



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



**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

Program Name:	Team-Egan Center	Date of Inspection:	1/29/25	Time of Arrival:	7:42am
Address:	35 Matthews St.	License Number:	13987	Expiration Date:	4/30/25
Town:	Milford 06460	Telephone Number:	203-877-2848	Summer Care:	open
Operator:	Team Inc	# of Staff Present:	3 ^{2pm}	# over 3 Present:	11
Email:	jpeterson@teaming.org	Total Capacity:	20	Total Under 3 capacity:	0
Designated Director:	Jamie Peterson	Hours/Days of Operation:	7:30-5:30pm M-F		

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

✓ 1. (c)(8) Local Health Inspection-Date: 1/27/25

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. **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

STAFFING and CONSULTANTS 19a-79-4a cont.

- ✓ 19. (a)(1) Staff health records
- ✓ 20. (a)(3) Disciplinary actions
- ✓ 21. (b) Comprehensive Background Checks
- ✓ 22. (b)(4) Evidence of compliance
- ✓ 23. (d) Adequate staffing
- ✓ 24. (d)(1) Designated head teacher-approved-60%
- ✓ 25. (d)(2) Two staff present-age 18 or older
- ✓ 26. (d)(3)(A-C) Personal qualities of staff
- ✓ 27. **RATIOS**
 - ✓ (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - ✓ (d)(4)(B) Mixed age group-ratios
 - ✓ (d)(6) Nap time ratio
 - ✓ (d)(4)(D) Supervision-Indoors/Outdoors
- ✓ 28. **GROUP SIZE**
 - ✓ (d)(5) Group Size-Indoors/Outdoors
 - ✓ (d)(5)(A) Group Size-school age field trips/outdoors
 - ✓ (d)(5)(B) Mixed age group-group size
- ✓ 29. (e)(1) Designated director-training
- ✓ 30. (f)(1) CPR certified program staff
- ✓ 31. (f)(2) First aid certified program staff
- ✓ 32. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
- ✓ 33. **SWIMMING ACTIVITIES - Y/N**
 - ✓ (4)(C)(ii-v) Swimming-Ratios
 - ✓ (4)(C)(i) Non-swimmers identified
 - ✓ (e)(6) CPR certified staff-age 20 or older
 - ✓ (e)(6) Lifeguard-certified-supervising
- ✓ 34. **CONSULTANTS**
 - ✓ (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - ✓ (F) Consultant logs-documented activities, observations and required services
 - ✓ (i)(2) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

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

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

PROGRAM NAME: Team - Egan Center LICENSE NUMBER: 13987 DATE OF INSPECTION: 1/29/25

RECORD KEEPING 19a-79-5

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

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<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.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 85.	(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
<input checked="" type="checkbox"/>		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)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<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"/>	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <u>.8-.9</u> N/A
<input checked="" type="checkbox"/>	(e)(17)	Results posted-Date: <u>4/27/07</u> (Schls-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	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 <u> </u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies (N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	(c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4115124</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.		WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>4/18/24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>NA</u> N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>abatement complete</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

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

PROGRAM NAME	Team - Egan Center	LICENSE NUMBER	13987	DATE OF INSPECTION	1/29/25
--------------	--------------------	----------------	-------	--------------------	---------

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

UNDER THREE ENDORSEMENT 19a-79-10 Y(N)

SCHOOL AGE ENDORSEMENT 19a-79-11 Y(N)

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

<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>		<u>SCHEDULE - ACTIVITIES</u>
<input type="checkbox"/> 141.	(c)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>	(c)(1)	Activities not a duplication of child's day
<input type="checkbox"/>	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	(d)	Ratio- 1:15
<input type="checkbox"/>	(e)	Group size- max. 30
<input type="checkbox"/>	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	(g)	Head teacher approved- 60%

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

PROGRAM NAME: Team - Egan Center LICENSE NUMBER: 13987 DATE OF INSPECTION: 1/29/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N MONITORING OF DIABETES 19a-79-13 Y/N

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) NA Staff awake and available
- 153. NA **SLEEP PROVISIONS**
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. **STAFF TRAINING**
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
- 173. (d)(1) Equipment provided by parents
- 174. (d)(2) Equipment labeled and inaccessible
- 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
- 176. (e)(1) Authorized prescriber written order
- 177. (e)(2) Written authorization from parent
- 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

- none enrolled
- 157. (9a) Written medication policies/procedures
 - 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
 - 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
 - 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (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

ADDITIONAL VIOLATION

180. - NO Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

Discussed new Regs
All items checked off were either observed or discussed
All staff health + safety training on site documentation needed by 4/1/25
All new staff within 3 months of employment.
Director course to be maintained on site or available for review at all times
All policies to be updated with required policies within new regulations provided sample review checklist.
**Violations* Program not in compliance with #35 consultant agreements when missing new duties (IX 2)(A-H)*
#39- immunization when 1 child missing flu shot document

SIGNATURE OF OEC STAFF: Fil Montanye
 PRINTED NAME: Fil Montanye

SIGNATURE OF PERSON IN CHARGE: Suzie Hamada
 PRINTED NAME: Suzie Hamada

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 2/12/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>