

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

Program Name	Baby Cottage	Inspection Date	1-9-25	Site ID	1036 um
Address	1109 Newfield Ave	Zip	12446	Registration No.	331-25
City	Stamford	Phone	203 329 7444	Status	Open
Operator	The Baby Cottage Inc	# of Staff Present	14	# over 3 Present	16
Email	baby.cottage.1986@gmail.com	Total Capacity	64	Total Under 3 capacity	48
Inspected By	Tanika Gayle	Hours/Day		# under 3 Present	29
				Ages Served	low-5yrs

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

LICENSURE REQUIREMENTS 19a-79-2a

STAFFING and CENSUS 19a-79-2a

1. (c)(8) Local Health Inspection-Date: 2-21-24

ADMINISTRATION 19a-79-2a

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

- 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)
- 28. (d)(4)(D)
- 29. (d)(2)
- (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (b)(1)(2)
- (h)(1)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (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	✓	✓	✓
Soc. Serv.	0	0	0
Dietitian	0	0	0

PROGRAM NAME		LICENSE NUMBER		DATE OF INSPECTION	
Baby Cottage		12446		1.9.25	
RECORD KEEPING 19a-79-7a cont.			PHYSICAL PLANT 19a-79-7a cont.		
<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.	(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 N/A
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<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)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
HEALTH and SAFETY 19a-79-7a				<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"/> (d)(10)(D)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks		<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees		<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 <u>1.25.24</u> N/A		<input checked="" type="checkbox"/> (d)(10)(G)	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"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 83.	(d)(11)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 84.		Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)		<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 85.		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (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"/> 86.	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 87.	(e)(3)	Water temperature 60 °F - 120 °F
<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"/> 88.	(e)(4)	Portable space heaters prohibited
<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"/> 89.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 90.	(e)(5)	Rugs- not tripping/slipping hazard
			<input checked="" type="checkbox"/> 91.	(e)(6)	Hot water/Steam pipes protected
			<input checked="" type="checkbox"/> 92.	(e)(7)	Working phone on each level
			<input checked="" type="checkbox"/> 93.	(e)(7)	Emergency numbers posted-adjacent to phones
			<input checked="" type="checkbox"/> 94.	(e)(7)	Parents provided direct on site phone number
PHYSICAL PLANT 19a-79-7a				<input checked="" type="checkbox"/> (e)(8)	LIGHTING
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12623</u>		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 95.	<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"/> (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"/> 96.	(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"/> 97.	(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"/> 98.	(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"/> 99.	(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"/> 100.	(e)(14-15)	Toxic plants/materials inaccessible
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>11.20.24</u>	<input checked="" type="checkbox"/> 101.	(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"/> 102.	(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"/> 103.	(e)(18)	Radon test- Results: <u>1.59</u> N/A
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT	<input checked="" type="checkbox"/> 104.	(f)(1)(A)	Results posted-Date: <u>1.20.22</u> (Schl-N/A)
		Peeling Paint <u>YN</u> Inside/Outside	<input checked="" type="checkbox"/> 105.	(g)(1)	Carbon monoxide detector-each level N/A
		Building Pre-78: <u>YN</u> Lead Test: <u>YN</u>	<input checked="" type="checkbox"/> 106.	(g)(2)	Program space-adequate-35 sq. ft. per child
		Results <u>Lead Management Plan</u>	<input checked="" type="checkbox"/> 107.	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan <u>6 mths</u>		(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Emergency vehicle access			Air conditioners, water heaters, fuse boxes inaccessible
					Developmentally app equipment, materials

PROGRAM NAME	Bridle Cottage	LICENSE NUMBER	12446	DATE OF INSPECTION	1-9-25
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PHYSICAL PLANT (19a-79-3a) **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.		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 play. 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"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/>	114.		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 checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
		(h)(1)	Infant toys-separate/washed/sanitized daily
		(h)(1)	Toddler toys-washed/sanitized weekly
		(h)(2)	No toys/objects less than 1 1/2" diameter
		(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		(i)(1)(2A-C)	Health consultant visits/documentation
			FEEDING
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
		(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
		(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
		(l)(3)	Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS (19a-79-3a)

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(g)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (i)(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) N/A

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

SCHOOL AGE ENDORSEMENT (19a-79-11) N/A

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

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

PROGRAM NAME	Baby Lotan	LICENSE NUMBER	12446	DATE OF INSPECTION	1-9-25
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NIGHT CARE ENDORSEMENT 19a-19-12 (New) (N/A) **MONITORING OF DIABETES 19a-19-13 (N/A)**

<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) (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)	SLEEP PROVISIONS	<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)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179.	Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-19-9a (N/A) **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	N/A	Plan conditions (N/A)
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)		

DISCUSSIONS - COMMENTS

Regulation not met when...

35(1) Social service and Dietician contracts expired (Send copy)

35(1F) Social service and Dietician annual review documentation expired.

62(a)(2) Fire marshal inspection expired 12.6.24 (Send copy)

Discussion

- new regulations
- 1 child missing current physical
- outdoor canopy is broken. children not using playground today. Director stated will be repaired tomorrow.

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Lori Mangano	PRINTED NAME	TANYA GAYLE

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