

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

Alphabet Academy North Campus		1/16/25	2:10am
2389 Dixwell Ave		pending	pending
Hamden 06514		203-361-3840	open
Premier of Hamden North LLC	# of Staff Present: 17	# over 3 Present: 43	# under 3 Present: 40 (pm)
sdenny@premierearlychildhood.com	Total Capacity: pending	Total Under 3 capacity: pending	Ages 6wk - 36wk Served: 12wk
Tiffany Nilsson		7:00am - 6:00pm	

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

**INSURANCE REQUIREMENTS 19a-19-2a**      **STAFFING AND CONSULTANTS**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 2/26/24	<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) <b>RATIOS</b>	<input checked="" type="checkbox"/> 28. (d)(4)(B) Ratio 1:10 - Indoors/Outdoors	<input checked="" type="checkbox"/> 29. (d)(4)(D) Mixed age group-ratios	<input checked="" type="checkbox"/> 30. (d)(5) Nap time ratio	<input checked="" type="checkbox"/> 31. (e)(1) Supervision-Indoors/Outdoors	<input checked="" type="checkbox"/> 32. (f)(1) <b>GROUP SIZE</b>	<input checked="" type="checkbox"/> 33. (f)(2) Group Size-Indoors/Outdoors	<input checked="" type="checkbox"/> 34. (h)(1)(2) Group Size-school age field trips/outdoors	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D) Mixed age group-group size	<input checked="" type="checkbox"/> (a)(2) Designated director-training	<input checked="" type="checkbox"/> (h)(1)(2) CPR certified program staff	<input checked="" type="checkbox"/> (h)(1)(2) First aid certified program staff	<input checked="" type="checkbox"/> (4)(C)(ii-v) <b>PROFESSIONAL DEVELOPMENT</b>	<input checked="" type="checkbox"/> (4)(C)(i) Documentation	<input checked="" type="checkbox"/> (e)(6) Health & Safety training	<input checked="" type="checkbox"/> (e)(6) 1% annual hours	<input checked="" type="checkbox"/> (e)(6) <b>SWIMMING ACTIVITIES - Y/N</b>	<input checked="" type="checkbox"/> (i)(2)(A)-(H) Swimming-Ratios	<input checked="" type="checkbox"/> (F) Non-swimmers identified	<input checked="" type="checkbox"/> (i)(2) CPR certified staff-age 20 or older	<input checked="" type="checkbox"/> (i)(2) Lifeguard-certified-supervising	<input checked="" type="checkbox"/> (i)(2) <b>CONSULTANTS</b>	<input checked="" type="checkbox"/> (i)(2) Consultants-Education, Health, Social Service, Dietitian (N/A)	<input checked="" type="checkbox"/> (i)(2) Consultant agreements-signed annually	<input checked="" type="checkbox"/> (i)(2) Agreements complete w/required services	<input checked="" type="checkbox"/> (i)(2) Consultant logs-documented activities, observations and required services	<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health													
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 11. (d)(2)(A) <b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 12. (d)(2)(B-C) Discipline policy	<input checked="" type="checkbox"/> 13. (d)(3) Child Protection policy	<input checked="" type="checkbox"/> 14. (d)(4)(A) Closing time policy	<input checked="" type="checkbox"/> 15. (d)(4)(B) Medical emergency policy	<input checked="" type="checkbox"/> 16. (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 17. (d)(5) Supervision policy	<input checked="" type="checkbox"/> 18. (d)(6) General Operating policies	<input checked="" type="checkbox"/> 19. (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 20. (d)(7) Personnel policies	<input checked="" type="checkbox"/> 21. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 22. (f) <b>ACCESS</b>	<input checked="" type="checkbox"/> 23. (h) Immediate access by parents	<input checked="" type="checkbox"/> 24. (i) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 25. (m) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 26. (n) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 27. (o) Capacity	<input checked="" type="checkbox"/> 28. (e)(1) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 29. (e)(2) <b>POSTINGS</b>	<input checked="" type="checkbox"/> 30. (e)(3) License posted	<input checked="" type="checkbox"/> 31. (e)(4) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 32. (e)(5) Menus posted	<input checked="" type="checkbox"/> 33. (e)(6) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 34. (e)(6) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 35. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 36. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 37. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 38. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 39. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 40. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 41. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 42. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 43. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 44. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 45. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 46. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 47. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 48. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 49. (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 50. (e)(6) Developmental Milestones posted

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM NAME: Alphabet Academy North Campus NUMBER: pending DATE OF INSPECTION: 1/16/25

RECORD KEEPING 19a-79-7a PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission 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)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>

HEALTH and SAFETY 19a-79-7a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>12/18/24</u> N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	(c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<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"/> 83.	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 85.	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 86.	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 87.	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 88.	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 89.	Portable space heaters prohibited
<input checked="" type="checkbox"/> 90.	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 91.	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 92.	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 93.	Working phone on each level
<input checked="" type="checkbox"/> 94.	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 95.	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(1)	<b>LIGHTING</b>
<input checked="" type="checkbox"/> (e)(2)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(3)	Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(4)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(5)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(6)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> (e)(7)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(8)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(9)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(10)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (e)(11)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (e)(12)	Radon test- Results <u>1.9</u> <u>1.03</u> - N/A
<input checked="" type="checkbox"/> (e)(13)	Results posted-Date: <u>12/19/24</u> <u>11/21/24</u> (N/A)
<input checked="" type="checkbox"/> (e)(14)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (e)(15)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (e)(16)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (e)(17)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> (e)(18)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> (f)(1)(A)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>711924</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	(c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/> 70.	(c)(5)(B)	Lead Water Test - Date: <u>8</u> (N/A)
<input checked="" type="checkbox"/> 71.	(c)(5)(C)	Bact./Chem Test-Date: <u>---</u> (N/A)
<input checked="" type="checkbox"/> 72.	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/> 73.	(c)(6)(B-D)	<b>LEAD PAINT</b> - Peeling Paint - Y/N Inside/Outside Building Pre-78 Y/N Lead Test Y/N Results <u>NO lead identified</u> Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 74.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(16)	
<input checked="" type="checkbox"/> 96.	(e)(17)	
<input checked="" type="checkbox"/> 97.	(e)(18)	
<input checked="" type="checkbox"/> 98.	(f)(1)(A)	
<input checked="" type="checkbox"/> 99.	(g)(1)	
<input checked="" type="checkbox"/> 100.	(g)(2)	
<input checked="" type="checkbox"/> 101.	(g)(3)	
<input checked="" type="checkbox"/> 102.	(g)(4)	
<input checked="" type="checkbox"/> 103.		
<input checked="" type="checkbox"/> 104.		
<input checked="" type="checkbox"/> 105.		
<input checked="" type="checkbox"/> 106.		
<input checked="" type="checkbox"/> 107.		

Alphabet Academy North Campus

pending

1/16/25

PHYSICAL PLANT

UNDER THREE ENDORSEMENT

<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.	(h)(1)	<u>OUTDOOR SPACE</u> 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.	(h)(7)	<u>OUTDOOR PROTECTED/FENCING</u> Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>	113.	(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
<input checked="" type="checkbox"/>	114.	(i)	<u>WATER HAZARDS</u> 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/inaccessibl

<input checked="" type="checkbox"/>	129.	(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.	(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

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u> 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"/>		(1)-(11)	Limited access to screen time/video games
<input checked="" type="checkbox"/>		(b)	

<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

SCHOOL AGE ENDORSEMENT

<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.	(e)(1)	<u>DIAPERING</u> 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> Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>	142.	(c)(1)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(c)(3)	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/CHILD CARE HOME INSPECTION FORM - page 1

PROGRAM NAME: **Alphabet Academy North Campus** STATUS: **pending** DATE OF INSPECTION: **1/16/25**

NIGHT CARE ENDORSEMENT 19a-79-2 **YN** MONITORING OF DIABETES 19a-79-3 **(A)**

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.	(b)(1)(A)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		(b)(1)(B)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		(i)-(iii)	
<input type="checkbox"/> 151.	(b)(4) <b>NA</b>	Children in care no more than 12 hrs. in 24		(b)(2)	
<input type="checkbox"/> 152.	(b)(5) <b>NA</b>	Staff awake and available		(b)(3)	
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>		(c)(2)	
<input type="checkbox"/> 153.	(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	(c)(3)	
<input type="checkbox"/> 153.	(b)(6)(A)	Sleeping apparel/toiletries labeled		(d)(1)	
<input type="checkbox"/> 153.	(b)(6)(B)	Required bedding		(d)(2)	
<input type="checkbox"/> 153.	(b)(6)(C)	Required toiletries		(d)(3)	
<input type="checkbox"/> 153.	(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 153.	(b)(6)(E)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 153.	(b)(6)(F)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 153.	(b)(7)	Sleep arrangements for infants		(e)(1)	
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(2)	
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178.	(e)(3)	
<input type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS 19a-79-9 **YN** ADDITIONAL VIOLATION

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

DISCUSSIONS - COMMENTS

159. (a)(2)  
 (a)(3)(A-B)  
 (a)(3)(C)  
 160. (b)(1)(A/C)  
 (b)(1)(D)  
 (b)(1)(E)  
 (b)(1)(F)  
 (b)(2)(A-B)  
 (b)(2)(C)  
 161. (b)(3)(A-B)  
 162. (b)(3)(D)  
 163. (b)(4)(A-B)  
 164. (b)(5)(A-B)  
 165. (b)(5)(C)  
 166. (b)(5)(D)  
 167. (b)(5)(E)  
 168. (b)(6)  
 169. (b)(7)(A-B)  
 170. (d)

• All items checked off were either observed or discussed  
 • ~~violations~~ program not in compliance with #69(c)(5)(A) when water test is incomplete missing all sinks that water is accessible to children for drinking per new regulations  
 • #113(h)(7)(A) ~~for~~ when fence on over 3's playground measures less than 4 ft ~~at~~ at front corner  
 • #187: when fencing on front side of under 3's playgrounds measure less than 4 ft

SIGNATURE OF OEC STAFF	Jen Scholz <i>Fil Montanye</i>	Andrea Mooser	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Jen Scholz Fil Montanye	Andrea Mooser	PRINTED NAME

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 approval**

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Alphabet Academy North Campus license # pending Date: 1/6/25

Observations/Corrections needed:

Discussions:

- crockpot in infant room currently inaccessible with gate by changing table area.
- trim to exterior/emergency egress to lower level rusting

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: Jen Schult Elha Lange  
(OEC Representative)  
 Print Name: Jen Schulte Elha Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to approval

Signature: Andrea Mooser  
(Person in Charge)  
 Print Name: Andrea Mooser