

**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:	Oakwood Childcare Center	Date of Inspection:	2.24.25	Time of Arrival:	11:50
Address:	495 Benham St	License Number:	13259	Expiration Date:	7.31.25
Town:	Hamden 06514	Telephone Number:	203-2308331	Summer Care:	open
Operator:	Oakwood child care center LTD.	# of Staff Present:	5	# over 3 Present:	8
Email:	oakwoodchildcarecenter@gmail.com	Total Capacity:	34	Total Under 3 capacity:	17
Designated Director:	Stephany Callahan	Hours/Days of Operation:	M-F 7:00am - 5:30pm	# under 3 Present:	10
				Ages Served:	6w-9y

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: <u>2/13/25</u>
ADMINISTRATION 19a-79-3a		
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
	<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.		ACCESS
	<input checked="" type="checkbox"/> (f)	Immediate access by parents
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16.	(n)	Capacity
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.		POSTINGS
	<input checked="" type="checkbox"/> (e)(1)	License posted
	<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
	<input checked="" type="checkbox"/> (e)(3)	Menus posted
	<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
	<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
	<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		RATIOS
	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		GROUP SIZE
	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (a)(2)	Documentation
	<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
	<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> 34.		SWIMMING ACTIVITIES - Y(N)
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Swimming-Ratios
	<input checked="" type="checkbox"/> (4)(C)(i)	Non-swimmers identified
	<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input type="checkbox"/> 35.		CONSULTANTS
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> (i)	Consultant agreements-signed annually
	<input checked="" type="checkbox"/> (i)(2)(A-H)	Agreements complete w/required services
	<input checked="" type="checkbox"/> (F)	Consultant logs-documented activities, observations and required services
	<input checked="" type="checkbox"/> (i)(2)	Consultant visits- Education/Health
	(H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	
Dietitian	0	N/A	

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

PROGRAM NAME <u>Oakwood Child Care Center</u>		LICENSE NUMBER <u>13759</u>	DATE OF INSPECTION <u>2.24.25</u>
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"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82. <input checked="" type="checkbox"/> (d)(10)(A)	TOILETING Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 85. <input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 86. (e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 87. (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 88. (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<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"/> 89. (e)(5)	Rugs- not tripping/slipping hazard
<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"/> 90. (e)(6)	Hot water/Steam pipes protected
<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"/> 91. (e)(7)	Working phone on each level
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> 92. (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>1.30.25</u>	<input checked="" type="checkbox"/> 93. (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> (e)(8)	LIGHTING All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 95. (e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 96. (e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 97. (e)(12)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 98. (e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 99. (e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: <u>12.4.25</u>	<input checked="" type="checkbox"/> 100. (e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> 101. (e)(17)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 70. <input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 102. (e)(18)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>Lead identified</u>	<input checked="" type="checkbox"/> 103. (f)(1)(A)	Radon test- Results: <u>1.6</u> N/A Results posted-Date: <u>3.25.24</u> (Schls-N/A)
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>input</u> <u>annually</u>	<input checked="" type="checkbox"/> 104. (g)(1)	Carbon monoxide detector-each level N/A
	Emergency vehicle access	<input checked="" type="checkbox"/> 105. (g)(2)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 106. (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 107. (g)(4)	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	Oakwood Childcare Center	LICENSE NUMBER	13759	DATE OF INSPECTION	2.24.25
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<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)	<u>LINENS/CLOTHING</u>
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles, etc.
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>		<input checked="" type="checkbox"/> (g)(8)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (h)(1)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	<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"/> 132.	<input checked="" type="checkbox"/> (h)(2)	Safe sleep policies posted/parents informed
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>	<input checked="" type="checkbox"/> 134.	<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61		<input checked="" type="checkbox"/> 135.	No toys/objects less than 1 ¼ " diameter
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input checked="" type="checkbox"/> 136.	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible		<input checked="" type="checkbox"/> (j)	Health consultant visits/documentation
EDUCATIONAL REQUIREMENTS 19a-79-8a					<u>FEEDING</u>
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>		<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
	<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"/> 137.	<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
			<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
				<input checked="" type="checkbox"/> (l)(1)	Bottles labeled with child's name
				<input checked="" type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
				<input checked="" type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
					Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety
UNDER THREE ENDORSEMENT 19a-79-10 <input checked="" type="checkbox"/> N			SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> N		
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<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)	<u>SCHEDULE - ACTIVITIES</u>
<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)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<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)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Head teacher approved- 60%
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>			
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail			
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area			
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair			
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use			
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets			
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily			
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children			
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed			
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed			

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

PROGRAM NAME Oakwood Child Care Center		LICENSE NUMBER 13759	DATE OF INSPECTION 2.24.25
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N Y/N		MONITORING OF DIABETES 19a-79-13 Y/N 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. (b)(1)(A)	<u>STAFF TRAINING</u>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	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)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	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"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

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

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	<p>• Discussed new regulations in effect 10/16/24</p> <p>• All items checked were observed or discussed</p> <p>- Policy review checklist provided highlighting changes effective 10/16/24</p> <p>Program must ensure policies are updated to reflect new requirements</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. (b)(1)(A/C)	<u>MEDICATION TRAINING</u>		
<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)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)		

SIGNATURE OF OEC STAFF Jennifer Schultz	SIGNATURE OF PERSON IN CHARGE Juana Webb
PRINTED NAME Jen Schultz	PRINTED NAME Juana Webb

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: 3-10-25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Oakwood Child Care Center License # 13759 Date: 2-24-25

Observations/Corrections needed:

#35 Consultant agreements observed to be incomplete, missing documentation of required services for the Education, health and social service consultants.

#88 observed ceiling in two's classroom to have areas around light fixtures to be cracked/cracking and areas ~~missing~~ to be in disrepair.

Discuss-

sleep arrangement policy observed to be posted, how are parents informed

To increase 2 yr old room group size to 9 or 10 need local health and Fire marshal final approval submit to OEC with change form, sketch/floor plan and OEC/DPH measurements (if available) prior to change.

observed wood playground perimeter beginning to have areas of deterioration/splintering. observe as snow melts.

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: Jennifer Schulz
(OEC Representative)Print Name: Jen Schulz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Quanae Webb
(Person in Charge)OEC BY: 3-10-25Print Name: Quanae Webb