

**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:	Little Sprouts Learning Center	Date of Inspection:	2-5-25	Time of Arrival:	3:54 pm
Address:	169 Tedge Hill Rd	License Number:	Pending	Expiration Date:	Pending
Town:	Guilford 06437	Telephone Number:	203-457-4769	Summer Care:	open
Operator:	Little Sprouts Learning Center Inc	# of Staff Present:	1	# over 3 Present:	—
Email:	littlesproutslearningcenterinc@gmail.com	Total Capacity:	Pending	Total Under 3 capacity:	Pending
Designated Director:	Susan Herget	Hours/Days of Operation:	M-F 9am-1:30 pm		

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.**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12/23/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 11. <b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group—ratios
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director—training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance—children/staff—keep 1 yr.	<input checked="" type="checkbox"/> 39. (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 13. <b>ACCESS</b>	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 43. (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> 44. (i)(1)(A-D)	Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> 18. <b>POSTINGS</b>	<input checked="" type="checkbox"/> 47. (F)	Lifeguard—certified—supervising
<input checked="" type="checkbox"/> (e)(1) License posted	<input checked="" type="checkbox"/> 48. (i)(2)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants—Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(3) Menus posted		Consultant agreements—signed annually
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances		Agreements complete w/required services
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted		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: Little Sprouts Learning Center LICENSE NUMBER: pending DATE OF INSPECTION: 2/5/25

**RECORD KEEPING 19a-79-5**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<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.		<b>TOILETING</b>
<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
<input checked="" type="checkbox"/>		<b>AIR TEMPERATURE</b>
<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
<input checked="" type="checkbox"/>		<b>LIGHTING</b>
<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>2.3</u> N/A
<input checked="" type="checkbox"/>	(e)(18)	Results posted-Date: <u>12/14/24</u> (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 <u>NA</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

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

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12/13/24</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.		<b>WATER SUPPLY</b> – Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test – Date: <u>8/14/24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint = <u>Y/N</u> Inside/Outside
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78 = <u>Y/N</u> Lead Test: <u>Y/N</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>lead management plan approved by local health weekly + monthly</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)	
<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: Little Sprouts Learning Center LICENSE NUMBER: Pending DATE OF INSPECTION: 2/5/25

**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.		<b>OUTDOOR SPACE</b>
	(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.		<b>OUTDOOR PROTECTED/FENCING</b>
	(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
114.		<b>WATER HAZARDS</b>
	(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	(i)	Wading pools prohibited
	(i)	Hot tubs/spas/saunas-locked/inaccessible

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

129.	(f)(1)	<b>LINENS/CLOTHING</b>
	(f)(2)	Linens/emergency clothing available
	(f)(3)	Linens washed weekly or as needed
	(f)(4)	Linens/clothing stored individually
130.		Cribs/cots cleaned-linens changed when shared
	(g)(1)	<b>SAFE SLEEP</b>
	(g)(1)	Under 12 mths placed on back for sleeping
	(g)(1)	Crib-slug 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
	(h)(1)	Infant toys-separate/washed/sanitized daily
131.	(h)(1)	Toddler toys-washed/sanitized weekly
132.	(h)(2)	No toys/objects less than 1 1/4" diameter
133.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
134.	(h)(2)	Health consultant visits/documentation
135.	(i)(1)(2A-C)	<b>FEEDING</b>
136.	(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
137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

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

115.	(a)	Written daily/weekly educational plan-developmentally appropriate
116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
	(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 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.		<b>DIAPERING</b>
	(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.	(c)	<b>SCHEDULE - ACTIVITIES</b>
142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	(c)(2)	Activities not a duplication of child's day
	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
144.	(e)	Ratio- 1:15
145.	(f)	Group size- max. 30
146.	(g)	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**

<b>PROGRAM NAME</b>	Little Sprouts Learning Center	<b>LICENSE NUMBER</b>	Pending	<b>DATE OF INSPECTION</b>	2/5/25
---------------------	--------------------------------	-----------------------	---------	---------------------------	--------

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

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		<b>STAFF TRAINING</b>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/>	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/>	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24			<input checked="" type="checkbox"/>	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available			<input checked="" type="checkbox"/>	Written documentation of training
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>			<input checked="" type="checkbox"/>	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				Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>	179.	(e)(3)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
--	-----------------------------

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

<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	<b>DISCUSSIONS - COMMENTS</b>			
-------------------------------------	------	--------	---------------------------------------	-------------------------------	--	--	--

<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Labeling and Storage	<p>• Discussed new Regulations</p> <p>• All staff health + safety training within 3 months of hire</p> <p>• All items either (FM) checked off were either observed or discussed.</p> <p>• All required postings to be posted in areas where all can see</p> <p>• Director course</p>			
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	161.	(b)(1)(A/C)	<b>MEDICATION TRAINING</b>				
<input checked="" type="checkbox"/>		(b)(1)(D)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(E)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(C)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		(b)(3)(A-B)	Training outline on file				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Labeling and Storage				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	168.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	169.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	170.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>		(d)	Potassium Iodide (KI) emergency distribution-permission and storage				

<b>SIGNATURE OF OEC STAFF</b>	Fil Montanye / Jen Schultz	<b>SIGNATURE OF PERSON IN CHARGE</b>	Susan Herget
<b>PRINTED NAME</b>	Fil Montanye / Jen Schultz	<b>PRINTED NAME</b>	Susan Herget

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.	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
Written Corrective Action Plan Due by:	prior to licensure

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little Sprouts Learning Center License # pending Date: 2/5/25

Observations/Corrections needed: Program not in compliance with:

- #69(c)(5)(B) Bact./chem test not available
- #94(e)(9) adequate lighting when lighting where close work is conducted measured below 50 cf. throughout
- #98 toxic-plants when rhododendron was observed on over 3 playground. (on poisonous plant list)
- #111(h)(3) Peeling paint observed along building on siding facing playgrounds and fence on under 3 playground <sup>(on both playgrounds)</sup>
- #137 fence on under 3 ~~ft~~<sup>ft</sup> playground not at 4ft.

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 Schulz / Hil Montanye  
(OEC Representative)  
Print Name: Jen Schulz / Hil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Susan Herget  
(Person in Charge)  
Print Name: Susan Herget

OEC BY: prior to approval