



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:	The Goddard School	Date of Inspection:	2/24/25	Time of Arrival:	9:00
Address:	288 Monroe Tpke	License Number:	70321	Expiration Date:	9/30/28
Town:	Monroe	Telephone Number:	(203) 544-2110	Summer Care:	Open
Operator:	Monroe Learning LLC	# of Staff Present:	30	# over 3 Present:	80
Email:	monroe.cte.goddardschools.com	Total Capacity:	170	Total Under 3 capacity:	74
Designated Director:	Heather White	Hours/Days of Operation:	M-F 7-6:00pm		

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: 9/19/24
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 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)
<input checked="" type="checkbox"/> 20.	(a)(3)
<input checked="" type="checkbox"/> 21.	(b)
<input checked="" type="checkbox"/> 22.	(b)(4)
<input checked="" type="checkbox"/> 23.	(d)
<input checked="" type="checkbox"/> 24.	(d)(1)
<input checked="" type="checkbox"/> 25.	(d)(2)
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)
<input checked="" type="checkbox"/> 27.	
	<input checked="" type="checkbox"/> (d)(4)(A)
	<input checked="" type="checkbox"/> (d)(4)(B)
	<input checked="" type="checkbox"/> (d)(6)
<input checked="" type="checkbox"/> 28.	(d)(4)(D)
<input checked="" type="checkbox"/> 29.	
	<input checked="" type="checkbox"/> (d)(5)
	<input checked="" type="checkbox"/> (d)(5)(A)
	<input checked="" type="checkbox"/> (d)(5)(B)
<input checked="" type="checkbox"/> 30.	(e)(1)
<input checked="" type="checkbox"/> 31.	(f)(1)
<input checked="" type="checkbox"/> 32.	(f)(2)
<input checked="" type="checkbox"/> 33.	
	<input checked="" type="checkbox"/> (a)(2)
	<input checked="" type="checkbox"/> (h)(1)(2)
	<input checked="" type="checkbox"/> (h)(1)(2)
<input checked="" type="checkbox"/> 34.	
	<input type="checkbox"/> (4)(C)(ii-v)
	<input checked="" type="checkbox"/> (4)(C)(i)
	<input checked="" type="checkbox"/> (e)(6)
	<input checked="" type="checkbox"/> (e)(6)
<input type="checkbox"/> 35.	
	<input checked="" type="checkbox"/> (i)(1)(A)-(D)
	<input checked="" type="checkbox"/> (i)
	<input type="checkbox"/> (i)(2)(A-H)
	<input type="checkbox"/> (F)
	<input checked="" type="checkbox"/> (i)(2)
	(H)(i)-(1)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group-ratios
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (N/A)
Consultant agreements-signed annually
Agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contracts	Logs	Visits
Education		X	
Health		X	
Soc. Serv.		X	
Dietitian		X	

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

PROGRAM NAME: The Goddard School LICENSE NUMBER: 70321 DATE OF INSPECTION: 2/24/25

RECORD KEEPING 19a-79-5

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	(a)(1)(D)(i)	<u>PARENT PERMISSIONS</u>
	(a)(1)(D)(ii)	Emergency medical permission
	(a)(1)(D)(iii)	Authorized release permission
	(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

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>1/125</u> N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	(c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>1/22/24</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.	(c)(5)(A)	<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
	(c)(5)(B)	Lead Water Test - Date: <u>10/9/24</u>
	(c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Drinking water available/accessible
	(c)(6)(A)	<u>LEAD PAINT</u> - Peeling Paint - <u>Y/N</u> Inside/Outside
	(c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>
	(c)(6)(B-D)	Results <u>n/a</u>
		Lead Management Plan <u>n/a</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<u>TOILETING</u>
	(d)(10)(A)	Shared toilets/sinks-supervision plan
	(d)(10)(B)	Toileting needs met
	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	(d)(10)(C)	Required toilets/sinks-1:16
	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	(d)(10)(G)	Well lighted/ventilated toilet rooms
	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/> 85.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
	(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
		<u>LIGHTING</u>
	(e)(8)	All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
	(e)(9)	Schl age only-lighting for comfort
	(e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 100.	(e)(17)	Radon test- Results: <u>1.3/2.3</u> N/A
<input checked="" type="checkbox"/> 101.	(e)(17)	Results posted-Date: <u>1/29/17</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials

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



PROGRAM NAME

The Goddard School

LICENSE NUMBER

2/24/25

DATE OF INSPECTION

70321

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"/>	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.		<u>OUTDOOR SPACE</u>
<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 play. 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.		<u>OUTDOOR PROTECTED/FENCING</u>
<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/>	129.	
<input checked="" type="checkbox"/>	130.	
<input checked="" type="checkbox"/>	131.	(h)(1)
<input checked="" type="checkbox"/>	132.	(h)(1)
<input checked="" type="checkbox"/>	133.	(h)(2)
<input checked="" type="checkbox"/>	134.	(h)(2)
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)
<input checked="" type="checkbox"/>	136.	

<input checked="" type="checkbox"/>	(f)(1)	<u>LINENS/CLOTHING</u>
<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"/>	(g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	(g)(1)	<u>SAFE SLEEP</u>
<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"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	(j)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	(k)(1)	<u>FEEDING</u>
<input checked="" type="checkbox"/>	(k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>	(k)(3)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>	(k)(4)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>	(k)(5)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>	(l)(1)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>	(l)(2)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	(l)(3)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>		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)	<u>EDUCATIONAL REQUIREMENTS</u>
<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

<input checked="" type="checkbox"/>	137.	(l)(1)
<input checked="" type="checkbox"/>	138.	(l)(2)
<input checked="" type="checkbox"/>	139.	(l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)

SCHOOL AGE ENDORSEMENT 19a-79-11 (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.		<u>DIAPERING</u>
<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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<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"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>			Head teacher approved- 60%

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

PROGRAM NAME: The Goddard School LICENSE NUMBER: 70321 DATE OF INSPECTION: 2/24/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N MONITORING OF DIABETES 19a-79-13 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)	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)(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)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 173. (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"/> 174. (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"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries		Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(E)	Bedding/sleeping apparel laundered weekly		Authorized prescriber written order
<input type="checkbox"/> (b)(6)(F)	Sleep arrangements for infants		Written authorization from parent
<input 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 type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> 156. (b)(10)	Local health approval	<input checked="" type="checkbox"/> 179. (e)(3)	

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"/> N/A
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	<p>policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 16, 2024. Programs must ensure policies updated to reflect new requirements. Technical Assistance given on new regulations. All items checked were either in compliance or discussed at visit. snow covered playgrounds - shock absorbing material was not observed. The program is aware they must maintain compliance with this regulation at all times.</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)	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"/> (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: Jaime Fortin SIGNATURE OF PERSON IN CHARGE: Manch Valentim
 PRINTED NAME: Jaime Fortin PRINTED NAME: Manch Valentim

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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # 70321 Date: 2/24/12

Observations/Corrections needed:

- 35(i)(2)(A-H) Consultant Agreements not updated with required service
- 35(f): Annual policy review not current for all consultants.
- 39(a)(2)(C): Children's immunizations not current for 7 out of 14.
- 40(a)(2)(E): 5 care plans not signed by all staff responsible for care of children; 1 care plan not observed for a child with asthma.
- 47: at visit observed preschool snack that did not include 2 food groups.
- 42(a)(2): Fire Marshall certificate not current (send in copy with CAP)
- 130(a)(8): Safe sleep policies not posted / parents informed.
- 134(h)(2): plastic bags at sink in infant and toddler 3.

Discussed: 1 child's physical not current; Menus not posted in accessible spot. phone cords dangling in a few classroom

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: Jayne Fortin
(OEC Representative)

Print Name: Jayne Fortin

Signature: Marian Valentin
(Person in Charge)

Print Name: Marian Valentin

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/10/25