspection upon request | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(4) | Infants allowed to adopt other sleep positions | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Drinking water available/accessible | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(5) | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Equipment arranged for safety-equip/fences/structures not hazardous | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(6) | No unapproved sleeping-car seats/swings/beds, etc. | | | |
| <input checked="" type="checkbox"/> | 112. | | OUTDOOR PROTECTED/FENCING | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(7) | No swaddling w/o written documentation from MD/PA/APRN- instructions/frameframes | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Playground protected from traffic, water, gullies or other hazards | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (g)(8) | 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"/> | 131. | <input checked="" type="checkbox"/> | (h)(1) | Teething necklaces/bracelets, jewelry inaccessible | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Fences installed to protect from water-4 ft, self closing and self latching devices or locks | <input checked="" type="checkbox"/> | 132. | <input checked="" type="checkbox"/> | (h)(1) | Safe sleep policies posted/parents informed | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Rooftop play areas-6 ft. wall/barrier | <input checked="" type="checkbox"/> | 133. | <input checked="" type="checkbox"/> | (h)(2) | Infant toys-separate/washed/sanitized daily | | | |
| <input checked="" type="checkbox"/> | 114. | (h)(7)(C) | WATER HAZARDS | <input checked="" type="checkbox"/> | 134. | <input checked="" type="checkbox"/> | (h)(2) | Toddler toys-washed/sanitized weekly | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 | <input checked="" type="checkbox"/> | 135. | <input checked="" type="checkbox"/> | (i)(1)(2A-C) | No toys/objects less than 1 1/4" diameter | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Wading pools prohibited | <input checked="" type="checkbox"/> | 136. | <input checked="" type="checkbox"/> | (j) | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Hot tubs/spas/saunas-locked/inaccessible | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | Health consultant visits/documentation | | | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | | | | | FEEDING | | | | | |
| <input checked="" type="checkbox"/> | 115. | (a) | Written daily/weekly educational plan-developmentally appropriate | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (k)(1) | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle | | | |
| <input checked="" type="checkbox"/> | 116. | (a) | EDUCATIONAL REQUIREMENTS | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (k)(2) | Written feeding schedule from parent-updated | | | |
| <input checked="" type="checkbox"/> | | <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 checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (k)(3) | Unused formula/milk discarded after feedings | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Limited access to screen time/video games | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (k)(4) | Clean bottles/disposable bottles/appvd washing | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (k)(5) | Baby food served from dish or whole jar | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (l)(1) | Bottles labeled with child's name | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (l)(2) | Outdoor spaced fenced-4 ft lic. after 1/1/25 | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (l)(3) | Outdoor equipment-developmentally appropriate for ages of the children | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety | | | |
| 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. | <input checked="" type="checkbox"/> | (b) | Approved Schl Age Endorsement | | | |
| <input checked="" type="checkbox"/> | 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) | <input checked="" type="checkbox"/> | 141. | <input checked="" type="checkbox"/> | (c) | SCHEDULE - ACTIVITIES | | | |
| <input checked="" type="checkbox"/> | 119. | (c)(3) | Group size-max 8 (6wks-24mths), max 10 (24-36mths) | <input checked="" type="checkbox"/> | 142. | <input checked="" type="checkbox"/> | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents | | | |
| <input checked="" type="checkbox"/> | 120. | (c)(4) | Physical barriers- indoors/outdoors | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (c)(2) | Activities not a duplication of child's day | | | |
| <input checked="" type="checkbox"/> | 121. | (d)(1)(A-C) | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children | | | |
| <input checked="" type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs-in compliance w/CPSC (manf. after 6/28/11) | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events | | | |
| <input checked="" type="checkbox"/> | 123. | (d)(2)(B) | Washable cots | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | Ratio- 1:15 | | | |
| <input checked="" type="checkbox"/> | 124. | (d)(2)(C) | Chairs for feeding-stable base-safety straps-locking tray | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | Group size- max. 30 | | | |
| <input checked="" type="checkbox"/> | 125. | (d)(2)(D) | Dev. appropriate tables/chairs/equipment | <input checked="" type="checkbox"/> | 143. | <input checked="" type="checkbox"/> | (d) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | | | |
| <input checked="" type="checkbox"/> | 126. | (d)(2)(E) | Refrigerator and food prep facilities | <input checked="" type="checkbox"/> | 144. | <input checked="" type="checkbox"/> | (e) | Head teacher approved- 60% | | | |
| <input checked="" type="checkbox"/> | 127. | (d)(3)(A-C) | Optional furniture/equip-safe/hazard free | <input checked="" type="checkbox"/> | 145. | <input checked="" type="checkbox"/> | (f) | | | | |
| <input checked="" type="checkbox"/> | 128. | | DIAPERING | <input checked="" type="checkbox"/> | 146. | <input checked="" type="checkbox"/> | (g) | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diaper area: elevated/sturdy/safety rail | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diaper area: used only for this purpose, located in the program area | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diaper area: non-porous surface/good repair | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diaper area: washed/disinfected after use | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diaper area: disposable paper sheets | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Covered waste receptacle-removed daily | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Handwashing-staff/children | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Diapering-Handwashing policies-posted/followed | | | | | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | Cloth diapers-written plan developed | | | | | | | | |

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

| | | | | | |
|---------------------|-----------------------|-----------------------|-------|---------------------------|----------|
| PROGRAM NAME | Total Learning Center | LICENSE NUMBER | 70103 | DATE OF INSPECTION | 1-2-2025 |
|---------------------|-----------------------|-----------------------|-------|---------------------------|----------|


| | |
|--|---|
| 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 checked="" type="checkbox"/> | 171. | (a)(1) | Written policies and procedures |
| <input type="checkbox"/> | 148. | (b)(1) | Person in charge-head teacher | <input checked="" type="checkbox"/> | 172. | | STAFF TRAINING |
| <input type="checkbox"/> | 149. | (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | | | <input checked="" type="checkbox"/> (b)(1)(A) | Staff training – first aid |
| <input type="checkbox"/> | 150. | (b)(3) | Written plan for supervision including cot placement and evacuation | | | <input checked="" type="checkbox"/> (b)(1)(B) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |
| <input type="checkbox"/> | 151. | (b)(4) | Children in care no more than 12 hrs. in 24 | | | <input checked="" type="checkbox"/> (i)-(iii) | Training updated at least every 3 years |
| <input type="checkbox"/> | 152. | (b)(5) | Staff awake and available | | | <input checked="" type="checkbox"/> (b)(2) | Written documentation of training |
| <input type="checkbox"/> | 153. | | SLEEP PROVISIONS | | | <input checked="" type="checkbox"/> (b)(3) | Trained staff on site when child is present |
| <input checked="" type="checkbox"/> | | (b)(6) | Individual cot/crib with bedding | <input checked="" type="checkbox"/> | 173. | (c)(2) | Self-administration - written authorization and under supervision of trained staff |
| <input checked="" type="checkbox"/> | | (b)(6)(A) | Sleeping apparel/toiletries labeled | | | <input checked="" type="checkbox"/> (c)(3) | Equipment provided by parents |
| <input checked="" type="checkbox"/> | | (b)(6)(B) | Required bedding | <input checked="" type="checkbox"/> | 174. | (d)(1) | Equipment labeled and inaccessible |
| <input checked="" type="checkbox"/> | | (b)(6)(C) | Required toiletries | <input checked="" type="checkbox"/> | 175. | (d)(2) | Signed agreement with parent regarding equipment, supplies, materials to be discarded |
| <input checked="" type="checkbox"/> | | (b)(6)(D) | Bedding/sleeping apparel laundered weekly | <input checked="" type="checkbox"/> | 176. | (d)(3) | Authorized prescriber written order |
| <input checked="" type="checkbox"/> | | (b)(7) | Sleep arrangements for infants | <input checked="" type="checkbox"/> | 177. | (e)(1) | Written authorization from parent |
| <input type="checkbox"/> | 154. | (b)(8) | Air temp 65 °F at 3 ft | <input checked="" 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 checked="" type="checkbox"/> | 179. | (e)(3) | |
| <input type="checkbox"/> | 156. | (b)(10) | Local health approval | | | | |

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|--|-----------------------------|
| 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 Plan conditions |
| <input checked="" type="checkbox"/> | 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | | (N/A) |

| | | | | | | | |
|-------------------------------------|------|-------------|---|---|--|--|--|
| <input checked="" type="checkbox"/> | 159. | (a)(2) | NONPRESC. TOPICAL MEDICATION | DISCUSSIONS - COMMENTS <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | | |
| <input checked="" type="checkbox"/> | | (a)(3)(A-B) | Admin/Parent permission/report errors | | | | |
| <input checked="" type="checkbox"/> | | (a)(3)(C) | Labeling and Storage | | | | |
| <input checked="" type="checkbox"/> | 160. | | Unused/expired meds destroyed/returned | | | | |
| <input checked="" type="checkbox"/> | | (b)(1)(A/C) | MEDICATION TRAINING | | | | |
| <input checked="" type="checkbox"/> | | (b)(1)(D) | Medication training-general-oral/top/inhalant | | | | |
| <input checked="" type="checkbox"/> | | (b)(1)(E) | Injectable premeasured autoinjector medication | | | | |
| <input checked="" type="checkbox"/> | | (b)(1)(F) | 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 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 |  |  | SIGNATURE OF PERSON IN CHARGE |
| PRINTED NAME | Cathy Anderson <i>Lon Mangano</i> | Beverly T. Robinson Jackson | |

| | |
|--|--|
| OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov | Inspection shall be posted or available for review upon request. |
| Written Corrective Action Plan Due by: 1.14.25 | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Total Learning Center License # 70103 Date: 1-2-2025

Observations/Corrections needed: Regulation not in compliance when:

- ~~33(a)(2) - 3 out of 4 staff did not have documentation of policy annual training (C2)~~
- 35-(i) - Social Service Contract is expired
- (i)(2)(A-H) - Education and Health contracts are not complete
- (F) - all consultants did not document their annual reviews
- 36(a)(1)(A-C) 3 Child enrollment forms are missing physician information
- 39-(a)(2)(C) - 2 out of 5 children are missing flu vaccine documentation
- 40-(a)(2)(E) - 1 Care Plan not signed by parents and 2 Care plans not signed by Staff
- 62-(a)(2) - Fire marshal certificate is expired (send copy)
- ~~64(b)(1)-(5) - Wall was added in the Sanctuary to separate Church and Classroom without approval (Change team, Health, Local Health and fire approval and OEC inspection) (misunderstood staff)~~
- 66-(c)(2) - Toddler - 1 cot has rust, walls are covered with staples that are rough to the touch.
- 90-(e)(6) - Radiator pipes are not protected
- 95-(e)(10) - Cleaners in a low drawer in the Toddler room.
- 161-(b)(3)(A+B) - 1 medication form is expired

Discussion

- New regulations
- 1 child has only parent as authorized pick up person listed.

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: Cathy Anderson
(OEC Representative)
 Print Name: Cathy Anderson Nonmangano

Signature: Beverly J. Robinson Jackson
(Person in Charge)
 Print Name: Beverly J. Robinson Jackson

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/16/25