

**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 Early Language and Literacy Initiative	Date of Inspection:	1-31-25	Time of Arrival:	9:30am
Address:	1073 Benson Rd	License Number:	70304	Expiration Date:	7-31-28
Town:	Fairfield	Telephone Number:	203 254-4028	Summer Care:	Open
Operator:	Stepping Stone Museum for Children	# of Staff Present:	9	# over 3 Present:	16
Email:	Caitlin@steppingstonemuseum.org <sup>INC</sup>	# under 3 Present:	16	Total Under 3 capacity:	20
Designated Director:	Caitlin Gobstein	Total Capacity:	40	Ages Served:	6wks to 5yrs
		Hours/Days of Operation:	M-F 7:30am - 5:30pm		

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: 1-1-25

**ADMINISTRATION 19a-79-3a**

<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.	<b><u>POLICIES-COMplete/IMPLEMENTED</u></b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)-C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<b><u>ACCESS</u></b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b><u>POSTINGS</u></b>
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

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

<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.		<b><u>RATIOS</u></b>
<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)		Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<b><u>GROUP SIZE</u></b>
<input checked="" type="checkbox"/> (d)(5)		Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)		Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)		Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)		CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)		First aid certified program staff
<input checked="" type="checkbox"/> 33.		<b><u>PROFESSIONAL DEVELOPMENT</u></b>
<input checked="" type="checkbox"/> (a)(2)		Documentation
<input checked="" type="checkbox"/> (h)(1)(2)		Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)		1% annual hours
<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)		<b><u>SWIMMING ACTIVITIES - Y/N</u></b>
<input checked="" type="checkbox"/> (4)(C)(i)		Swimming-Ratios
<input checked="" type="checkbox"/> (e)(6)		Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (i)(1)(A)-(D)		<b><u>CONSULTANTS</u></b>
<input checked="" type="checkbox"/> (i)		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (f)(2)(A-H)		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (F)		Agreements complete w/required services
<input checked="" type="checkbox"/> (i)(2)		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (H)(i)-(I)(i)		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	<u>EIII</u>	LICENSE NUMBER	<u>70304</u>	DATE OF INSPECTION	<u>1-31-25</u>
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<b>RECORD KEEPING 19a-79-5</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/>	36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	37. <input checked="" type="checkbox"/> (a)(1)(D)(i)	<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/>	73. (d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/>	74. (d)(3)	Window screens (Schl age only- N/A)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/>	75. (d)(4)	Glass and mirrors protected to 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/>	76. (d)(5)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>	38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/>	77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/>	78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/>	79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>	81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	82.	<u>TOILETING</u>
<input checked="" type="checkbox"/>	44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/>		Toileting needs met
		Video recordings- keep 30 days	<input checked="" type="checkbox"/>		Potty chairs-nonporous, emptied, disinfected

**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"/>	72. (d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>	73. (d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/>	74. (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>	75. (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	50. (a)(5)	Food Service Inspection <u>12-31-23</u> N/A	<input checked="" type="checkbox"/>	76. (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/>	77. (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>	78. (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>	79. (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/>	80. (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	81. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/>	82.	<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>	57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>	83. (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	84. (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	59. (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	85. (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	60. (c)	<u>FIRST AID SUPPLIES</u> -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"/>	86. (e)(3)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/>	61. (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>	87. (e)(4)	Portable space heaters prohibited
			<input checked="" type="checkbox"/>	88. (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
			<input checked="" type="checkbox"/>	89. (e)(5)	Rugs- not tripping/slipping hazard
			<input checked="" type="checkbox"/>	90. (e)(6)	Hot water/Steam pipes protected
			<input checked="" type="checkbox"/>	91. (e)(7)	Working phone on each level
			<input checked="" type="checkbox"/>	92. (e)(7)	Emergency numbers posted-adjacent to phones
			<input checked="" type="checkbox"/>	93. (e)(7)	Parents provided direct on site phone number
			<input checked="" type="checkbox"/>	94. (e)(7)	<u>LIGHTING</u>
			<input checked="" type="checkbox"/>	95. (e)(8)	All areas min. 1 foot candle of lighting
			<input checked="" type="checkbox"/>	96. (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
			<input checked="" type="checkbox"/>	97. (e)(9)	Schl age only-lighting for comfort
			<input checked="" type="checkbox"/>	98. (e)(9)	Light fixtures shielded/shatter proof
			<input checked="" type="checkbox"/>	99. (e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
			<input checked="" type="checkbox"/>	100. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
			<input checked="" type="checkbox"/>	101. (e)(12)	Stairs-protected/good repair-handrails
			<input checked="" type="checkbox"/>	102. (e)(13)	Toxic plants/materials inaccessible
			<input checked="" type="checkbox"/>	103. (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
			<input checked="" type="checkbox"/>	104. (e)(16)	Prevention of vermin-openings screened
			<input checked="" type="checkbox"/>	105. (e)(17)	Radon test- Results: <u>.33</u> N/A
			<input checked="" type="checkbox"/>	106. (e)(18)	Results posted-Date: <u>2-29-22</u> (Schls-N/A)
			<input checked="" type="checkbox"/>	107. (f)(1)(A)	Carbon monoxide detector-each level N/A
			<input checked="" type="checkbox"/>		Program space-adequate-35 sq. ft. per child
			<input checked="" type="checkbox"/>		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			<input checked="" type="checkbox"/>		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			<input checked="" type="checkbox"/>		Air conditioners, water heaters, fuse boxes inaccessible
			<input checked="" type="checkbox"/>		Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <u>1-9-25</u>	<input checked="" type="checkbox"/>	95.	
<input checked="" type="checkbox"/>	63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>	96.	
<input checked="" type="checkbox"/>	64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>	97.	
<input checked="" type="checkbox"/>	65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/>	98.	
<input checked="" type="checkbox"/>	66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>	99.	
<input checked="" type="checkbox"/>	67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>(N/A)</u>	<input checked="" type="checkbox"/>	100.	
<input checked="" type="checkbox"/>	68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>	101.	
<input checked="" type="checkbox"/>	69. (c)(5)(A)	<u>WATER SUPPLY</u> - Public Well (Schools-N/A)	<input checked="" type="checkbox"/>	102.	
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>9-19-23</u>	<input checked="" type="checkbox"/>	103.	
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>(N/A)</u>	<input checked="" type="checkbox"/>	104.	
<input checked="" type="checkbox"/>	70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/>	105.	
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<u>LEAD PAINT</u> -	<input checked="" type="checkbox"/>	106.	
		Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/>	107.	
		Building Pre-78: Y/N Lead Test: Y/N			
		Results <u>NO LEAD</u>			
		Lead Management Plan <u>N/A</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: ELLI LICENSE NUMBER: 70304 DATE OF INSPECTION: 1-31-25

**PHYSICAL PLANT 19a-79-7a cont.**

108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls

109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around

110. (j) No weapons/no facsimile of a firearm

111. OUTDOOR SPACE

(h)(1) Adequate space- 75 sq. ft. per child

(h)(2) Shock absorbing surfaces-minimum 8"

(h)(3) Playground free from hazards

(h)(4) Nuts, bolts, screws-tight, covered/protected

(h)(5) Outside equipment anchored-anchors buried

(h)(6) New equip- cert playg. Inspection upon request

(h)(8) Drinking water available/accessible

(h)(9) Equipment arranged for safety-equip/fences/structures not hazardous

112. OUTDOOR PROTECTED/FENCING

(h)(7) Playground protected from traffic, water, gullies or other hazards

113.  (h)(7)(A) Fences installed to protect from hazards-4 ft

(h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks

(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

(f) Wading pools prohibited N/A

(i) Hot tubs/spas/saunas-locked/inaccessible N/A

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

115. (a) Written daily/weekly educational plan-developmentally appropriate

116. (a) EDUCATIONAL REQUIREMENTS

(1)-(11) Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity

(b) Limited access to screen time/video games

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

129. LINENS/CLOTHING

(f)(1) Linens/emergency clothing available

(f)(2) Linens washed weekly or as needed

(f)(3) Linens/clothing stored individually

(f)(4) Cribs/cots cleaned-linens changed when shared

130. SAFE SLEEP

(g)(1) Under 12 mths placed on back for sleeping

(g)(1) Crib-snug fitting mattress/tightly fitted sheet

(g)(1) Alternate sleep position/equipment-medical documentation for medical reason on file

(g)(2) Infants allowed to adopt other sleep positions

(g)(3) No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles

(g)(4) No unapproved sleeping-car seats/swings/beds, etc.

(g)(5) No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes

(g)(6) Observe/assess infants at least every 15 minutes

(g)(7) Teething necklaces/bracelets, jewelry inaccessible

(g)(8) Safe sleep policies posted/parents informed

131. (h)(1) Infant toys-separate/washed/sanitized daily

132. (h)(1) Toddler toys-washed/sanitized weekly

133. (h)(2) No toys/objects less than 1 1/4 " diameter

134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision

135. (i)(1)(2A-C) Health consultant visits/documentation

136. FEEDING

(j) Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle

(k)(1) Written feeding schedule from parent-updated

(k)(2) Unused formula/milk discarded after feedings

(k)(3) Clean bottles/disposable bottles/appvd washing

(k)(4) Baby food served from dish or whole jar

(k)(5) Bottles labeled with child's name

(l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25

(l)(2) Outdoor equipment-developmentally appropriate for ages of the children

(l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

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

117. (b) Approved Under 3 Endorsement

118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)

119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)

120. (c)(4) Physical barriers- indoors/outdoors

121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep

122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)

123. (d)(2)(B) Washable cots

124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray

125. (d)(2)(D) Dev. appropriate tables/chairs/equipment

126. (d)(2)(E) Refrigerator and food prep facilities

127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free

128. DIAPERING

(e)(1) Diaper area: elevated/sturdy/safety rail

(e)(2) Diaper area: used only for this purpose, located in the program area

(e)(3) Diaper area: non-porous surface/good repair

(e)(4) Diaper area: washed/disinfected after use

(e)(5) Diaper area: disposable paper sheets

(e)(6)(9) Covered waste receptacle-removed daily

(e)(7) Handwashing-staff/children

(e)(8) Diapering-Handwashing policies-posted/followed

(e)(10)(A-C) Cloth diapers-written plan developed

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

140. (b) Approved Schl Age Endorsement

141. SCHEDULE - ACTIVITIES

(c) Written daily program plan-flexible schedule-available to staff/parents

(c)(1) Activities not a duplication of child's day

(c)(2) Activities include cognitive, physical, social, emotional needs of the children

(c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events

143. (d) Ratio- 1:15

144. (e) Group size- max. 30

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Head teacher approved- 60%

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

PROGRAM NAME: EIII LICENSE NUMBER: 70304 DATE OF INSPECTION: 1-31-25

**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. (b)(1)(A)	<b>STAFF TRAINING</b>
<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)(B)	Staff training – first aid
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (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.	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" 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 checked="" type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input checked="" 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 checked="" type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input checked="" 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 <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input checked="" type="checkbox"/> 159.	<b>NONPRESC. TOPICAL MEDICATION</b>		
<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160.	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage <u>N/A</u>		

**DISCUSSIONS - COMMENTS**

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Cathy Andersen	PRINTED NAME	Caitlin Golobstein

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Inspection shall be posted or available for review upon request.

Help Desk: (800)282-6063 or (860)500-4450  
 Written Corrective Action Plan Due by: 2-13-25  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)  
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Early Language and Literacy Initiative License # 70304 Date: 1-31-25

Observations/Corrections needed: Literacy Initiative

All checked items on the inspection were either in compliance or discussed at this inspection.

Regulation not in compliance when:

Infant room - Side of refrigerator has rust areas at child's level

Boys Preschool bathroom - metal blinds are broke and hand f-cap string not secured

String not secured

metal doors throughout have rust areas at child's level

Discussed:

New regulations

Policy Checklist provided

Child with Intermittent asthma without a Care Plan

1 Child health record has chronic section not complete

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: Cathy Anderson

Print Name: Cathy Anderson  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Caitlin Bobstein

OEC BY: 2-13-25

Print Name: Caitlin Bobstein  
(Person in Charge)