

**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:	Strotfield Childcare	Date of Inspection:	2-19-25	Time of Arrival:	7:15am
Address:	1407 Melville Ave	License Number:	70475	Expiration Date:	2-28-27
Town:	Fairfield	Telephone Number:	203 459-9700	Summer Care:	Closed
Operator:	Easton Community Center INC	# of Staff Present:	5	# over 3 Present:	25
Email:	georget@eastoncc.com	Total Capacity:	144	Total Under 3 capacity:	0
Designated Director:	George Taxiltardis	Hours/Days of Operation:	M-F 7-855 3:30-6 Wed 7-9:30am		

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: 8/26/24

**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. (d)(5) **GROUP SIZE**
  - (d)(5)(A) Group Size-Indoors/Outdoors
  - (d)(5)(B) Group Size-school age field trips/outdoors
- 29. (e)(1) Mixed age group-group size
- 30. (f)(1) Designated director-training
- 31. (f)(2) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation
  - (h)(1)(2) Health & Safety training
  - (h)(1)(2) 1% annual hours
- 34. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(i) Swimming-Ratios
  - (e)(6) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A)-(D) **CONSULTANTS**
  - (i) Consultants-Education, Health, Social Service, Dietitian (N/A)
  - (j)(2)(A-H) Consultant agreements-signed annually
  - (F) Agreements complete w/required services
  - (i)(2) Consultant logs-documented activities, observations and required services
  - (H)(i)-(I)(i) Consultant visits- Education/Health

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

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

PROGRAM NAME	Stratfield Child Care	LICENSE NUMBER	70475	DATE OF INSPECTION	2/9-25
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RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	(a)(1)(D)(i)	<b>PARENT PERMISSIONS</b>
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Transportation permission
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Child Health Records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Immunization records
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 45.	(a)(4)	Notify DPH, local health-reportable diseases Video recordings- keep 30 days

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only- N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>

HEALTH and SAFETY 19a-79-6a

<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 (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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'tl for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
(d)(11)	Staff personal articles inaccessible
	<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
(e)(3)	Water temperature 60 °F – 120 °F
(e)(4)	Portable space heaters prohibited
(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
(e)(5)	Rugs- not tripping/slipping hazard
(e)(6)	Hot water/Steam pipes protected
(e)(7)	Working phone on each level
(e)(7)	Emergency numbers posted-adjacent to phones
(e)(7)	Parents provided direct on site phone number
	<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
(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
(e)(12)	Stairs-protected/good repair-handrails
(e)(13)	Toxic plants/materials inaccessible
(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
(e)(16)	Prevention of vermin-openings screened
(e)(17)	Radon test- Results: (N/A)
	Results posted-Date: (Schls- N/A)
(e)(18)	Carbon monoxide detector-each level N/A
(f)(1)(A)	Program space-adequate-35 sq. ft. per child
(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 82024
<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)	<b>WATER SUPPLY</b> – Public/Well (Schools N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: NA
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: NA (N/A)
<input type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Peeling Paint – Y/N Inside/Outside
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
	<input type="checkbox"/> (c)(6)(B-D)	Results ILBP
		Lead Management Plan
		Every 3 months
<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 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**

<b>PROGRAM NAME</b>	Stratfield Child Care	<b>LICENSE NUMBER</b>	70475	<b>DATE OF INSPECTION</b>	2/19/25
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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.		<b>OUTDOOR SPACE</b>
<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 playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCING</b>
<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 <span style="float:right;">N/A</span>
<input checked="" type="checkbox"/>		(i)	<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>			Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <span style="float:right;">N/A</span>
<input checked="" type="checkbox"/>		(j)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible <span style="float:right;">N/A</span>

<input checked="" type="checkbox"/>	129.	(f)(1)	<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>			Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	130.		<b>SAFE SLEEP</b>
<input checked="" type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(2)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>		(g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>		(g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>	134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.		<b>FEEDING</b>
<input checked="" type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	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**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
<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**

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		<b>DIAPERING</b>
<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

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.	(g)	Head teacher approved- 60%

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

<b>PROGRAM NAME</b>	Stratfield Childcare	<b>LICENSE NUMBER</b>	70475	<b>DATE OF INSPECTION</b>	2/19/25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>
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<input type="checkbox"/> 147. <input type="checkbox"/> 148. <input type="checkbox"/> 149. <input type="checkbox"/> 150. <input type="checkbox"/> 151. <input type="checkbox"/> 152. <input type="checkbox"/> 153. <input type="checkbox"/> 154. <input type="checkbox"/> 155. <input type="checkbox"/> 156.	(b) (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(6)(A) (b)(6)(B) (b)(6)(C) (b)(6)(D) (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available <b>SLEEP PROVISIONS</b> Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172.  <input checked="" type="checkbox"/> 173. <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176.  <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1)  (b)(1)(A) (b)(1)(B) (i)-(iii)  (b)(2) (b)(3) (c)(2) (c)(3)  (d)(1) (d)(2) (d)(3)  (e)(1) (e)(2) (e)(3)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158. <input checked="" type="checkbox"/> 159. <input type="checkbox"/> 160. <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162. <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a) (a)(2) (a)(3)(A-B) (a)(3)(C) (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C) (b)(3)(A-B) (b)(3)(D) (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectible other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions
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**DISCUSSIONS - COMMENTS**

N/A

<b>SIGNATURE OF OEC STAFF</b>	Cathy Anderson	<b>SIGNATURE OF PERSON IN CHARGE</b>	Jennifer G. DeVotie
<b>PRINTED NAME</b>	Cathy Anderson	<b>PRINTED NAME</b>	Jennifer G. DeVotie

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3-5-2025 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>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stratfield Childcare License # 70475 Date: 2-19-25

Observations/Corrections needed:

Regulation not in compliance when:

- 19- 1 out of 8 Staff does not have a health record on site and 1 out of 8 with a health record on site that is not complete.
- 40-3 Care Plans not signed by staff responsible for child
- 161- 1 medication form has 2 different dosages to give to child
- 70(c)(6)(B-D) - lead plan has not been monitored since 2019

Discussed

1 child health record is missing a exam date  
 Policy Checklist provided, All need requirements will need to be updated  
 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.

Signature: Cathy Clarke (OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jennifer G. DeVette (Person in Charge)

OEC BY: 3-5-2025

Print Name: Jennifer G. DeVette