

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

CLC Westover	1-7-25	1230pm
412 Stillwater Ave	15329	4:30-25
Stamford	203-353-1234	closed
CLC of Fairfield County, Inc	# of Staff Present: 2	# over 3 Present: 18
annawitkowski@clcfairfield.org	Total Capacity: 20	Total Under 3 capacity: 0
Sarah McMadden		# under 3 Present: 0
		Ages Served: 3-5yrs
		M-F 8am-5pm

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 12-8-25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions	
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks	
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance	
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing	
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%	
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older	
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff	
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS	
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors	
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios	
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio	
<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors	
<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE	
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors	
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors	
<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size	
<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> (a)(2)	Designated director-training	
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)(2)	CPR certified program staff	
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)(2)	First aid certified program staff	
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT	
<input checked="" type="checkbox"/> 13. (f)	ACCESS	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation	
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training	
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours	
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (i)(1)(A-D)	SWIMMING ACTIVITIES - Y/N	
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (i)	Swimming-Ratios	
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified	
<input checked="" type="checkbox"/> 18. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older	
<input checked="" type="checkbox"/> (e)(2)	POSTINGS	<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising	
<input checked="" type="checkbox"/> (e)(3)	License posted	<input checked="" type="checkbox"/> (H)(i)-(l)(i)	CONSULTANTS	
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)	
<input checked="" type="checkbox"/> (e)(5)	Menus posted		Consultant agreements-signed annually	
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services	
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services	
	Developmental Milestones posted		Consultant visits- Education/Health	

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

CJC Westover

19329

1.7.25

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
		Video recordings- keep 30 days		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(G)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 85.	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection _____ N/A		<input checked="" type="checkbox"/> (d)(10)(H)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 87.		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 89.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 55.	(a)(10)	Kitchen supervised during meal prep	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(3)	thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 92.	<input checked="" type="checkbox"/> (e)(4)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 93.	<input checked="" type="checkbox"/> (e)(5)	Air temp > 80 °F - ↑ fluids/ventilation
<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"/> 94.	<input checked="" type="checkbox"/> (e)(6)	Water temperature 60 °F - 120 °F
<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"/> (e)(7)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags		<input checked="" type="checkbox"/> (e)(7)	Walls/ceilings/floors/rugs-clean/good repair

PHYSICAL PLANT 19-79-7A					
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <i>7/8/09</i>	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99.	<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100.	<input checked="" type="checkbox"/> (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (e)(14-15)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <i>4.4.23</i>	<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (e)(16)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105.	<input checked="" type="checkbox"/> (f)(1)(A)	Radon test- Results: <i>0.8</i> N/A
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Peeling Paint - <i>Y/N</i> Inside/Outside Building Pre-78: <i>Y/N</i> Lead Test: <i>Y/N</i> Results: <i>NO LEAD</i>	<input checked="" type="checkbox"/> 106.	<input checked="" type="checkbox"/> (g)(1)	Results posted-Date: <i>1.8.24</i> (Schls-N/A)
<i>N/A</i>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____	<input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (g)(2)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access		<input checked="" type="checkbox"/> (g)(3)	Program space-adequate-35 sq. ft. per child

UCC Westover

15329

1.7.25

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)
	<input type="checkbox"/> (f)(2)
	<input type="checkbox"/> (f)(3)
	<input type="checkbox"/> (f)(4)
<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1)
	<input type="checkbox"/> (g)(1)
	<input type="checkbox"/> (g)(1)
	<input type="checkbox"/> (g)(2)
	<input type="checkbox"/> (g)(3)
	<input type="checkbox"/> (g)(4)
	<input type="checkbox"/> (g)(5)
	<input type="checkbox"/> (g)(6)
	<input type="checkbox"/> (g)(7)
	<input type="checkbox"/> (g)(8)
<input type="checkbox"/> 131.	(h)(1)
<input type="checkbox"/> 132.	(h)(1)
<input type="checkbox"/> 133.	(h)(2)
<input type="checkbox"/> 134.	(h)(2)
<input type="checkbox"/> 135.	(i)(1)(2A-C)
<input type="checkbox"/> 136.	
	<input type="checkbox"/> (j)
	<input type="checkbox"/> (k)(1)
	<input type="checkbox"/> (k)(2)
	<input type="checkbox"/> (k)(3)
	<input type="checkbox"/> (k)(4)
	<input type="checkbox"/> (k)(5)
<input type="checkbox"/> 137.	(l)(1)
<input type="checkbox"/> 138.	(l)(2)
<input type="checkbox"/> 139.	(l)(3)

LINENS/CLOTHING	
Linens/emergency clothing available	
Linens washed weekly or as needed	
Linens/clothing stored individually	
Cribs/cots cleaned-linens changed when shared	
SAFE SLEEP	
Under 12 mths placed on back for sleeping	
Crib-snug fitting mattress/tightly fitted sheet	
Alternate sleep position/equipment-medical documentation for medical reason on file	
Infants allowed to adopt other sleep positions	
No items in/on cribs-blankets, toys, humpers, pillows, weighted blankets/sleepers/swaddles	
No unapproved sleeping-car seats/swings/beds, etc.	
No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
Observe/assess infants at least every 15 minutes	
Teething necklaces/bracelets, jewelry inaccessible	
Safe sleep policies posted/parents informed	
Infant toys-separate/washed/sanitized daily	
Toddler toys-washed/sanitized weekly	
No toys/objects less than 1 1/4" diameter	
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
Health consultant visits/documentation	
FEEDING	
Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
Written feeding schedule from parent-updated	
Unused formula/milk discarded after feedings	
Clean bottles/disposable bottles/appvd washing	
Baby food served from dish or whole jar	
Bottles labeled with child's name	
Outdoor spaced fenced-4 ft lic. after 1/1/25	
Outdoor equipment-developmentally appropriate for ages of the children	
Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety	

EDUCATIONAL REQUIREMENTS 19-26

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

SCHOOL AGE ENDORSEMENT

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/> 122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/> 128.		DIAPERING
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 141.	(c)	SCHEDULE - ACTIVITIES
		Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/> 142.	(c)(1)	Activities not a duplication of child's day
	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 143.	(d)	Ratio- 1:15
<input type="checkbox"/> 144.	(e)	Group size- max. 30
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 146.	(g)	Head teacher approved- 60%

CDC Westover

19379

1725

<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input checked="" type="checkbox"/> 153.		SLEEP PROVISIONS
	<input checked="" type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding
	<input checked="" type="checkbox"/> (b)(6)(C)	Required toiletries
	<input checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants
<input checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.		STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19-79-25-17

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	<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.		MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage N/A

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions	N/A
--	---	--	-----

DISCUSSIONS - COMMENTS

Regulation not met when...

35 (i) Dietician contract expired 10-31-24

35 (i)(2)(A-H) Education and health contract does not include all services required

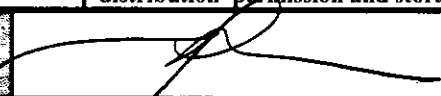
35 (F) Dietician annual review documentation expired.

102(e)(18) Carbon monoxide detector is broken

Discussion

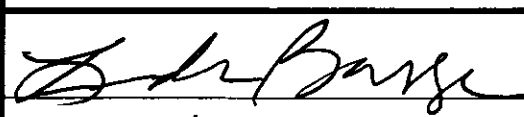
- All new regulations discussed
- 1 child with incomplete page 2 of health record.

SIGNATURE OF OEC STAFF



PRINTED NAME

Lon Mangano



Linda Barge

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review

Written Corrective Action Plan Due by: 1-21-25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>