

INSPECTION FORM

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

Job Corps Academy Child Development Center	1/8/25	9:07am
100 William Street (Campbell)	16185	6/30/26
Hartford, Ct 06106	959-230-1124	Open
Community Renewal Team Inc	# of Staff Present: 14	# over 3 Present: 12
pagnada@crtct.org	Total Capacity: 52	Total Under 3 capacity: 32
Leslie Girolando		# under 3 Present: 24
		Ages Served: 6 weeks - 5 years
		7:30am - 5:30pm M-F

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

LICENSURE PROCEDURES 19a-21a **STAFFING and COMPLIANCE**

1. (c)(8) Local Health Inspection-Date: 1/8/25	19. (a)(1)	Staff health records
	20. (a)(3)	Disciplinary actions
	21. (b)	Comprehensive Background Checks
	22. (b)(4)	Evidence of compliance
	23. (d)	Adequate staffing
	24. (d)(1)	Designated head teacher-approved-60%
	25. (d)(2)	Two staff present-age 18 or older
	26. (d)(3)(A-C)	Personal qualities of staff
	27. (d)(4)(A)	RATIOS
	28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	29. (d)(4)(D)	Mixed age group-ratios
	30. (e)(1)	Nap time ratio
	31. (f)(1)	Supervision-Indoors/Outdoors
	32. (f)(2)	GROUP SIZE
	33. (a)(2)	Group Size-Indoors/Outdoors
	34. (h)(1)(2)	Group Size-school age field trips/outdoors
	35. (i)(1)(A)-(D)	Mixed age group-group size
2. (a) Ensuring health & safety of children	36. (i)(2)	Designated director-training
3. (b) Overall management of program	37. (i)(2)(A-H)	CPR certified program staff
4. (b)(6) Employee orientation for new program staff	38. (F)	First aid certified program staff
5. (b)(6) Annual policy training for program staff		PROFESSIONAL DEVELOPMENT
6. (b)(7)(A) Child behavior management		Documentation
7. (b)(7)(B) Documentation that parents were informed of behavior management techniques		Health & Safety training
8. (b)(7)(C) Child Protection		1% annual hours
9. (b)(7)(E) Mandated Reporting		SWIMMING ACTIVITIES - VN
10. (c)(1-4) Notification of Change		Swimming-Ratios
11. POLICIES-COMplete/IMPLEMENTED		Non-swimmers identified
(d)(2)(A) Discipline policy		CPR certified staff-age 20 or older
(d)(2)(B)-C) Child Protection policy		Lifeguard-certified-supervising
(d)(3) Closing time policy		CONSULTANTS
(d)(4)(A) Medical emergency policy		Consultants-Education, Health, Social Service, Dietitian (N/A)
(d)(4)(B) Multi-Hazards policy-annual drill		Consultant agreements-signed annually
(d)(5) Supervision policy		Agreements complete w/required services
(d)(6) General Operating policies		Consultant logs-documented activities, observations and required services
(d)(6)(C) Administrative Oversight policy		Consultant visits- Education/Health
(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		

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

CHILD CARE CENTER and CHILD CARE HOME INSPECTION FORM - page 2

PROGRAM NAME <u>DOB Camps Academy Child Development Center</u>	LICENSE NUMBER <u>16185</u>	DATE OF INSPECTION <u>1/8/25</u>
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RECORD KEEPING 19a-79-5

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

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection <u>1/6/25</u> N/A
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>5/21/24</u>
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	(c)(5)(A)	WATER SUPPLY <u>Public Well</u> (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B)	Lead Water Test - Date: <u>1/5/23</u>
<input checked="" type="checkbox"/>		(c)(5)(C)	Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/>	70.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(c)(6)(B-D)	LEAD PAINT - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78 <u>Y/N</u> Lead Test <u>Y/N</u> Results <u>No lead identified</u>
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan _____
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	82.	(d)(10)(A)	TOILETING
<input checked="" type="checkbox"/>		(d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(d)(10)(C)	Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	83.	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	84.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	85.	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>		(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	89.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	92.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	93.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.	(e)(7)	LIGHTING
<input checked="" type="checkbox"/>		(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>0.2 pCi/L</u> N/A
<input checked="" type="checkbox"/>		(e)(17)	Results posted-Date: <u>1/3/25</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for resting-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

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

PROGRAM NAME 000 Woods Academy Child Development Center	LICENSE NUMBER 16185	DATE OF INSPECTION 1/8/25
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PHYSICAL PLANT 19a-79-7a 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.		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-
<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.		Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from water-4 ft,
		<input checked="" type="checkbox"/> (h)(7)(B)	self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.		Rooftop play areas-6 ft. wall/barrier (N/A)
		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited (N/A)
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<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

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

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

<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)(Ai-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 Y/N

<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
		<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
		<input type="checkbox"/> (c)(3)	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"/>	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%

NAME: DDA Salsa Academy Child Development Center LICENSE NUMBER: 16185 DATE OF INSPECTION: 1/8/25

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

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

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

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

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

ADDITIONAL VIOLATION

- 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

→ Policies update (multi-hazard, admin oversight)

→ Consultant agreements with required services

→ Director file

→ Safe Sleep Policies posted.

→

SIGNATURE OF OEC STAFF: [Signature]

PRINTED NAME: Johanne Dalo

SIGNATURE OF PERSON IN CHARGE: Claudine Bernard

PRINTED NAME: Claudine Bernard

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: Job Corps Academy License # 16185 Date: 1/8/25
Child Development
Center

Observations/Corrections needed:

→ Regulation was not in compliance when...

#5(b)(6): Observed 2 staff without documentation of annual review of policies.

#35(i): Observed 3 consultants without current agreements (agreements ended 12/31/24)

#35(F): Observed no documentation of annual review of program policies for 2 consultants

#69(c)(5)(A): Water test not current (Lead)

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: 

Print Name: Johanne Dalo
(OEC Representative)

Signature: Claudine Bernard

Print Name: Claudine Bernard
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/22/25