

**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:	The Goddard School	Date of Inspection:	1/30/25	Time of Arrival:	8:30
Address:	749 Bridgeport Ave.	License Number:	pending	Expiration Date:	pending
Town:	Shelton, CT 06484	Telephone Number:		Summer Care:	open
Operator:	Shelton Learning, LLC	# of Staff Present:	2	# over 3 Present:	0
Email:	Sheltoncto.goddardschools.com	Total Capacity:		Total Under 3 capacity:	
Designated Director:	Morgan Moroney	Hours/Days of Operation:		# under 3 Present:	0
				Ages Served:	6wks - 12y-a

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: 10/1/25

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. (d)(2)(A) 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)
- 28. (d)(4)(D)
- 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)
- 35. (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Evidence of compliance
 Adequate staffing
 Designated head teacher-approved-60%
 Two staff present-age 18 or older
 Personal qualities of staff
RATIOS
 Ratio 1:10 - Indoors/Outdoors
 Mixed age group-ratios
 Nap time ratio
 Supervision-Indoors/Outdoors
GROUP SIZE
 Group Size-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Mixed age group-group size
 Designated director-training
 CPR certified program staff
 First aid certified program staff
PROFESSIONAL DEVELOPMENT
 Documentation
 Health & Safety training
 1% annual hours
SWIMMING ACTIVITIES - Y/N
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising
CONSULTANTS
 Consultants-Education, Health, Social Service, Dietitian (N/A)
 Consultant agreements-signed annually
 Agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 Consultant visits- Education/Health

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

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

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
The Goddard School		pending	1/30/25
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 Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) 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	<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) TOILETING <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) 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"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible 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)(1) Air temp <65°F comfortable (Schl age only N/A) <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F – ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60 °F – 120 °F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number 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)(11) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> (e)(12) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> (e)(13) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> (e)(14-15) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> (e)(16) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> (e)(17) Prevention of vermin-openings screened <input checked="" type="checkbox"/> (e)(18) Radon test- Results: _____ N/A Results posted-Date: _____ (Schls-N/A) <input checked="" type="checkbox"/> (f)(1)(A) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> (g)(1) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> (g)(4) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> (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 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	<input checked="" type="checkbox"/> 83. N/A <input checked="" type="checkbox"/> 84. N/A <input checked="" type="checkbox"/> 85. N/A <input checked="" type="checkbox"/> 86. N/A <input checked="" type="checkbox"/> 87. N/A <input checked="" type="checkbox"/> 88. N/A <input checked="" type="checkbox"/> 89. N/A <input checked="" type="checkbox"/> 90. N/A <input checked="" type="checkbox"/> 91. N/A <input checked="" type="checkbox"/> 92. N/A <input checked="" type="checkbox"/> 93. N/A <input checked="" type="checkbox"/> 94. N/A		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 1/17/25 <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: 1/17/25 <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. (c)(6)(A) LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N <input checked="" type="checkbox"/> (c)(6)(B-D) Results _____ Lead Management Plan _____ <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) N/A <input checked="" type="checkbox"/> 96. (e)(11) <input checked="" type="checkbox"/> 97. (e)(12) <input checked="" type="checkbox"/> 98. (e)(13) <input checked="" type="checkbox"/> 99. (e)(14-15) <input checked="" type="checkbox"/> 100. (e)(16) <input checked="" type="checkbox"/> 101. (e)(17) <input checked="" type="checkbox"/> 102. (e)(18) <input checked="" type="checkbox"/> 103. (f)(1)(A) <input checked="" type="checkbox"/> 104. (g)(1) <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)		

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
The Goddard School	pending	1/30/25
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 <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (h)(7)(A) Fences installed to protect from hazards-4 ft <input checked="" type="checkbox"/> (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks <input checked="" type="checkbox"/> 114. <input checked="" type="checkbox"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier <u>WATER HAZARDS</u> <input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <input checked="" type="checkbox"/> (i) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 129. <input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4) <input checked="" type="checkbox"/> 130. <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5) <input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8) <input checked="" type="checkbox"/> 131. (h)(1) <input checked="" type="checkbox"/> 132. (h)(1) <input checked="" type="checkbox"/> 133. (h)(2) <input checked="" type="checkbox"/> 134. (h)(2) <input checked="" type="checkbox"/> 135. (i)(1)(2A-C) <input checked="" type="checkbox"/> 136. (j) <input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5) <input checked="" type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> 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 <u>FEEDING</u> 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
<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"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	
<u>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</u>		<u>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</u>
<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. <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) <input checked="" type="checkbox"/> 141. (c) <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e) <input checked="" type="checkbox"/> 145. (f) <input checked="" type="checkbox"/> 146. (g)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> 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%

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

PROGRAM NAME	The Goddard School	LICENSE NUMBER	Pending	DATE OF INSPECTION	1/30/25
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 checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.	STAFF TRAINING
<input checked="" 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 checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" 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 checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input checked="" 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	<i>n/a</i>	<i>N/A</i>

DISCUSSIONS - COMMENTS

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

SIGNATURE OF OEC STAFF	<i>Kuomn</i> <i>Kristi Morgan</i>	SIGNATURE OF PERSON IN CHARGE	<i>Sarah Parker</i>
PRINTED NAME	Kristi Morgan	PRINTED NAME	Sarah Parker

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: *prior to license*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Oddard School License # pending Date: 1/20/25

Observations/Corrections needed:

room 1

Buttercups: $28.166 \times 19.970 - (2.310 \times 15.869) - (7.539 \times 7.631) =$
 $468.288 \div 35 = 13.379$ OK 8 U3

room 2

Daisys: $19.8 \times 24.176 - (15.912 \times 2.349) - (4.170 \times 14.970) =$
 $458.079 \div 35 = 13.087$ OK 8 U3

room 3

Clovers: $28.173 \times 17.520 - (4.121 \times 9.626) - (4.170 \times 15.002) - (5.102 \times 2.310) =$
 $379.478 \div 35 = 10.842$ OK 8 U3

room 4

Daffodils: $28.228 \times 15.431 - (5.102 \times 2.365) - (4.160 \times 9.633) =$
 $380.904 \div 35 = 10.882$ OK 8 U3

room 5

Tulips: $28.255 \times 15.374 - (9.613 \times 4.186) - (5.371 \times 2.336) =$
 $381.606 \div 35 = 10.903$ OK 10 2 year olds or 8 U3

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: Kwonn Krisni
(OEC Representative) morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to license

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # pending Date: 1/30/26

Observations/Corrections needed:

room 6

Poppy's : $28.219 \times 17.169 - (9.672 \times 4.101) - (2.316 \times 5.341) =$

$382.642 \div 35 = 10.933$ OK 10 year olds or 843

room 7: * not counted in capacity *

OK 113 or 843 or 1024.0

Movement : $28.179 \times 13.776 + (2.841 \times 4.488) = 400.938 \div 35 = 11.455$

room 8

OK 213+

Sunflowers : $27.480 \times 28.757 - (7.556 \times 8.911) + (2.306 \times 8.707) = 747.562 \div 35 = 21.4$

room 9:

Lily : $28.983 \times 25.020 + (8.376 \times 2.313) = \frac{744.527}{21.272} \div 35 = 21.272$ OK 213+

room 10

NSC : $44.629 \times 18.970 - (2.283 \times 5.364) - (5.830 \times 15.722) =$
 $742.707 \div 35 = 21.22$ OK 213+

room 11

Willow : $44.613 \times 19.154 - (2.382 \times 5.390) - (6.060 \times 15.643) =$
 $746.883 \div 35 = 21.339$ OK 213+

room 12

Oak : $44.639 \times 19.154 - (6.017 \times 15.650) - (2.313 \times 5.361) =$
 $749.262 \div 35 = 21.407$ OK 213+

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Signature: Kristin Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to license

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goodard School License # pending Date: 1/30/26

Observations/Corrections needed:

Under 3 playground:

$37.8 \times 59.5 + ((19.9 \times 17) / 2) = 2418.25 \div 75 = 32.243$ OK 8
u3

Middle playground:

$71.4 \times 24.7 = 1743.58 \div 75 = 23.514$ OK 8 u3 or 10 2y.o. or
23 3+

Preschool playground:

$53.9 \times 100 = 5390 \div 75 = 71.866$ OK 10 2y.o. or 71 3+

* Appropriate group sizes to be maintained in all spaces indoor + outdoor at all times. *

toilets: 15

total capacity: 157

Sinks: 35

Under 3 Capacity: 52

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Kerwin Iwishi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: prior to license.

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # pending Date: 1/30/25

Observations/Corrections needed:

4e- observed tall shelf in Sunflowers; new shelving proposed in
bathrooms in Sunflowers + tulips; broken cubby piece
in willow; odor in Rose room;

94- lighting in the Lily room low. measuring between
33-44 footcandles in all areas of the room.

101- radon test does not list the actual result of the test.

111- observed construction debris on playgrounds +
walk ways.

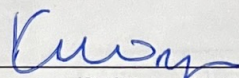
11- Some policies incomplete or missing - administrative
oversight, education program plan, supervision policy
professional development.

Discussed:

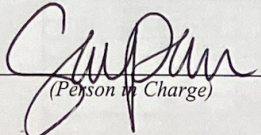
- director has 1 year to complete 3 credit class.
- 1 rug edge curling in tulips
- Janitor's closet to be locked.
- ~~Send radon results~~
- send documentation of water company.

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Operators/providers are required by regulations and statutes
to be in compliance at all times.

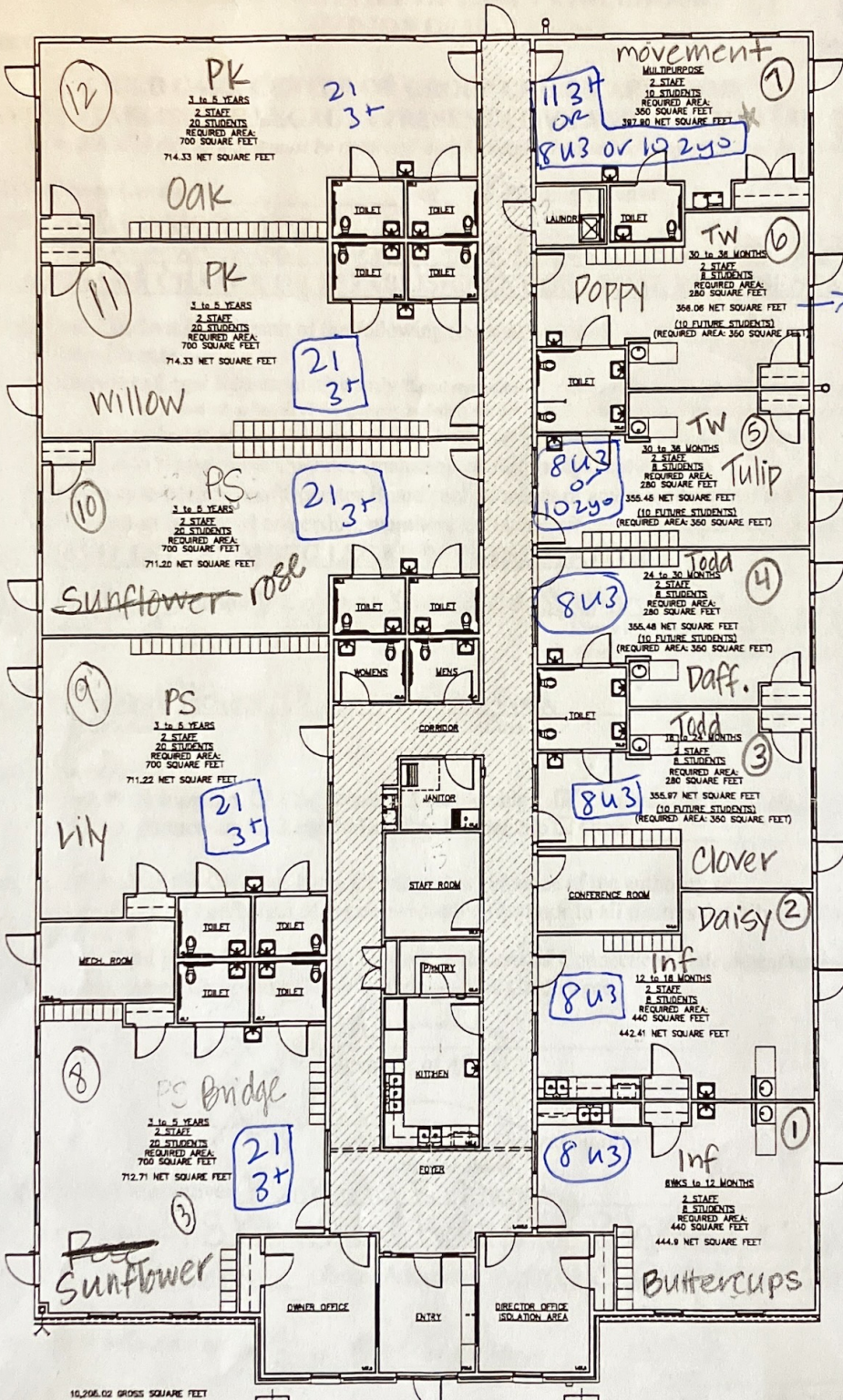
Signature:  Kristi Mason
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: prior to license.

7
 nave
 movement
 in
 FMS?
 Why won't
 it leave
 Kaymbu?



Kaymbu
 (+) outdoor
 Classroom
 (+) Toddler Plo
 (+) PS Plo
 (+) 8U3
 or 10240
 FMS
 (+) Resource
 (+) movement

10,206.02 GROSS SQUARE FEET
 10,417.02 FOOTPRINT AREA

ALL TOTAL SQUARE FOOTAGE IS USING 5/8" THICK
 DRYWALL. CONFIRM ALL CALCULATION WITH ALL
 STATE REQUIRED SQUARE FOOTAGE.

OCCUPANCY SCHEDULE	
OCCUPANCY DESCRIPTION	07
STUDENTS 36 MONTHS TO 60 MONTHS	136
STUDENTS 6 WEEKS TO UNDER 36 MONTHS	54
TOTAL STUDENTS	190
CARE GIVER STAFF	24
ADMINISTRATION STAFF	2
TOTAL STAFF	26
TOTAL OCCUPANCY	216