

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

PROGRAM NAME	Team Slocum	LICENSE NUMBER	70257	DATE OF INSPECTION	1/14/25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<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.		PARENT PERMISSIONS	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission				(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				Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days				Toileting needs met

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"/>	83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection _____ N/A	<input checked="" type="checkbox"/>		(d)(10)(D)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(E)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>		(d)(10)(G)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>		(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>		(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<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"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>		(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>		(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<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"/>		(e)(4)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>		(e)(5)	Portable space heaters prohibited

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>2/22/23</u>	<input checked="" type="checkbox"/>	95.	(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>		(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>		(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/>		(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	69.		WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/>	(c)(5)(A) Lead Water Test - Date: <u>11/17/24</u>	<input checked="" type="checkbox"/>		100.	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	(c)(5)(B) Bact./Chem Test-Date: <u>n/a</u> N/A	<input checked="" type="checkbox"/>		101.	Radon test- Results: <u>2.1</u> N/A
		<input checked="" type="checkbox"/>	(c)(5)(C) Drinking water available/accessible	<input checked="" type="checkbox"/>		102.	Results posted-Date: <u>11/14/24</u> (Schls-N/A)
<input checked="" type="checkbox"/>	70.		LEAD PAINT -	<input checked="" type="checkbox"/>		103.	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/>	(c)(6)(A) Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/>		104.	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/>	(c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>		105.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/>	(c)(6)(B-D) Results _____	<input checked="" type="checkbox"/>		106.	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		<input checked="" type="checkbox"/>	(c)(6)(B-D) Lead Management Plan _____	<input checked="" type="checkbox"/>		107.	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access				Developmentally app equipment, materials

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PHYSICAL PLANT 19a-79-7a cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCING
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. (h)(7)(A) Fences installed to protect from hazards-4 ft
- (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- (i) WATER HAZARDS
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
 - (i) Wading pools prohibited N/A
 - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) EDUCATIONAL REQUIREMENTS
 - (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
 - (b) Limited access to screen time/video games

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

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

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

- 140. (b) Approved Schl Age Endorsement
- 141. (c) SCHEDULE - ACTIVITIES
- 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
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30
- 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 146. (g) Head teacher approved- 60%

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

PROGRAM NAME	Team Sloum	LICENSE NUMBER	70257	DATE OF INSPECTION	1/14/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/ MONITORING OF DIABETES 19a-79-13 Y/

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	<u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input 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 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	NA	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(2)	Written documentation of training
<input checked="" type="checkbox"/> 153.	<u>SLEEP PROVISIONS</u>	<input type="checkbox"/> (b)(3)	Trained staff on site when child is present
NA	<input type="checkbox"/> (b)(6)	<input type="checkbox"/> (c)(2)	Self-administration - written authorization and under supervision of trained staff
	<input type="checkbox"/> (b)(6)(A)	<input type="checkbox"/> 173. (c)(3)	Equipment provided by parents
	<input type="checkbox"/> (b)(6)(B)	<input type="checkbox"/> 174. (d)(1)	Equipment labeled and inaccessible
	<input type="checkbox"/> (b)(6)(C)	<input type="checkbox"/> 175. (d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)(D)	<input type="checkbox"/> 176. (d)(3)	Authorized prescriber written order
	<input type="checkbox"/> (b)(7)	<input type="checkbox"/> 177. (e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input type="checkbox"/> 178. (e)(2)	Testing results and actions taken - documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft	<input type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/ 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.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	Reviewed new regulations including Consultant updates, policies, Health and Safety training, Ratio's, Reference checks. Items ✓ at inspection were either in compliance or reviewed at visit
	<input 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.	<input checked="" type="checkbox"/> (b)(1)(A/C)	<u>MEDICATION TRAINING</u>	
	<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant	
	<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication	
	<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication	
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector	
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates	
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file	
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation	
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization	
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage	

SIGNATURE OF OEC STAFF	Jaime Fortin Cathy Anderson	SIGNATURE OF PERSON IN CHARGE	Ruth Chau tre
PRINTED NAME	Jaime Fortin Cathy Anderson	PRINTED NAME	Ruth Chau tre

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: 1/28/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Team Sloum License # 70257 Date: 1/14/25

Observations/Corrections needed:

Regulation not in compliance when:

(35) Social Service Consultant annual policy review not observed (Type)

(40) Care Plans on site are not signed by all staff responsible for child

(50) Food Service Inspection not current (expired 12/24)

(44) Cots exposed in bathroom and by changing tables, Rust down low on door frame in room

(90) hot water pipes are not protected in radiator (piece missing) by room 5.

(109) Wood Climbers do not have documentation of shock absorbing materials

Discused:

New regulation changes

medication forms are missing child's address

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: Jaime Fortin Cathy Anderson
(OEC Representative)
Print Name: Jaime Fortin Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 1/28/25

Signature: Ruth Chantre
(Person in Charge)
Print Name: Ruth Chantre