

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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:	MURIEL H. MOORE CDC	Date of Inspection:	1/16/25	Time of Arrival:	8:20
Address:	444 North Main	License Number:	15333	Expiration Date:	10/31/25
Town:	Waterbury, CT 06702	Telephone Number:	203-759-0841	Summer Care:	Open
Operator:	New Opportunities Inc.	# of Staff Present:	33	# over 3 Present:	144
Email:	Gricciardi@newoppinc.org	Total Capacity:	270	Total Under 3 capacity:	60
Designated Director:	Adrienne Ricciardi	Hours/Days of Operation:	m-f 6:30am - 9:00		

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.

1. (c)(8) Local Health Inspection-Date: 11/3/23

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Muriel H. Moore CDC		15333	1/16/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS (a)(1)(D)(ii) Emergency medical permission (a)(1)(D)(iii) Authorized release permission (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<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. 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) (e)(1) Staff personal articles inaccessible AIR TEMPERATURE (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) (e)(2) Air temp <65°F comfortable (Schl age only- N/A) (e)(3) Air temp > 80 °F - ↑ fluids/ventilation (e)(4) Water temperature 60 °F - 120 °F (e)(5) Portable space heaters prohibited (e)(5) Walls/ceilings/floors/rugs-clean/good repair (e)(6) Rugs- not tripping/slipping hazard (e)(7) Hot water/Steam pipes protected (e)(7) Working phone on each level (e)(7) Emergency numbers posted-adjacent to phones (e)(7) Parents provided direct on site phone number LIGHTING (e)(8) All areas min. 1 foot candle of lighting (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible (e)(9) Schl age only-lighting for comfort (e)(10) Light fixtures shielded/shatter proof (e)(11) Potentially hazardous substances, materials - labeled, inaccessible (e)(12) Garbage/rubbish-disposed of daily, containers in good repair (e)(13) Stairs-protected/good repair-handrails (e)(14-15) Toxic plants/materials inaccessible (e)(16) Pets or other animals-in good health, written care plan including access to children (e)(17) Prevention of vermin-openings screened (e)(17) Radon test- Results: <.05 N/A (e)(18) Results posted-Date: 1/11/24 (Schl- N/A) (f)(1)(A) Carbon monoxide detector-each level N/A (g)(1) Program space-adequate-35 sq. ft. per child (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) (g)(4) Air conditioners, water heaters, fuse boxes inaccessible (g)(4) Developmentally app equipment, materials		
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 8/2/24 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 12/12/24 <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 - Public/Well (Schools N/A) Lead Water Test - Date: 1/19/24 <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: N/A <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. LEAD PAINT - (c)(6)(A) Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y(N) Lead Test: Y(N) (c)(6)(B-D) Results Lead Management Plan <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access			

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Muriel H. Moore CDC	15333	1/16/25
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 <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 112. (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 N/A <input checked="" type="checkbox"/> 113. <u>WATER HAZARDS</u> <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 <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 129. <u>LINENS/CLOTHING</u> <input checked="" type="checkbox"/> (f)(1) Linens/emergency clothing available <input checked="" type="checkbox"/> (f)(2) Linens washed weekly or as needed <input checked="" type="checkbox"/> (f)(3) Linens/clothing stored individually <input checked="" type="checkbox"/> (f)(4) Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> <input checked="" type="checkbox"/> (g)(1) Under 12 mths placed on back for sleeping <input checked="" type="checkbox"/> (g)(1) Crib-slug 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 <input checked="" type="checkbox"/> (h)(1) Infant toys-separate/washed/sanitized daily <input checked="" type="checkbox"/> (h)(1) Toddler toys-washed/sanitized weekly <input checked="" type="checkbox"/> (h)(2) No toys/objects less than 1 1/4" diameter <input checked="" type="checkbox"/> (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision <input checked="" type="checkbox"/> (i)(1)(2A-C) Health consultant visits/documentation <u>FEEDING</u> <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 <input checked="" type="checkbox"/> (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25 <input checked="" type="checkbox"/> (l)(2) Outdoor equipment-developmentally appropriate for ages of the children <input checked="" type="checkbox"/> (l)(3) Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety	
<input checked="" type="checkbox"/> 114. (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A) <input checked="" type="checkbox"/> (i) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 130. <u>EDUCATIONAL REQUIREMENTS 19a-79-8a</u> <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 checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 132. <input checked="" type="checkbox"/> 133. <input checked="" type="checkbox"/> 134. <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.
UNDER THREE ENDORSEMENT 19a-79-10 Y/N	SCHOOL AGE ENDORSEMENT 19a-79-11 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 (Carp 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. <u>DIAPERING</u> <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	<input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement <input checked="" type="checkbox"/> 141. (c) <u>SCHEDULE - ACTIVITIES</u> <input checked="" type="checkbox"/> 142. (c)(1) Written daily program plan-flexible schedule-available to staff/parents <input checked="" type="checkbox"/> (c)(2) Activities not a duplication of child's day <input checked="" type="checkbox"/> (c)(3) Activities include cognitive, physical, social, emotional needs of the children <input checked="" type="checkbox"/> (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events <input checked="" type="checkbox"/> 143. (d) Ratio- 1:15 <input checked="" type="checkbox"/> 144. (e) Group size- max. 30 <input checked="" type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent <input checked="" type="checkbox"/> 146. (g) Head teacher approved- 60%	

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

PROGRAM NAME	Muriel H. Moore CDC	LICENSE NUMBER	15333	DATE OF INSPECTION	11/16/25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N		MONITORING OF DIABETES 19a-79-13 Y/N			

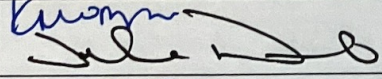
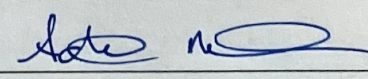
<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>		(b)(1)(B)	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)(2)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	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	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)	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)(1)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)	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
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				N/A

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	DISCUSSIONS - COMMENTS (This area is currently blank.)			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input 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 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				

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Kristi Morgan Johanne Dalo	PRINTED NAME	Adrienne Ricciardi

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: 1/30/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Muriel H. Moore Crc License # 15333 Date: 11/10/25

Observations/Corrections needed:

10 - notification of change not received prior to program
Splitting 2 classrooms into 4 classroom.

35 (F) - education + dietician consultant logs not current.

36 - observed 7 children's files missing parent work address.

37 (a)(1)(D)(ii) - 2 children's files missing authorized release.

37 (a)(1)(D)(i) - children's emergency permissions not signed.

40 - observed 8 individual care plans not signed by all staff responsible for the child's care; 1 child diagnosed with asthma - no care plan on site.

40 (c) - observed 3 incomplete 1st Aid kits (rooms B6, B7, Y3).

44 - observed 2 under 3 classrooms converted into 4 classrooms without notification or approval.

46 - Sink in disrepair blue 6, Sink unclean blue 6, trash + step stool unclean blue 4, Cord unsecured in blue 3, blue 4, yellow 1; dirty toy (small computer) blue 4, dramatic play refrigerator unsecured blue 2, radiator in disrepair in blue 1 large tree unsecured in stream, observed most bathrooms being used for storage of toys + equipment.

82 (a)(10)(H) - Mechanical ventilation not operating in all bathrooms.

88 - floor around ^{toilet} bathroom unclean in blue 6, wall around sink unclean blue 6, dusty vents blue 6, blue 4;

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] Johanne Krisi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 11/30/25