

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

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

|                             |                                |                                 |                        |                                |         |
|-----------------------------|--------------------------------|---------------------------------|------------------------|--------------------------------|---------|
| <b>Program Name:</b>        | Our Little Folks Corner        | <b>Date of Inspection:</b>      | 1-3-25                 | <b>Time of Arrival:</b>        | 9:45 am |
| <b>Address:</b>             | 129 Stratton Brook Rd.         | <b>License Number:</b>          | 70241                  | <b>Expiration Date:</b>        | 7/31/27 |
| <b>Town:</b>                | Simsbury 06070                 | <b>Telephone Number:</b>        | 860-658-2033           | <b>Summer Care:</b>            | open    |
| <b>Operator:</b>            | Our Little Folks Corner LLC    | <b># of Staff Present:</b>      | 11                     | <b># over 3 Present:</b>       | 19      |
| <b>Email:</b>               | littlefolkscornerllc@gmail.com | <b>Total Capacity:</b>          | 56                     | <b>Total Under 3 capacity:</b> | 35      |
| <b>Designated Director:</b> | Erin Kohrer                    | <b>Hours/Days of Operation:</b> | M-F 6:30 am to 6:00 pm |                                |         |

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

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

### LICENSURE PROCEDURES 19a-79-2a

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

☒ 1. (c)(8) Local Health Inspection-Date: 11/7/24

### ADMINISTRATION 19a-79-3a

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| <input checked="" type="checkbox"/> 2.<br><input checked="" type="checkbox"/> 3.<br><input checked="" type="checkbox"/> 4.<br><input checked="" type="checkbox"/> 5.<br><input checked="" type="checkbox"/> 6.<br><input checked="" type="checkbox"/> 7.<br><input checked="" type="checkbox"/> 8.<br><input checked="" type="checkbox"/> 9.<br><input checked="" type="checkbox"/> 10.<br><input checked="" type="checkbox"/> 11.<br><br><input checked="" type="checkbox"/> 12.<br><input checked="" type="checkbox"/> 13.<br><br><input checked="" type="checkbox"/> 14.<br><input checked="" type="checkbox"/> 15.<br><input checked="" type="checkbox"/> 16.<br><input checked="" type="checkbox"/> 17.<br><br><input checked="" type="checkbox"/> 18. | (a)<br>(b)<br>(b)(6)<br>(b)(6)<br>(b)(7)(A)<br>(b)(7)(B)<br><br>(b)(7)(C)<br>(b)(7)(E)<br>(c)(1-4)<br><br><input checked="" type="checkbox"/> (d)(2)(A)<br><input checked="" type="checkbox"/> (d)(2)(B-C)<br><input checked="" type="checkbox"/> (d)(3)<br><input checked="" type="checkbox"/> (d)(4)(A)<br><input checked="" type="checkbox"/> (d)(4)(B)<br><input checked="" type="checkbox"/> (d)(5)<br><input checked="" type="checkbox"/> (d)(6)<br><input checked="" type="checkbox"/> (d)(6)(C)<br><input checked="" type="checkbox"/> (d)(7)<br><br>(d)(1)<br><br><input checked="" type="checkbox"/> (f)<br><input checked="" type="checkbox"/> (h)<br><br>(l)<br>(m)<br>(n)<br>(o)<br><br><input checked="" type="checkbox"/> (e)(1)<br><input checked="" type="checkbox"/> (e)(2)<br><input checked="" type="checkbox"/> (e)(3)<br><input checked="" type="checkbox"/> (e)(4)<br><input checked="" type="checkbox"/> (e)(5)<br><input checked="" type="checkbox"/> (e)(6) | Ensuring health & safety of children<br>Overall management of program<br>Employee orientation for new program staff<br>Annual policy training for program staff<br>Child behavior management<br>Documentation that parents were informed of behavior management techniques<br>Child Protection<br>Mandated Reporting<br>Notification of Change<br><u>POLICIES-COMplete/IMPLEMENTED</u><br>Discipline policy<br>Child Protection policy<br>Closing time policy<br>Medical emergency policy<br>Multi-Hazards policy-annual drill ★<br>Supervision policy<br>General Operating policies<br>Administrative Oversight policy ★<br>Personnel policies<br>Daily attendance-children/staff- keep 1 yr.<br><u>ACCESS</u><br>Immediate access by parents<br>Immediate access by OEC-facility/records<br>2.8 yr olds enrolled in preschool-authorization<br>Motor vehicle laws-transportation<br>Capacity<br>Respond to OEC-no false, misleading statements or documents<br><u>POSTINGS</u><br>License posted<br>OEC Complaint Procedure posted<br>Menus posted<br>No Smoking posted signs at entrances<br>OEC Inspection report posted or available<br>Developmental Milestones posted |
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|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | N/A       | N/A  |        |



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

| PROGRAM NAME                |                                                                                                                                                                        | LICENSE NUMBER                 | DATE OF INSPECTION                                                                        |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------|
| Our Little Folks Corner     |                                                                                                                                                                        | 70241                          | 1-3-25                                                                                    |
| RECORD KEEPING 19a-79-5     |                                                                                                                                                                        | PHYSICAL PLANT 19a-79-7a cont. |                                                                                           |
| 36. (a)(1)(A-C)             | Children's Enrollment information                                                                                                                                      | 72. (d)(2)                     | Walkways maintained                                                                       |
| 37. (a)(1)(D)(i)            | PARENT PERMISSIONS                                                                                                                                                     | 73. (d)(3)                     | Windows protected to prevent falls                                                        |
| (a)(1)(D)(ii)               | Emergency medical permission                                                                                                                                           | 74. (d)(3)                     | Window screens (Schl age only- N/A)                                                       |
| (a)(1)(D)(iii)              | Authorized release permission                                                                                                                                          | 75. (d)(4)                     | Glass and mirrors protected to 36"                                                        |
| (a)(1)(D)(iv)               | Field trip permission                                                                                                                                                  | 76. (d)(5)                     | Overhead doors-locking devices, spring protectors N/A                                     |
| 38. (a)(2)(A-B)             | Transportation permission                                                                                                                                              | 77. (d)(6), (f)(3)             | Exits, stairs, hallways unobstructed                                                      |
| 39. (a)(2)(C)               | Child Health Records                                                                                                                                                   | 78. (d)(7)                     | Individual storage of clothing/bedding                                                    |
| 40. (a)(2)(E)               | Immunization records                                                                                                                                                   | 79. (d)(8)                     | Smoking or vaping prohibited on premises/grounds                                          |
| 41. (a)(3)(A)               | Individual care plan-signed by parents/staff                                                                                                                           | 80. (d)(8)                     | Matches/lighters inaccessible                                                             |
| 42. (a)(3)(B)               | Injury, Illness, Incident, Accident reports                                                                                                                            | 81. (d)(9)                     | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)          |
| 43. (a)(3)(C)(i-ii)         | Parent notification of illness or injury                                                                                                                               | 82. (d)(10)(A)                 | TOILETING                                                                                 |
| 44. (a)(3)(D)               | Notify OEC of serious injuries, fatality                                                                                                                               | (d)(10)(B)                     | Shared toilets/sinks-supervision plan                                                     |
| 45. (a)(4)                  | Notify DPH, local health-reportable diseases                                                                                                                           | (d)(10)(C)                     | Toileting needs met                                                                       |
|                             | Video recordings- keep 30 days                                                                                                                                         | (d)(10)(D)                     | Potty chairs-nonporous, emptied, disinfected                                              |
| HEALTH and SAFETY 19a-79-6a |                                                                                                                                                                        | (d)(10)(E)                     | Required toilets/sinks-1:16                                                               |
| 46. (a)(1)                  | Preparation, transportation of food-follow DPH Model Food Code N/A                                                                                                     | (d)(10)(F)                     | Required toilets/sinks-1:25 schl age only                                                 |
| 47. (a)(2)                  | Nutritious meals and snacks                                                                                                                                            | (d)(10)(G)                     | Toileting Supplies-Hand drying-Garbage                                                    |
| 48. (a)(3)                  | Proper refrigeration-41 degrees                                                                                                                                        | (d)(10)(H)                     | Handwashing staff/children                                                                |
| 49. (a)(4)                  | Menus-1 wk in advance- keep 3 mths                                                                                                                                     | (d)(11)                        | Toilets/sinks located-at the facility or licensed premises                                |
| 50. (a)(5)                  | Food Service Inspection N/A                                                                                                                                            | (e)(1)                         | Well lighted/ventilated toilet rooms                                                      |
| 51. (a)(6)                  | Kitchen-clean, safe storage of food/supplies                                                                                                                           | (e)(2)                         | Mechanical ventilation (Grp Homes N/A)                                                    |
| 52. (a)(7)                  | Separate hand washing facilities                                                                                                                                       | (e)(3)                         | Staff personal articles inaccessible                                                      |
| 53. (a)(8)                  | Multi-use eating/drinking utensils                                                                                                                                     | (e)(4)                         | AIR TEMPERATURE                                                                           |
| 54. (a)(9)                  | Kitchen separated (Schl age only N/A)                                                                                                                                  | (e)(5)                         | Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)       |
| 55. (a)(10)                 | Children supervised during meal prep                                                                                                                                   | (e)(6)                         | Air temp <65°F comfortable (Schl age only-N/A)                                            |
| 56. (a)(11)                 | Handwashing-staff/children                                                                                                                                             | (e)(7)                         | Air temp > 80 °F - ↑ fluids/ventilation                                                   |
| 57. (b)(1)                  | Illness procedures-staff knowledgeable, children observed for signs/symptoms                                                                                           | (e)(8)                         | Water temperature 60 °F – 120 °F                                                          |
| 58. (b)(2)                  | Designated isolation area                                                                                                                                              | (e)(9)                         | Portable space heaters prohibited                                                         |
| 59. (c)                     | FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips                                                                              | (e)(10)                        | Walls/ceilings/floors/rugs-clean/good repair                                              |
| 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 | (e)(11)                        | Rugs- not tripping/slipping hazard                                                        |
| 61. (d)                     | FIRST AID SUPPLIES-addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags                                                              | (e)(12)                        | Hot water/Steam pipes protected                                                           |
| PHYSICAL PLANT 19a-79-7a    |                                                                                                                                                                        | (e)(13)                        | Working phone on each level                                                               |
| 62. (a)(2)                  | Fire marshal codes/certificate 10/1/24                                                                                                                                 | (e)(14-15)                     | Emergency numbers posted-adjacent to phones                                               |
| 63. (b)                     | Indoor/Outdoor space inspected/approved                                                                                                                                | (e)(16)                        | Parents provided direct on site phone number                                              |
| 64. (b)(1)-(5)              | Construction/expansion/renovation/conversion                                                                                                                           | (e)(17)                        | LIGHTING                                                                                  |
| 65. (b)(6)                  | Space not inspected/approved but used for field trips-written parent permission                                                                                        | (e)(18)                        | All areas min. 1 foot candle of lighting                                                  |
| 66. (c)(2)                  | Licensed premises-clean, good repair, hazard free, maintenance program established                                                                                     | (f)(1)(A)                      | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |
| 67. (c)(3)                  | Building/Equipment/Furnishings-sanitary hazard free (Schl age only) N/A                                                                                                | (g)(1)                         | Schl age only-lighting for comfort                                                        |
| 68. (c)(4)                  | Testing of premises/grounds for chemicals                                                                                                                              | (g)(2)                         | Light fixtures shielded/shatter proof                                                     |
| 69. (c)(5)(A)               | WATER SUPPLY – Public/Well (Schools-N/A)                                                                                                                               | (g)(3)                         | Potentially hazardous substances, materials – labeled, inaccessible                       |
| (c)(5)(B)                   | Lead Water Test – Date: 10/16/23                                                                                                                                       | (g)(4)                         | Garbage/rubbish-disposed of daily, containers in good repair                              |
| (c)(5)(C)                   | Bact./Chem Test-Date: n/a                                                                                                                                              | (g)(5)                         | Stairs-protected/good repair-handrails                                                    |
| 70. (c)(6)(A)               | Drinking water available/accessible                                                                                                                                    | (g)(6)                         | Toxic plants/materials inaccessible                                                       |
| (c)(6)(B-D)                 | LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results lead eliminated                                                            | (g)(7)                         | Pets or other animals-in good health, written care plan including access to children      |
| 71. (d)(1)                  | Lead Management Plan n/a                                                                                                                                               | (g)(8)                         | Prevention of vermin-openings screened                                                    |
|                             | Emergency vehicle access                                                                                                                                               | (g)(9)                         | Radon test- Results: 1.0 N/A                                                              |
|                             |                                                                                                                                                                        | (g)(10)                        | Results posted-Date: 11/14/24 (Schls-N/A)                                                 |
|                             |                                                                                                                                                                        | (g)(11)                        | Carbon monoxide detector-each level N/A                                                   |
|                             |                                                                                                                                                                        | (g)(12)                        | Program space-adequate-35 sq. ft. per child                                               |
|                             |                                                                                                                                                                        | (g)(13)                        | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
|                             |                                                                                                                                                                        | (g)(14)                        | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |
|                             |                                                                                                                                                                        | (g)(15)                        | Air conditioners, water heaters, fuse boxes inaccessible                                  |
|                             |                                                                                                                                                                        | (g)(16)                        | Developmentally app equipment, materials                                                  |



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

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| PROGRAM NAME<br><b>Our Little Folks Corner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                    | DATE OF INSPECTION<br><b>1.3.25</b> |
| PHYSICAL PLANT 19a-79-7a cont.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                    |                                     |
| <input checked="" type="checkbox"/> 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls<br><input checked="" type="checkbox"/> 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around<br><input checked="" type="checkbox"/> 110. (j) No weapons/no facsimile of a firearm<br><input type="checkbox"/> 111. <u>OUTDOOR SPACE</u><br><input checked="" type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child<br><input type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8"<br><input checked="" type="checkbox"/> (h)(3) Playground free from hazards<br><input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected<br><input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried<br><input checked="" type="checkbox"/> (h)(6) New equip- cert play. Inspection upon request<br><input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible<br><input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous<br><u>OUTDOOR PROTECTED/FENCING</u><br><input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards<br><input type="checkbox"/> 113. <input type="checkbox"/> (h)(7)(A) Fences installed to protect from hazards-4 ft<br><input checked="" type="checkbox"/> (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks<br><input checked="" type="checkbox"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier<br><input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61<br><input checked="" type="checkbox"/> (i) Wading pools prohibited<br><input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible      | <input checked="" type="checkbox"/> 129. <u>LINENS/CLOTHING</u><br><input checked="" type="checkbox"/> (f)(1) Linens/emergency clothing available<br><input checked="" type="checkbox"/> (f)(2) Linens washed weekly or as needed<br><input checked="" type="checkbox"/> (f)(3) Linens/clothing stored individually<br><input checked="" type="checkbox"/> (f)(4) Cribs/cots cleaned-linens changed when shared<br><u>SAFE SLEEP</u><br><input checked="" type="checkbox"/> (g)(1) Under 12 mths placed on back for sleeping<br><input type="checkbox"/> (g)(1) Crib-slug fitting mattress/tightly fitted sheet<br><input checked="" type="checkbox"/> (g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file<br><input checked="" type="checkbox"/> (g)(2) Infants allowed to adopt other sleep positions<br><input checked="" type="checkbox"/> (g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles<br><input checked="" type="checkbox"/> (g)(4) No unapproved sleeping-car seats/swings/beds, etc.<br><input checked="" type="checkbox"/> (g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes<br><input checked="" type="checkbox"/> (g)(6) Observe/assess infants at least every 15 minutes<br><input checked="" type="checkbox"/> (g)(7) Teething necklaces/bracelets, jewelry inaccessible<br><input checked="" type="checkbox"/> (g)(8) Safe sleep policies posted/parents informed<br><input checked="" type="checkbox"/> (h)(1) Infant toys-separate/washed/sanitized daily<br><input checked="" type="checkbox"/> (h)(1) Toddler toys-washed/sanitized weekly<br><input checked="" type="checkbox"/> (h)(2) No toys/objects less than 1 1/4 " diameter<br><input checked="" type="checkbox"/> (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision<br><input checked="" type="checkbox"/> (i)(1)(2A-C) Health consultant visits/documentation<br><u>FEEDING</u><br><input checked="" type="checkbox"/> (j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle<br><input checked="" type="checkbox"/> (k)(1) Written feeding schedule from parent-updated<br><input checked="" type="checkbox"/> (k)(2) Unused formula/milk discarded after feedings<br><input checked="" type="checkbox"/> (k)(3) Clean bottles/disposable bottles/appvd washing<br><input checked="" type="checkbox"/> (k)(4) Baby food served from dish or whole jar<br><input checked="" type="checkbox"/> (k)(5) Bottles labeled with child's name<br><input checked="" type="checkbox"/> (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25<br><input checked="" type="checkbox"/> (l)(2) Outdoor equipment-developmentally appropriate for ages of the children<br><input checked="" type="checkbox"/> (l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
| EDUCATIONAL REQUIREMENTS 19a-79-8a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> 130. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 131. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 132. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 133. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 134. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 135. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 136. <u>WATER HAZARDS</u> |                                     |
| <input checked="" type="checkbox"/> 115. (a) Written daily/weekly educational plan-developmentally appropriate<br><input checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u><br><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<br><input checked="" type="checkbox"/> (b) Limited access to screen time/video games                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> 137. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 138. <u>WATER HAZARDS</u><br><input checked="" type="checkbox"/> 139. <u>WATER HAZARDS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                       |                                     |
| UNDER THREE ENDORSEMENT 19a-79-10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SCHOOL AGE ENDORSEMENT 19a-79-11                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |
| <input checked="" type="checkbox"/> 117. (b) Approved Under 3 Endorsement<br><input checked="" type="checkbox"/> 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)<br><input checked="" type="checkbox"/> 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)<br><input checked="" type="checkbox"/> 120. (c)(4) Physical barriers- indoors/outdoors<br><input checked="" type="checkbox"/> 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep<br><input checked="" type="checkbox"/> 122. (d)(2)(A-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)<br><input checked="" type="checkbox"/> 123. (d)(2)(B) Washable cots<br><input checked="" type="checkbox"/> 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray<br><input checked="" type="checkbox"/> 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment<br><input checked="" type="checkbox"/> 126. (d)(2)(E) Refrigerator and food prep facilities<br><input checked="" type="checkbox"/> 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free<br><input type="checkbox"/> 128. <u>DIAPERING</u><br><input checked="" type="checkbox"/> (e)(1) Diaper area: elevated/sturdy/safety rail<br><input type="checkbox"/> (e)(2) Diaper area: used only for this purpose, located in the program area<br><input checked="" type="checkbox"/> (e)(3) Diaper area: non-porous surface/good repair<br><input checked="" type="checkbox"/> (e)(4) Diaper area: washed/disinfected after use<br><input checked="" type="checkbox"/> (e)(5) Diaper area: disposable paper sheets<br><input checked="" type="checkbox"/> (e)(6)(9) Covered waste receptacle-removed daily<br><input checked="" type="checkbox"/> (e)(7) Handwashing-staff/children<br><input type="checkbox"/> (e)(8) Diapering-Handwashing policies-posted/followed<br><input checked="" type="checkbox"/> (e)(10)(A-C) Cloth diapers-written plan developed | <input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement<br><input checked="" type="checkbox"/> 141. (c) <u>SCHEDULE - ACTIVITIES</u><br><input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) Written daily program plan-flexible schedule-available to staff/parents<br><input checked="" type="checkbox"/> (c)(2) Activities not a duplication of child's day<br><input checked="" type="checkbox"/> (c)(3) Activities include cognitive, physical, social, emotional needs of the children<br><input checked="" type="checkbox"/> (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events<br><input checked="" type="checkbox"/> 143. (d) Ratio- 1:15<br><input checked="" type="checkbox"/> 144. (e) Group size- max. 30<br><input checked="" type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent<br><input checked="" type="checkbox"/> 146. (g) Head teacher approved- 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |



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

|                                                                                                                                                     |                                                 |                                                                                              |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------|--------|
| <b>PROGRAM NAME</b>                                                                                                                                 |                                                 | Our Little Folks Corner                                                                      |                                      | <b>LICENSE NUMBER</b>                                                                                                                                                                                                      | 70241                                                                                                       | <b>DATE OF INSPECTION</b> | 1-3-25 |
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>                                                                                              |                                                 |                                                                                              |                                      | <b>MONITORING OF DIABETES 19a-79-13 Y/N</b>                                                                                                                                                                                |                                                                                                             |                           |        |
| <input type="checkbox"/> 147.                                                                                                                       | (b)                                             | Approved Night Care Endorsement                                                              | <input type="checkbox"/> 171.        | (a)(1)                                                                                                                                                                                                                     | Written policies and procedures                                                                             |                           |        |
| <input type="checkbox"/> 148.                                                                                                                       | (b)(1)                                          | Person in charge-head teacher                                                                | <input type="checkbox"/> 172.        |                                                                                                                                                                                                                            | <b>STAFF TRAINING</b>                                                                                       |                           |        |
| <input type="checkbox"/> 149.                                                                                                                       | (b)(2)                                          | Written plan for program activities- meet individual needs, sleep patterns, quiet activities |                                      | <input type="checkbox"/> (b)(1)(A)                                                                                                                                                                                         | Staff training – first aid                                                                                  |                           |        |
| <input type="checkbox"/> 150.                                                                                                                       | (b)(3)                                          | Written plan for supervision including cot placement and evacuation                          |                                      | <input type="checkbox"/> (b)(1)(B)                                                                                                                                                                                         | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |                           |        |
| <input type="checkbox"/> 151.                                                                                                                       | (b)(4)                                          | Children in care no more than 12 hrs. in 24                                                  |                                      | <input type="checkbox"/> (i)-(iii)                                                                                                                                                                                         | Training updated at least every 3 years                                                                     |                           |        |
| <input type="checkbox"/> 152.                                                                                                                       | (b)(5)                                          | Staff awake and available                                                                    |                                      | <input type="checkbox"/> (b)(2)                                                                                                                                                                                            | Written documentation of training                                                                           |                           |        |
| <input type="checkbox"/> 153.                                                                                                                       |                                                 | <b>SLEEP PROVISIONS</b>                                                                      |                                      | <input type="checkbox"/> (b)(3)                                                                                                                                                                                            | Trained staff on site when child is present                                                                 |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(6)                 | Individual cot/crib with bedding                                                             | <input type="checkbox"/> 173.        | (c)(3)                                                                                                                                                                                                                     | Self-administration - written authorization and under supervision of trained staff                          |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(6)(A)              | Sleeping apparel/toiletries labeled                                                          | <input type="checkbox"/> 174.        | (d)(1)                                                                                                                                                                                                                     | Equipment provided by parents                                                                               |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(6)(B)              | Required bedding                                                                             | <input type="checkbox"/> 175.        | (d)(2)                                                                                                                                                                                                                     | Equipment labeled and inaccessible                                                                          |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(6)(C)              | Required toiletries                                                                          | <input type="checkbox"/> 176.        | (d)(3)                                                                                                                                                                                                                     | Signed agreement with parent regarding equipment, supplies, materials to be discarded                       |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(6)(D)              | Bedding/sleeping apparel laundered weekly                                                    |                                      |                                                                                                                                                                                                                            | Authorized prescriber written order                                                                         |                           |        |
|                                                                                                                                                     | <input type="checkbox"/> (b)(7)                 | Sleep arrangements for infants                                                               | <input type="checkbox"/> 177.        | (e)(1)                                                                                                                                                                                                                     | Written authorization from parent                                                                           |                           |        |
| <input type="checkbox"/> 154.                                                                                                                       | (b)(8)                                          | Air temp 65 °F at 3 ft                                                                       | <input type="checkbox"/> 178.        | (e)(2)                                                                                                                                                                                                                     | Testing results and actions taken – documented and kept on file, ensure parents are notified daily          |                           |        |
| <input type="checkbox"/> 155.                                                                                                                       | (b)(9)                                          | Fire marshal approval-hours specified                                                        | <input type="checkbox"/> 179.        | (e)(3)                                                                                                                                                                                                                     |                                                                                                             |                           |        |
| <input type="checkbox"/> 156.                                                                                                                       | (b)(10)                                         | Local health approval                                                                        |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>                                                                                                  |                                                 |                                                                                              |                                      | <b>ADDITIONAL VIOLATION</b>                                                                                                                                                                                                |                                                                                                             |                           |        |
| <input checked="" type="checkbox"/> 157.                                                                                                            | (9a)                                            | Written medication policies/procedures                                                       | <input type="checkbox"/> 180.        | -                                                                                                                                                                                                                          | Consent Order/Negotiated Corrective Action Plan conditions                                                  | N/A                       |        |
| <input checked="" type="checkbox"/> 158.                                                                                                            | (9a)                                            | Permit enrollment of children with asthma, allergies, diabetes                               |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| <input checked="" type="checkbox"/> 159.                                                                                                            |                                                 | <b>NONPRESC. TOPICAL MEDICATION</b>                                                          |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
|                                                                                                                                                     | <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.                                                                                                            |                                                 | <b>MEDICATION TRAINING</b>                                                                   |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
|                                                                                                                                                     | <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                      |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| <b>SIGNATURE OF OEC STAFF</b>                                                                                                                       |                                                 |                                                                                              | <b>SIGNATURE OF PERSON IN CHARGE</b> |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| Betty mayer                                                                                                                                         |                                                 |                                                                                              | Erin Kohner                          |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| <b>PRINTED NAME</b>                                                                                                                                 |                                                 |                                                                                              | <b>PRINTED NAME</b>                  |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| Betty Mayer                                                                                                                                         |                                                 |                                                                                              | Erin Kohner                          |                                                                                                                                                                                                                            |                                                                                                             |                           |        |
| <b>OEC DIVISION OF LICENSING</b>                                                                                                                    |                                                 |                                                                                              |                                      | Inspection shall be posted or available for review upon request.                                                                                                                                                           |                                                                                                             |                           |        |
| 450 Columbus Blvd, Suite 302, Hartford, CT 06103                                                                                                    |                                                 |                                                                                              |                                      | Written Corrective Action Plan Due by: 1/17/24                                                                                                                                                                             |                                                                                                             |                           |        |
| Help Desk: (800)282-6063 or (860)500-4450                                                                                                           |                                                 |                                                                                              |                                      | CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a> |                                                                                                             |                           |        |
| Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a> |                                                 |                                                                                              |                                      |                                                                                                                                                                                                                            |                                                                                                             |                           |        |



## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Our Little Folks Center License # 70241 Date: 1.3.25

## Observations/Corrections needed:

Program not in compliance when...#21 one staff background check incomplete.#48 refrigeration in Rainbow Fish room observed at 460.#111(h)(2) shock absorbing material less than 8 inches surrounding two little tyke climber/slides on back porch.#113(h)(7)(A) Fencing on the Big Kid Playground observed to be less than 4 feet. Fence measuring between 3 feet 5 inches to 3 feet 9 inches. Busy street nearby.#128(c)(2) Changing table in OZ room used for storage of classroom materials. (e)(8) Handwashing sign not posted in Pooh room or Rainbow Fish Room.#130(g)(1) observed loose crib sheet for child under one in Rainbow Fish Room.#161 Medication authorization for child with epipen on school personnel form. One medication authorization for child with albuterol expired.

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

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

Signature: Betty Mayer  
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Erin Kohner  
(Person in Charge)OEC BY: 1/17/24Print Name: Erin Kohner