

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

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

Program Name:	Orange Community Nursery	Date of Inspection:	11/8/25	Time of Arrival:	11:12am
Address:	525 Orange Center Rd School	License Number:	12521	Expiration Date:	4/30/25
Town:	Orange 06477	Telephone Number:	203-785-3869	Summer Care:	Closed
Operator:	Orange Community Nursery	# of Staff Present:	4	# over 3 Present:	25
Email:	ocnsdirector@optimum.net	Total Capacity:	50	# under 3 Present:	—
Designated Director:	Danielle Hochinott	Hours/Days of Operation:		Total Under 3 capacity:	0
				Ages Served:	3-5yrs

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.**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10/11/23	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher—approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group—ratios
	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group—group size
	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director—training
	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> 39. (h)(1)(2)	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation
	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
	<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified
	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff—age 20 or older
	<input checked="" type="checkbox"/> 47. (F)	Lifeguard—certified—supervising
	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	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 ✓ ✓ ✓
		Soc. Serv. ✓ ✓ ✓
		Dietitian ✓ ✓ ✓

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

PROGRAM NAME	Orange Community Nursery	LICENSE NUMBER	62521	DATE OF INSPECTION	1/8/25
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.			

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
<input checked="" type="checkbox"/>	(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>	(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>	(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>	(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>	(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>	(h)(6)	New equip- cert 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.		<u>OUTDOOR PROTECTED/FENCING</u>
<input checked="" type="checkbox"/>	(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	(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.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/>	(i)	<u>WATER HAZARDS</u>
<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

EDUCATIONAL REQUIREMENTS 19a-79-8a		
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<input 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

<input type="checkbox"/> 129.	(f)(1)	<u>LINENS/CLOTHING</u>
<input type="checkbox"/>	(f)(2)	Linens/emergency clothing available
<input type="checkbox"/>	(f)(3)	Linens washed weekly or as needed
<input type="checkbox"/>	(f)(4)	Linens/clothing stored individually
<input type="checkbox"/>		Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/> 130.		<u>SAFE SLEEP</u>
<input type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>	(g)(1)	Crib-slug fitting mattress/tightly fitted sheet
<input type="checkbox"/>	(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>	(g)(2)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>	(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>	(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>	(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>	(g)(6)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>	(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>	(g)(8)	Safe sleep policies posted/parents informed
<input type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 131.	(h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/> 132.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> 133.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 134.	(h)(2)	Health consultant visits/documentation
<input type="checkbox"/> 135.	(i)(1)(2A-C)	<u>FEEDING</u>
<input type="checkbox"/> 136.	(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>	(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>	(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>	(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>	(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>	(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 137.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/> 138.	(l)(2)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input type="checkbox"/> 139.	(l)(3)	

UNDER THREE ENDORSEMENT 19a-79-10 *Y/N*

<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)(Ai-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.		<u>DIAPERING</u>
<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

SCHOOL AGE ENDORSEMENT 19a-79-11 *Y/N*

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

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PROGRAM NAME Orange Community Nursery School **LICENSE NUMBER** 12521 **DATE OF INSPECTION** 1/8/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N** Y

<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)	STAFF TRAINING
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151.	(b)(4) <u>NA</u>	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152.	(b)(5) <u>NA</u>	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.		SLEEP PROVISIONS		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)		Individual cot/crib with bedding	<input checked="" 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			Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)		Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)		Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)		Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)		Sleep arrangements for infants			Written authorization from parent
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

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

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

DISCUSSIONS - COMMENTS

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

Items checked were either observed in compliance or discussed
- Discussed new Regulations - new Education + health duties + logs
- new policies to reflect new requirements in regs
- all staff to complete health + safety training by 4/1/25 all new hires within 3 months of employment
- documentation on site for fire Marshal inspection every 2 years

SIGNATURE OF OEC STAFF	<u>Fil Montanye</u>	SIGNATURE OF PERSON IN CHARGE	<u>Danielle Hoddinott</u>
PRINTED NAME	<u>Fil Montanye</u>	PRINTED NAME	<u>Danielle Hoddinott</u>

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 upon request.
 Written Corrective Action Plan Due by: 1/22/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Orange Community Nursery School License # 12521 Date: 1/8/25

Observations/Corrections needed:

Program not in compliance with:

- # 70(c)(6)(B-D) when monitoring of lead management plan documentation for this school is not available
- #111 (h)(3) when protruding bolts were observed on posts of fence and rust on brackets to swings were observed. Observed 1 nail on bottom left side of shed protruding
- #164 when ~~one~~ (1) medication on site is not in original box and without pharmacy label

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: [Signature] (OEC Representative)

Print Name: Fil Montoya

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: 1/22/25

Print Name: Danielle Hodinott