

CHILD CARE CENTER INSPECTION REPORT
INSPECTION FORM

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

The Goddard School		2/11/25	8:45AM
320 ALUMNI Rd		76384	12/31/25
NEWINGTON, CT 06111		8009091313	open
Stepping Stones 2017, LLC	# of Staff Present: 24	# over 3 Present: 60	# under 3 Present: 52
Dnewington (+ a) goddard school	Total Capacity: 149	Total Under 3 capacity: 64	Ages Served: low-7yrs
Ashley Faurio		M-F 7am-6pm	

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

LICENSING REQUIREMENTS 19-79-25 **STAFFING and CONSULTANTS 19-79-25**

<input checked="" type="checkbox"/> 1. (c)(8)	Local Health Inspection-Date: <u>9/5/24</u>	<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)	RATIOS
<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. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)	Supervision policy	<input checked="" type="checkbox"/> 35. (f)(2)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> (a)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> (h)(1)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1)	Personnel policies	<input checked="" type="checkbox"/> (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"/> (4)(C)(ii-v)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (f)	ACCESS	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (f)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 18. (e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(2)	POSTINGS	<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(3)	License posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> (e)(4)	OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (e)(5)	Menus posted		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		Consultant visits- Education/Health

	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"/>

The Goddard School

10384

2/11/25

RECORD KEEPING 19a-79-7a

<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)	PARENT PERMISSIONS 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

PHYSICAL PLANT 19a-79-7a

<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)
<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
<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 -cover or protected (Schl age only-N)
<input checked="" type="checkbox"/> 82.		TOILETING

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>1/15/24</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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -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 licens 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)
<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible

<input checked="" type="checkbox"/> 83.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 84.		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N)
<input checked="" type="checkbox"/> 85.	<input checked="" type="checkbox"/> (e)(1)	Air temp < 65°F comfortable (Schl age only-N)
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 87.	<input checked="" type="checkbox"/> (e)(2)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(3)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 89.	<input checked="" type="checkbox"/> (e)(4)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 92.	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 93.	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to pho
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone num
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-nappi
<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(9)	children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 99.	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 100.	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materia
<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (e)(10)	labeled, inaccessible
<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, contain
<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (e)(11)	in good repair
<input checked="" type="checkbox"/> 105.	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 106.	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, wri
	<input checked="" type="checkbox"/> (e)(16)	care plan including access to children
	<input checked="" type="checkbox"/> (e)(17)	Prevention of vermin-openings screened
	<input checked="" type="checkbox"/> (e)(18)	Radon test- Results: <u>2.0</u>
	<input checked="" type="checkbox"/> (f)(1)(A)	Results posted-Date: <u>1/10/24</u> (Schl
	<input checked="" type="checkbox"/> (g)(1)	Carbon monoxide detector-each level
	<input checked="" type="checkbox"/> (g)(2)	Program space-adequate-35 sq. ft. per ch
	<input checked="" type="checkbox"/> (g)(3)	Equipment-clean and safe, good repair, 1
	<input checked="" type="checkbox"/> (g)(4)	toxic-sturdy, free from protruding nails,
		Adequate equipment for rest-cleaned-co
		(Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse box
		inaccessible
		Developmentally app equipment, mater

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/15/24</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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - <u>Public Well</u> (Schools-N/A) Lead Water Test - Date: <u>3/8/24</u> N/A Bact./Chem Test-Date: _____
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N <u>N</u> Inside/Outside Building Pre-78: Y/N <u>N</u> Lead Test: Y/N Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(16)	<input checked="" type="checkbox"/> 100.	<input checked="" type="checkbox"/> (e)(18)
<input checked="" type="checkbox"/> 96.	<input checked="" type="checkbox"/> (e)(17)	<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (f)(1)(A)
<input checked="" type="checkbox"/> 97.	<input checked="" type="checkbox"/> (e)(18)	<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> 98.	<input checked="" type="checkbox"/> (e)(19)	<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> 99.	<input checked="" type="checkbox"/> (e)(20)	<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> 100.	<input checked="" type="checkbox"/> (e)(21)	<input checked="" type="checkbox"/> 105.	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> 101.	<input checked="" type="checkbox"/> (e)(22)	<input checked="" type="checkbox"/> 106.	
<input checked="" type="checkbox"/> 102.	<input checked="" type="checkbox"/> (e)(23)	<input checked="" type="checkbox"/> 107.	
<input checked="" type="checkbox"/> 103.	<input checked="" type="checkbox"/> (e)(24)		
<input checked="" type="checkbox"/> 104.	<input checked="" type="checkbox"/> (e)(25)		
<input checked="" type="checkbox"/> 105.	<input checked="" type="checkbox"/> (e)(26)		
<input checked="" type="checkbox"/> 106.	<input checked="" type="checkbox"/> (e)(27)		
<input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (e)(28)		

PROGRAM NAME The Gaddard school LICENSE NUMBER 76354 DATE OF INSPECTION 2/11/25

PHYSICAL PLANT 19a-79-7a YN UNDER THREE ENDORSEMENT 19a-79-10 YN

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 FEEDING 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 measure in place to ensure their health & safety
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(6)	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(7)	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(8)	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/> 131.	(h)(1)	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> 132.	(h)(1)	
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCING	<input checked="" type="checkbox"/> 133.	(h)(2)	
		Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> 134.	(h)(2)	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
	<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"/> 136.	<input checked="" type="checkbox"/> (j)	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <u>N/A</u>		<input checked="" type="checkbox"/> (k)(1)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (i)	WATER HAZARDS		<input checked="" type="checkbox"/> (k)(2)	
		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <u>N/A</u>		<input checked="" type="checkbox"/> (k)(3)	
	<input checked="" type="checkbox"/> (f)	Wading pools prohibited		<input checked="" type="checkbox"/> (k)(4)	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <u>N/A</u>		<input checked="" type="checkbox"/> (k)(5)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 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 YN SCHOOL AGE ENDORSEMENT 19a-79-11 YN

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/pare Head teacher approved- 60%
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	
<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"/> (c)(3)	
<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"/> 143.	(d)	
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 146.	(g)	
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/> 128.		DIAPERING			
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair			
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use			
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			

CHILD CARE CENTER / GROUP HOME / HOME INSPECTION FORM - Page 4

PROGRAM NAME	The Goodland School	LICENSE NUMBER	72354	DATE OF INSPECTION	2/11/25
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NIGHT CARE ENDORSEMENT (19a-19j) Y/N		MONITORING OF DIABETES (171-179) Y/N			
<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.		STAFF TRAINING
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> (b)(1)(A)	Staff training - first aid
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input type="checkbox"/> (b)(1)(B)	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"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153.		SLEEP PROVISIONS		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled			Equipment provided by parents
	<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
	<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants			Written authorization from parent
<input checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	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"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval	<input checked="" type="checkbox"/> 179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS (19a-19j) Y/N **ADDITIONAL VIOLATION**

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

<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors	<p>DISCUSSIONS - COMMENTS</p> <p>Health + safety training for all staff by April 15, 25</p> <p>Education consultant visit 1x year</p> <p>1 Mail path disrepair preschool</p> <p>1 Epi pen expire 2/2025</p> <p>1 Diaper cream authorization form expired</p>		
	<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.	<input checked="" type="checkbox"/> (b)(1)(A/C)	MEDICATION TRAINING			
	<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"/> 161.	(b)(3)(A-B)	Training outline on file			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission			
		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 N/A			

SIGNATURE OF OEC STAFF	<i>Shoshellen Fellerman</i>	SIGNATURE OF PERSON IN CHARGE	<i>[Signature]</i>
PRINTED NAME	Fellerman	PRINTED NAME	Ron Mauumka

OEC DIVISION OF LICENSING
 50 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctocc.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request

Written Corrective Action Plan Due by: 2/25/25

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

November

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Eddard School License # 70384 Date: 2/11/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #11(d)(2)(A), (d)(4)(B), (d)(6)(C) policies not current with new regulations
- #14- 3 children permissions for preschool not available
- #66- Dusty vents in bathrooms in Toddler 2, Preschool 3 Preschool 2 and Get set/1st step 1415 bathroom. Microwave Dirty in Preschool 1. Water stain in Preschool 1
- #95- Bottles with bleach/water solutions not labeled with dilutions
- #116-(a)(1-11)(b)-Educational requirements not current with new regulations -

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/25/25

Signature: [Signature]
(OEC Representative)
 Print Name: Kellerman

Signature: [Signature]
(Person in Charge)
 Print Name: Ron Mavum 5a