

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

Facility Name: Knight Hall Child Care	Address: 411 Park Rd	City: West Hartford, CT 06119	Phone: 860 232 4015	Date: 1/22/25	Time: 9am
Parent: Knight Hall School + CC	Website: Marthaknighthallschool.org	Staff: Maritza Wuliz	# of Staff Present: 16	# over 3 Present: 35	# under 3 Present: 14
			Total Capacity: 58	Total Under 3 capacity: 24	Ages Served: 12m-5y15
					M-F 7:30am-5:30pm

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

CENSURE PROCEDURES		STAFFING AND CONSULTANTS	
1.	(c)(8) Local Health Inspection-Date: 2/1/25	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records
		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions
		<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks
		<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance
		<input checked="" type="checkbox"/> 23.	(d) Adequate staffing
		<input checked="" type="checkbox"/> 24.	(d)(1) Designated head teacher-approved-60%
		<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
		<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
		<input checked="" type="checkbox"/> 27.	(d)(4)(A) RATIOS
		<input checked="" type="checkbox"/> 28.	(d)(4)(B) Ratio 1:10 - Indoors/Outdoors
		<input checked="" type="checkbox"/> 29.	(d)(4)(C) Mixed age group-ratios
		<input checked="" type="checkbox"/> 30.	(d)(4)(D) Nap time ratio
		<input checked="" type="checkbox"/> 31.	(e)(1) Supervision-Indoors/Outdoors
		<input checked="" type="checkbox"/> 32.	(f)(1) GROUP SIZE
		<input checked="" type="checkbox"/> 33.	(f)(2) Group Size-Indoors/Outdoors
		<input checked="" type="checkbox"/> 34.	(g)(1) Group Size-school age field trips/outdoors
		<input checked="" type="checkbox"/> 35.	(g)(2) Mixed age group-group size
			(g)(3) Designated director-training
			(g)(4) CPR certified program staff
			(g)(5) First aid certified program staff
			(g)(6) PROFESSIONAL DEVELOPMENT
			(g)(7) Documentation
			(g)(8) Health & Safety training
			(g)(9) 1% annual hours
			(g)(10) SWIMMING ACTIVITIES - Y/N
			(g)(11) Swimming-Ratios
			(g)(12) Non-swimmers identified
			(g)(13) CPR certified staff-age 20 or older
			(g)(14) Lifeguard-certified-supervising
			(g)(15) CONSULTANTS
			(g)(16) Consultants-Education, Health, Social Service, Dietitian (N/A)
			(g)(17) Consultant agreements-signed annually
			(g)(18) Agreements complete w/required services
			(g)(19) Consultant logs-documented activities, observations and required services
			(g)(20) Consultant visits- Education/Health
			(g)(21) Contracts Logs Visits
			Education 0 0 0
			Health 0 0 0
			Soc. Serv. 0 0 0
			Dietitian 0 0 0

NAME: Knight Hall Child Care

INSPECTION NO: 13731 DATE: 1/22/25

36. (a)(1)(A-C) Children's Enrollment information

37. PARENT PERMISSIONS

(a)(1)(D)(i) Emergency medical permission

(a)(1)(D)(ii) Authorized release permission

(a)(1)(D)(iii) Field trip permission

(a)(1)(D)(iv) Transportation permission

38. (a)(2)(A-B) Child Health Records

39. (a)(2)(C) Immunization records

40. (a)(2)(E) Individual care plan-signed by parents/staff

41. (a)(3)(A) Injury, Illness, Incident, Accident reports

42. (a)(3)(B) Parent notification of illness or injury

43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality

44. (a)(3)(D) Notify DPH, local health-reportable diseases

45. (a)(4) Video recordings- keep 30 days

PHYSICAL PLANT

72. (d)(2) Walkways maintained

73. (d)(3) Windows protected to prevent falls

74. (d)(3) Window screens (Schl age only- N/A)

75. (d)(4) Glass and mirrors protected to 36"

76. (d)(5) Overhead doors-locking devices, spring protectors N/A

77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed

78. (d)(7) Individual storage of clothing/bedding

79. (d)(8) Smoking or vaping prohibited on premises/grounds

80. (d)(8) Matches/lighters inaccessible

81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)

82. TOILETING

ALTH and SAFETY 19a-79-6a

6. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A

7. (a)(2) Nutritious meals and snacks

8. (a)(3) Proper refrigeration-41 degrees

9. (a)(4) Menus-1 wk in advance- keep 3 mths

10. (a)(5) Food Service Inspection N/A

11. (a)(6) Kitchen-clean, safe storage of food/supplies

12. (a)(7) Separate hand washing facilities

13. (a)(8) Multi-use eating/drinking utensils

14. (a)(9) Kitchen separated (Schl age only N/A)

15. (a)(10) Children supervised during meal prep

16. (a)(11) Handwashing-staff/children

17. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms

18. (b)(2) Designated isolation area

19. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips

20. (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

21. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

(d)(10)(A) Shared toilets/sinks-supervision plan

(d)(10)(B) Toileting needs met

(d)(10)(C) Potty chairs-nonporous, emptied, disinfected

(d)(10)(D) Required toilets/sinks-1:16

(d)(10)(E) 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)

(d)(11) Staff personal articles inaccessible

(e)(1) AIR TEMPERATURE

(e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)

(e)(1) Air temp < 65°F comfortable (Schl age only-N/A)

(e)(2) Air temp > 80 °F - ↑ fluids/ventilation

(e)(3) Water temperature 60 °F - 120 °F

(e)(4) Portable space heaters prohibited

(e)(5) Walls/ceilings/floors/rugs-clean/good repair

(e)(5) Rugs- not tripping/slipping hazard

(e)(6) 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

(e)(8) 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)(9) Light fixtures shielded/shatter proof

(e)(10) Potentially hazardous substances, materials - labeled, inaccessible

(e)(10) Garbage/rubbish-disposed of daily, containers in good repair

(e)(11) Stairs-protected/good repair-handrails

(e)(11) Toxic plants/materials inaccessible

(e)(11) Pets or other animals-in good health, written care plan including access to children

(e)(11) Prevention of vermin-openings screened

(e)(12) Radon test- Results: 5 N/A

(e)(12) Results posted-Date: 4/4/24 (Schls-N/A)

(e)(12) Carbon monoxide detector-each level N/A

(e)(12) Program space-adequate-35 sq. ft. per child

(e)(12) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust

(e)(12) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)

(e)(12) Air conditioners, water heaters, fuse boxes inaccessible

(e)(12) Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

22. (a)(2) Fire marshal codes/certificate 1/25/24

23. (b) Indoor/Outdoor space inspected/approved

24. (b)(1)-(5) Construction/expansion/renovation/conversion

25. (b)(6) Space not inspected/approved but used for field trips-written parent permission

26. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established

27. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)

28. (c)(4) Testing of premises/grounds for chemicals

29. (c)(5)(A) WATER SUPPLY - Publ/Well (Schools-N/A)

30. (c)(5)(B) Lead Water Test - Date: 7/10/23

31. (c)(5)(C) Bact./Chem Test-Date: N/A

32. (c)(6)(A) Drinking water available/accessible

33. (c)(6)(B-D) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results: _____

34. (d)(1) Lead Management Plan 4/13/05

35. (d)(1) Emergency vehicle access

95. (e)(10)

96. (e)(11)

97. (e)(12)

98. (e)(13)

99. (e)(14-15)

100. (e)(16)

101. (e)(17)

102. (e)(18)

103. (f)(1)(A)

104. (g)(1)

105. (g)(2)

106. (g)(3)

107. (g)(4)

PHYSICAL PLANT 19a-79-10

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
 (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A

114. **WATER HAZARDS**
 (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
 (ii) Wading pools prohibited
 (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

UNDER THREE ENDORSEMENT 19a-79-10

129. (f)(1)
 (f)(2)
 (f)(3)
 (f)(4)

130. (g)(1)
 (g)(1)
 (g)(1)
 (g)(2)
 (g)(3)
 (g)(4)
 (g)(5)
 (g)(6)
 (g)(7)
 (g)(8)
 (h)(1)
 (h)(1)
 (h)(2)
 (h)(2)
 135. (i)(1)(2A-C)
 136. (j)
 (k)(1)
 (k)(2)
 (k)(3)
 (k)(4)
 (k)(5)
 137. (l)(1)
 138. (l)(2)
 139. (l)(3)

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

SCHOOL AGE ENDORSEMENT 19a-79-11

140. (b) Approved Schl Age Endorsement

141. (c) **SCHEDULE - ACTIVITIES**
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 Ratio- 1:15
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

142. (c)(1)
 (c)(2)
 (c)(3)

143. (d)
 144. (e)
 145. (f)
 146. (g)

UNDER THREE ENDORSEMENT 19a-79-10

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

140. (b) Approved Schl Age Endorsement

141. (c) **SCHEDULE - ACTIVITIES**
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 Ratio- 1:15
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

142. (c)(1)
 (c)(2)
 (c)(3)

143. (d)
 144. (e)
 145. (f)
 146. (g)

NO. DAY CARE CENTER NAME: **Knawt Hall child care** LICENSE NUMBER: **13731** DATE OF INSPECTION: **1/22/25**

		MONITORING OF DIABETES IN CHILDREN	
147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)
148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)
149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)
150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)
151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)
152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)
153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)
	<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)
	<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)
154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)
155.	(b)(9)	Fire marshal approval-hours specified	
156.	(b)(10)	Local health approval	

ADMINISTRATION OF MEDICATIONS 19a-79-9a ON		ADDITIONAL VIOLATION	
157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A
158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	

		DISCUSSIONS - COMMENTS	
159.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<p>- Health and safety training for all staff + w/in w/w 3 months.</p> <p>- All items on checklist/new Regs</p> <p>- Inspection for outdoor space not inspected due to snow/ice cover. Followup needed in future.</p>
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage	
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned	
160.	<input checked="" type="checkbox"/> (b)(1)(A/C)	MEDICATION TRAINING	
	<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)(2)(A-B)	Injectable other than premeasured auto-injector	
	<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates	
	<input checked="" type="checkbox"/> (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)	

SIGNATURE OF OEC STAFF	<i>Martha Wylie</i>	SIGNATURE OF PERSON IN CHARGE	<i>Martha Wylie</i>
PRINTED NAME	Wyllerman	PRINTED NAME	Martha Wylie

CT DIVISION OF LICENSING
 100 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: **2/5/25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Knight Hall Child Care License # 13731 Date: 1/22/25

Observations/Corrections needed:

Regulations Not compliance when observed

21-1 Background checks "need background checks" for staff working in classroom.

35C(2)(A-H) - agreements for Education, health, and social service not current with new regulations

109 - indoor climber in purple room with slide ~~no~~ ^(CFP) No impact material underneath

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: *Ma Miller*
(OEC Representative) *Kayman*

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/5/25

Signature: *Martha Wylie*
(Person in Charge)