



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

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

Program Name:	Stepping Stones Discovery Development Center	Date of Inspection:	2/21/2025	Time of Arrival:	7:40AM
Address:	177 Pleasant Valley Rd. South	License Number:	70542	Expiration Date:	3/31/2028
Town:	Groton, CT. 06340	Telephone Number:	860 446 0441	Summer Care:	Open
Operator:	LLA Services LLC	# of Staff Present:	6	# over 3 Present:	11
Email:	lagudelo.ssdc@gmail.com	Total Capacity:	36	# under 3 Present:	11
Designated Director:	Laura Agudelo	Hours/Days of Operation:	M-F 7AM-5:30PM	Ages 3 capacity:	19
				Ages Served:	6 weeks - 12 yrs.

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 type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: _____	<input type="checkbox"/> 19.	(a)(1)	Staff health records
ADMINISTRATION 19a-79-3a			<input type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input type="checkbox"/> 3.	(b)	Overall management of program	<input type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input type="checkbox"/> 23.	(d)	Adequate staffing
<input type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input type="checkbox"/> 29.	(d)(4)(D)	Mixed age group-ratios
<input type="checkbox"/> 11.		POLICIES-COMLETE/IMPLEMENTED	<input type="checkbox"/> 30.	(e)(1)	Nap time ratio
	<input type="checkbox"/> (d)(2)(A)	Discipline policy	<input type="checkbox"/> 31.	(f)(1)	Supervision-Indoors/Outdoors
	<input type="checkbox"/> (d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(f)(2)	GROUP SIZE
	<input type="checkbox"/> (d)(3)	Closing time policy	<input type="checkbox"/> 33.	(a)(2)	Group Size-Indoors/Outdoors
	<input type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input type="checkbox"/> 34.	(h)(1)(2)	Group Size-school age field trips/outdoors
	<input type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input type="checkbox"/> 35.	(i)(1)	Mixed age group-group size
	<input type="checkbox"/> (d)(5)	Supervision policy		(i)(2)	Designated director-training
	<input type="checkbox"/> (d)(6)	General Operating policies		(i)(2)(A-H)	CPR certified program staff
	<input type="checkbox"/> (d)(6)(C)	Administrative Oversight policy		(F)	First aid certified program staff
	<input type="checkbox"/> (d)(7)	Personnel policies		(H)(i)-(l)(i)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.			Documentation
<input type="checkbox"/> 13.		ACCESS			Health & Safety training
	<input type="checkbox"/> (f)	Immediate access by parents			1% annual hours
	<input type="checkbox"/> (h)	Immediate access by OEC-facility/records			SWIMMING ACTIVITIES - Y/N
<input type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization			Swimming-Ratios
<input type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation			Non-swimmers identified
<input type="checkbox"/> 16.	(n)	Capacity			CPR certified staff-age 20 or older
<input type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents			Lifeguard-certified-supervising
<input type="checkbox"/> 18.		POSTINGS			CONSULTANTS
	<input type="checkbox"/> (e)(1)	License posted			Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input type="checkbox"/> (e)(2)	OEC Complaint Procedure posted			Consultant agreements-signed annually
	<input type="checkbox"/> (e)(3)	Menus posted			Agreements complete w/required services
	<input type="checkbox"/> (e)(4)	No Smoking posted signs at entrances			Consultant logs-documented activities, observations and required services
	<input type="checkbox"/> (e)(5)	OEC Inspection report posted or available			Consultant visits- Education/Health
	<input type="checkbox"/> (e)(6)	Developmental Milestones posted			Contracts Logs Visits

Education	✓	✓	
Health	✓	✓	
Soc. Serv.	✓	✓	
Dietitian	✓	✓	

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

PROGRAM NAME		Stepping Stones Discovery + Development Center		LICENSE NUMBER	70542	DATE OF INSPECTION	2/21/2025	
RECORD KEEPING 19a-79-5				PHYSICAL PLANT 19a-79-7a cont.				
<input type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input type="checkbox"/> 72.	(d)(2)	Walkways maintained			
<input checked="" type="checkbox"/> 37.	<input type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission	<input type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls			
<input type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)			
<input type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"			
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A			
<input type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed			
<input type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding			
<input type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds			
<input type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible			
<input type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)			
HEALTH and SAFETY 19a-79-6a				<input type="checkbox"/> 82.	TOILETING			
<input type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input type="checkbox"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan			
<input type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met			
<input type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input type="checkbox"/> 85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected			
<input type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input type="checkbox"/> 86.	(d)(10)(D)	Required toilets/sinks-1:16			
<input type="checkbox"/> 50.	(a)(5)	Food Service Inspection _____ N/A	<input type="checkbox"/> 87.	(d)(10)(E)	Required toilets/sinks-1:25 schl age only			
<input type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input type="checkbox"/> 88.	(d)(10)(F)	Toileting Supplies-Hand drying-Garbage			
<input type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input type="checkbox"/> 89.	(d)(10)(G)	Handwashing staff/children			
<input type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input type="checkbox"/> 90.	(d)(10)(H)	Toilets/sinks located-at the facility or licensed premises			
<input type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 91.	(e)(1)	Well lighted/ventilated toilet rooms			
<input type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input type="checkbox"/> 92.	(e)(2)	Mechanical ventilation (Grp Homes N/A)			
<input type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input type="checkbox"/> 93.	(e)(3)	Staff personal articles inaccessible			
<input type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input type="checkbox"/> 94.	(e)(4)	AIR TEMPERATURE			
<input type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input type="checkbox"/> 95.	(e)(5)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)			
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input type="checkbox"/> 96.	(e)(6)	Air temp <65°F comfortable (Schl age only-N/A)			
<input type="checkbox"/> 60.	<input 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 type="checkbox"/> 97.	(e)(7)	Air temp > 80 °F - ↑ fluids/ventilation			
<input type="checkbox"/> 61.	<input type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input type="checkbox"/> 98.	(e)(8)	Water temperature 60 °F - 120 °F			
PHYSICAL PLANT 19a-79-7a				<input type="checkbox"/> 99.	(e)(9)	Portable space heaters prohibited		
<input type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate _____	<input type="checkbox"/> 100.	(e)(10)	Walls/ceilings/floors/rugs-clean/good repair			
<input type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input type="checkbox"/> 101.	(e)(11)	Rugs- not tripping/slipping hazard			
<input type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input type="checkbox"/> 102.	(e)(12)	Hot water/Steam pipes protected			
<input type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input type="checkbox"/> 103.	(e)(13)	Working phone on each level			
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 104.	(e)(14-15)	Emergency numbers posted-adjacent to phones			
<input type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input type="checkbox"/> 105.	(e)(16)	Parents provided direct on site phone number			
<input type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input type="checkbox"/> 106.	(e)(17)	LIGHTING			
<input type="checkbox"/> 69.	<input type="checkbox"/> (c)(5)(A) <input type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A	<input type="checkbox"/> 107.	(e)(18)	All areas min. 1 foot candle of lighting			
<input type="checkbox"/> 70.	<input type="checkbox"/> (c)(6)(A) <input type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____			Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair			
<input type="checkbox"/> 71.	(d)(1)	Emergency vehicle access			Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: _____ N/A Results posted-Date: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials			

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

PROGRAM NAME Prepping Stages Discovery Developmental Center LICENSE NUMBER 70542 DATE OF INSPECTION 2/21/2025

PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input type="checkbox"/> 129.	<input type="checkbox"/> (f)(1) <input type="checkbox"/> (f)(2) <input type="checkbox"/> (f)(3) <input type="checkbox"/> (f)(4)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1) <input type="checkbox"/> (g)(1)	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
<input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111.	(j)	No weapons/no facsimile of a firearm OUTDOOR SPACE <input type="checkbox"/> (h)(1) Adequate space- 75 sq. ft. per child <input type="checkbox"/> (h)(2) Shock absorbing surfaces-minimum 8" <input checked="" type="checkbox"/> (h)(3) Playground free from hazards <input type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected <input type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried <input type="checkbox"/> (h)(6) New equip- cert playg. Inspection upon request <input type="checkbox"/> (h)(8) Drinking water available/accessible <input type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/> 131. <input type="checkbox"/> 132. <input type="checkbox"/> 133. <input type="checkbox"/> 134.	<input type="checkbox"/> (g)(2) <input type="checkbox"/> (g)(3) <input type="checkbox"/> (g)(4) <input type="checkbox"/> (g)(5) <input type="checkbox"/> (g)(6) <input type="checkbox"/> (g)(7) <input type="checkbox"/> (g)(8)	TEETHING Infant toys-separated/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
<input type="checkbox"/> 112.	(h)(7)	OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/> 135. <input type="checkbox"/> 136.	(i)(1)(2A-C)	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
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input type="checkbox"/> 137. <input type="checkbox"/> 138. <input type="checkbox"/> 139.	(l)(1) (l)(2) (l)(3)	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 measures in place to ensure their health & safety
<input type="checkbox"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A WATER HAZARDS <input type="checkbox"/> (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A <input type="checkbox"/> (i) Wading pools prohibited <input type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible N/A			

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate			
<input checked="" type="checkbox"/> 116.	(a) <input type="checkbox"/> (1)-(11) <input checked="" type="checkbox"/> (b)	EDUCATIONAL REQUIREMENTS 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 Limited access to screen time/video games			

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142.	<input type="checkbox"/> (c)(1) <input type="checkbox"/> (c)(2)	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
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input type="checkbox"/> 143.	(d)	Ratio- 1:15
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input type="checkbox"/> 146.	(g)	Head teacher approved- 60%
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/> 128.	<input type="checkbox"/> (e)(1) <input type="checkbox"/> (e)(2) <input type="checkbox"/> (e)(3) <input type="checkbox"/> (e)(4) <input type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(6)(9) <input type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input type="checkbox"/> (e)(10)(A-C)	DIAPERING Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed			

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<input type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input type="checkbox"/> 95.	(e)(5)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)			
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input type="checkbox"/> 96.	(e)(6)	Air temp <65°F comfortable (Schl age only-N/A)			
<input type="checkbox"/> 60.	<input 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 type="checkbox"/> 97.	(e)(7)	Air temp > 80 °F - ↑ fluids/ventilation			
<input type="checkbox"/> 61.	<input type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input type="checkbox"/> 98.	(e)(8)	Water temperature 60 °F - 120 °F			
PHYSICAL PLANT 19a-79-7a				<input type="checkbox"/> 99.	(e)(9)	Portable space heaters prohibited		
<input type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate _____	<input type="checkbox"/> 100.	(e)(10)	Walls/ceilings/floors/rugs-clean/good repair			
<input type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input type="checkbox"/> 101.	(e)(11)	Rugs- not tripping/slipping hazard			
<input type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input type="checkbox"/> 102.	(e)(12)	Hot water/Steam pipes protected			
<input type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input type="checkbox"/> 103.	(e)(13)	Working phone on each level			
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 104.	(e)(14-15)	Emergency numbers posted-adjacent to phones			
<input type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input type="checkbox"/> 105.	(g)(1)	Parents provided direct on site phone number			
<input type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input type="checkbox"/> 106.	(g)(2)	LIGHTING			
<input type="checkbox"/> 69.	<input type="checkbox"/> (c)(5)(A) <input type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ N/A	<input type="checkbox"/> 107.	(g)(3)	All areas min. 1 foot candle of lighting			
<input type="checkbox"/> 70.	<input type="checkbox"/> (c)(6)(A) <input type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____			Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof			
<input type="checkbox"/> 71.	(d)(1)	Emergency vehicle access			Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair			

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

PROGRAM NAME Spring Street Discovery + Development LICENSE NUMBER 70542 DATE OF INSPECTION 2/21/2025

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

MONITORING OF DIABETES 19a-79-13 Y/N

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

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

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

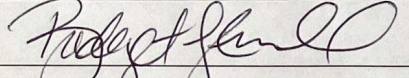
ADDITIONAL VIOLATION

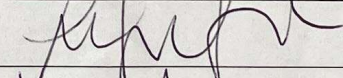
- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. **NONPRESC. TOPICAL MEDICATION**
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. **MEDICATION TRAINING**
 - (b)(1)(A/C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
- 161. (b)(3)(A-B) Authorized prescriber/parent permission
- 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
- 163. (b)(4)(A-B) Medication Administration Records (MAR)
- 164. (b)(5)(A-B) Labeling and Storage
- 165. (b)(5)(C) Emergency medication inaccessible
- 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
- 167. (b)(5)(E) Auto-injector/inhalant equipment
- 168. (b)(6) Self-administration documentation
- 169. (b)(7)(A-B) Petition for special medication authorization
- 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

#21(b): observed 2 staff present working with children who aren't on center roster and don't have current background checks
 #35(F): observed no documentation of policy review by health consultant.
 * Discussed trays and items in cribs. Cribs not in use by children. No items may be placed in cribs or hanging on side of cribs used by children

SIGNATURE OF OEC STAFF 
 PRINTED NAME BUDGET L. HERRILLE

SIGNATURE OF PERSON IN CHARGE 
 PRINTED NAME Laura Agudelo

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

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 3/7/2025
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>