

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

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

Address:	NewCO Activities Program 345 Pepper Ridge Rd Stamford	Date:	1.6.25	Time:	253pm
City:	Stamford	License Number:	11663	Expiry Date:	5.31.25
Organization:	Risco Stamford School Comm Org Inc	Telephone Number:	203.609.9027	Status:	Closed
Facility:	abase@risco.org	# of Staff Present:	3	# over 3 Present:	50
Inspected Director:	Audette Bisillon	Total Capacity:	80	Total Under 3 capacity:	0
		Hours/Day of Operation:	M-F 2:30-5:30		

Instruction Codes: N/A - Not Applicable to this type    ✓ = Regulation in Compliance    ○ = 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-79-3a-3c**

1. (c)(8) Local Health Inspection-Date: 01.3.24

**ADMINISTRATION 19a-79-3a**

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27.
  - (d)(4)(A)
  - (d)(4)(B)
  - (d)(6)
  - (d)(4)(D)
- 28.
- 29.
- 30. (d)(5)
- 31. (d)(5)(A)
- 32. (d)(5)(B)
- 33. (e)(1)
- 34. (f)(1)
- 35. (f)(2)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(I)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Evidence of compliance
- Adequate staffing
- Designated head teacher-approved-60%
- Two staff present-age 18 or older
- Personal qualities of staff
- RATIOS**
  - Ratio 1:10 - Indoors/Outdoors
  - Mixed age group-ratios
  - Nap time ratio
  - Supervision-Indoors/Outdoors
- GROUP SIZE**
  - Group Size-Indoors/Outdoors
  - Group Size-school age field trips/outdoors
  - Mixed age group-group size
  - Designated director-training
  - CPR certified program staff
  - First aid certified program staff
- PROFESSIONAL DEVELOPMENT**
  - Documentation
  - Health & Safety training
  - 1% annual hours
- SWIMMING ACTIVITIES - Y/N**
  - Swimming-Ratios
  - Non-swimmers identified
  - CPR certified staff-age 20 or older
  - Lifeguard-certified-supervising
- CONSULTANTS**
  - Consultants-Education, Health, Social Service, Dietitian (N/A)
  - Consultant agreements-signed annually
  - Agreements complete w/required services
  - Consultant logs-documented activities, observations and required services
  - Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	Not Applicable	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	N/A	N/A	

**CHILD CARE CENTER AND CHILD CARE HOME INSPECTION**

**PROGRAM NAME**

Newer Activities Program

**LICENSE NUMBER**

1663

1.6.25

**RECORD KEEPING 19a-79-5**

**PHYSICAL PLANT 19a-79-7a cont.**

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

- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens (Schl age only) (N/A)
- 75. (d)(4) Glass and mirrors protected to 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing/bedding
- 79. (d)(8) Smoking or vaping prohibited on premises/grounds
- 80. (d)(8) Matches/lighters inaccessible
- 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only) (N/A)
- 82. **TOILETING**
  - (d)(10)(A) Shared toilets/sinks-supervision plan
  - (d)(10)(B) Toileting needs met
  - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
  - (d)(10)(C) Required toilets/sinks-1:16
  - (d)(10)(D) Required toilets/sinks-1:25 schl age only
  - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
  - (d)(10)(E) Handwashing staff/children
  - (d)(10)(F) Toilets/sinks located-at the facility or licensed premises
  - (d)(10)(G) Well lighted/ventilated toilet rooms
  - (d)(10)(H) Mechanical ventilation (Grp Homes N/A)
  - (d)(11) Staff personal articles inaccessible

**HEALTH and SAFETY 19a-79-6a**

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean, safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (Schl age only) (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59.  (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- 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
- 61.  (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

- 83. (d)(11)
- 84. (d)(11)
- 85. (e)(1)
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- 104. (e)(14-15)
- 105. (e)(16)
- 106. (e)(17)
- 107. (e)(18)

**PHYSICAL PLANT 19a-79-7a**

- 62. (a)(2) Fire marshal codes/certificate 16-18-24
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. (c)(5)(A) **WATER SUPPLY** - Public/Well (Schools) (N/A)
- 70. (c)(5)(B) Lead Water Test - Date: \_\_\_\_\_
- 70. (c)(5)(C) Bact./Chem Test-Date: \_\_\_\_\_
- 70. (c)(6)(A) Drinking water available/accessible
- 71. (d)(1) **LEAD PAINT** - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: NO LEAD
- 71. (d)(1) Lead Management Plan \_\_\_\_\_
- 71. (d)(1) Emergency vehicle access

- 107. (g)(4)
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

**PROGRAM NAME** Nursing Activities Program

**LICENSURE NUMBER** 16663

**DATE OF INSPECTION** 1-6-25

**PHYSICAL PLANT 19a-79-7a**

**UNDER THREE ENDORSEMENT 19a-79-10**

<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.		<b>OUTDOOR SPACE</b>
	<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.		<b>OUTDOOR PROTECTED/FENCING</b>
	<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"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/> 114.		<b>WATER HAZARDS</b>
	<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 checked="" 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)
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<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)

<b>LINENS/CLOTHING</b>
Linens/emergency clothing available
Linens washed weekly or as needed
Linens/clothing stored individually
Cribs/cots cleaned-linens changed when shared
<b>SAFE SLEEP</b>
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, bumpers, 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
<b>FEEDING</b>
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 19a-79-8a**

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

**UNDER THREE ENDORSEMENT 19a-79-10**

<input checked="" type="checkbox"/> 140.	(b)
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)
	<input checked="" type="checkbox"/> (c)(2)
	<input checked="" type="checkbox"/> (c)(3)
<input type="checkbox"/> 143.	(d)
<input checked="" type="checkbox"/> 144.	(e)
<input checked="" type="checkbox"/> 145.	(f)
<input type="checkbox"/> 146.	(g)

Approved Schl Age Endorsement
<b>SCHEDULE - ACTIVITIES</b>
Written daily program plan-flexible schedule-available to staff/parents
Activities not a duplication of child's day
Activities include cognitive, physical, social, emotional needs of the children
Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
Ratio- 1:15
Group size- max. 30
4 yr. olds enrolled in schl age-written authorization/permission from director/parent
Head teacher approved- 60%

**UNDER THREE ENDORSEMENT 19a-79-10**

<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.		<b>DIAPERING</b>
	<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

**CHILD CARE CENTER - CHILDREN'S HOME INSPECTION FORM - page 4**

**PROGRAM NAME:** *Nonvio Activities Program* **LICENSE NUMBER:** *16663* **DATE OF INSPECTION:** *11-25*

**NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12)  Y/N** **MONITORING OF DIABETES 19a-79-13  Y/N**

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training - first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	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"/> 156. (b)(10)	Local health approval		

**ADMINISTRATION OF MEDICATIONS 19a-79-9a  Y/N** **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<i>N/A</i>	

**DISCUSSIONS - COMMENTS**

<input checked="" type="checkbox"/> 159. (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)(1)(A/C)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file		
<input 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 <i>(N/A)</i>		

<b>SIGNATURE OF OEC STAFF</b>	<i>[Signature]</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>Gianna Ciavarria</i>
<b>PRINTED NAME</b>	<i>Lori Mangano</i>	<b>PRINTED NAME</b>	<i>Gianna Ciavarria</i>

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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: *1-20-25*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NEWCO Activities Program License # 16663 Date: 1-6-25

Observations/Corrections needed: Regulations not met when...

10(W)(1-4) - no notification of change provided to OEC when head teacher left program at the end of summer

18(e)(3) - menu not posted 1 week in advance

33(a)(2) 2 staff without annual renew training of policies, plans and procedures documentation

35(i) - Health consultant contract expired.

40(a)(2)(E) All individual care plans not signed by all staff responsible for child's care. Substitutes are not signing them as well.

143(d) observed 3 staff with 50 children at 253pm

146(g) no approved head teacher indicated for site.

Discussion

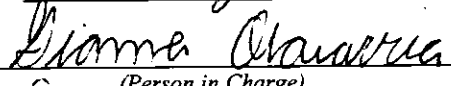
- staff hire dates not documented on site.
- 1 staff work supervised status. Program must follow guidelines for supervised staff.
- playground mulch frozen. Director is responsible to ensure impact absorbing material meets regulation in order to use climbing equipment
- Update BCIS roster when staff expire
- 1 to 15 ratios at all times

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:   
(OEC Representative)

Print Name: Lon Mangano

Signature:   
(Person in Charge)

Print Name: Gianna Olavarria

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1-20-25