



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:	Children's Learning Center At Mitchell	Date of Inspection:	2/24/2025 7/27/20	Time of Arrival:	7:40 AM
Address:	701 Montauk Ave.	License Number:	70370	Expiration Date:	8/31/2025
Town:	New London, CT. 06320-4403	Telephone Number:	860 701 5348	Summer Care:	open
Operator:	Mitchell College Inc.	# of Staff Present:	6	# over 3 Present:	23
Email:	fidrych_j@mitchell.edu	Total Capacity:	48	Total Under 3 capacity:	0
Designated Director:	Jillian Fidrych	Hours/Days of Operation:	7 AM - 5 PM	Ages Served:	3-12 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 checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 12/4/2023	<input type="checkbox"/> 19.	(a)(1)	Staff health records
ADMINISTRATION 19a-79-3a			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" 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 checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.		RATIOS
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group-ratios
<input type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> (d)(4)(D)		Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> (d)(5)		GROUP SIZE
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)(B)		Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input type="checkbox"/> 30.		Mixed age group-group size
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input type="checkbox"/> 31.	(e)(1)	Designated director-training
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input type="checkbox"/> 32.	(f)(1)	CPR certified program staff
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input type="checkbox"/> 33.	(f)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input type="checkbox"/> 34.		PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/> 35.	(a)(2)	Documentation
<input checked="" type="checkbox"/> 13.		ACCESS		<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
	<input checked="" type="checkbox"/> (f)	Immediate access by parents		<input type="checkbox"/> (h)(1)(2)	1% annual hours
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records		<input type="checkbox"/> (4)(C)(ii-v)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization		<input type="checkbox"/> (4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation		<input type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 16.	(n)	Capacity		<input type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents		<input type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 18.		POSTINGS		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	CONSULTANTS
	<input checked="" type="checkbox"/> (e)(1)	License posted		<input type="checkbox"/> (i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted		<input type="checkbox"/> (i)(2)(A-H)	Consultant agreements-signed annually
	<input checked="" type="checkbox"/> (e)(3)	Menus posted		<input type="checkbox"/> (F)	Agreements complete w/required services
	<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances		<input checked="" type="checkbox"/> (i)(2)	Consultant logs-documented activities, observations and required services
	<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available		<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant visits- Education/Health
	<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted			Contracts Logs Visits
					Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
					Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
					Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
					Dietitian N/A <input checked="" type="checkbox"/>

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

PROGRAM NAME: Children's Learning Center At Mitchell LICENSE NUMBER: 70370 DATE OF INSPECTION: 2/26/2025

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

<input type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<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)	Parent notification of illness or injury	<input type="checkbox"/> 82.	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	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"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(F)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(G)	Handwashing staff/children
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)	<input checked="" type="checkbox"/> (d)(10)(H)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 83.	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 84.	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 85.	AIR TEMPERATURE
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<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"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60 °F – 120 °F
<input type="checkbox"/> 59. (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 60. (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"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 61. (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> (e)(5)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
		<input type="checkbox"/> 93.	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> 94.	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(8)	LIGHTING
		<input checked="" type="checkbox"/> (e)(9)	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)(10)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> 95.	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> 96.	Potentially hazardous substances, materials – labeled, inaccessible
		<input checked="" type="checkbox"/> 97.	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> 98.	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 99.	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 100.	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 101.	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> 102.	Radon test- Results: <u>11/9/2020</u> N/A
		<input checked="" type="checkbox"/> 103.	Results posted-Date: <u>1/3</u> (Schls-N/A)
		<input checked="" type="checkbox"/> 104.	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 105.	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 106.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 107.	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>2152024</u>	<input checked="" type="checkbox"/> 95.	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 96.	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials – labeled, inaccessible
<input type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 97.	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 98.	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 99.	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> (e)(12)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: <u>1/16/2024</u>	<input checked="" type="checkbox"/> (e)(13)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/> (e)(14-15)	Radon test- Results: <u>11/9/2020</u> N/A
<input checked="" type="checkbox"/> 70. LEAD PAINT -	Drinking water available/accessible	<input checked="" type="checkbox"/> 100.	Results posted-Date: <u>1/3</u> (Schls-N/A)
<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint – Y/N Inside/Outside	<input checked="" type="checkbox"/> 101.	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test Y/N	<input checked="" type="checkbox"/> 102.	Program space-adequate-35 sq. ft. per child
	Results <u>Interim</u>	<input checked="" type="checkbox"/> 103.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	Lead Management Plan _____	<input checked="" type="checkbox"/> 104.	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
	<u>every 6 mos.</u>	<input checked="" type="checkbox"/> 105.	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> 71. (d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/> 106.	Developmentally app equipment, materials
		<input checked="" type="checkbox"/> 107.	

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

PROGRAM NAME: Children's Learning Center At Mitchell LICENSE NUMBER: 70370 DATE OF INSPECTION: 2/26/2005

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.		LINENS/CLOTHING
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<u>N/A</u>	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/> (f)(1)		Linens washed weekly or as needed
<input type="checkbox"/> 111.		OUTDOOR SPACE	<input type="checkbox"/> (f)(2)		Linens/clothing stored individually
<input checked="" type="checkbox"/> (h)(1)		Adequate space- 75 sq. ft. per child	<input type="checkbox"/> (f)(3)		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(2)		Shock absorbing surfaces-minimum 8"	<input type="checkbox"/> (f)(4)		SAFE SLEEP
<input type="checkbox"/> (h)(3)		Playground free from hazards	<input checked="" type="checkbox"/> (g)(1)		Under 12 mths placed on back for sleeping
<input type="checkbox"/> (h)(4)		Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/> (g)(1)		Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(5)		Outside equipment anchored-anchors buried	<input type="checkbox"/> (g)(1)		Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/> (h)(6)		New equip- cert playg. Inspection upon request	<input type="checkbox"/> (g)(2)		Infants allowed to adopt other sleep positions
<input type="checkbox"/> (h)(8)		Drinking water available/accessible	<input type="checkbox"/> (g)(3)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/> (h)(9)		Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/> (g)(4)		No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING	<input type="checkbox"/> (g)(5)		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 type="checkbox"/> (g)(6)		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 type="checkbox"/> (g)(7)		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 type="checkbox"/> (g)(8)		Safe sleep policies posted/parents informed
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <u>N/A</u>	<input type="checkbox"/> (h)(1)		Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 114.		WATER HAZARDS	<input type="checkbox"/> 131.		Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (i)		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <u>N/A</u>	<input type="checkbox"/> 132.		No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> (i)		Wading pools prohibited	<input type="checkbox"/> 133.		Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> (i)		Hot tubs/spas/saunas-locked/inaccessible <u>N/A</u>	<input type="checkbox"/> 134.		Health consultant visits/documentation
EDUCATIONAL REQUIREMENTS 19a-79-8a			<input type="checkbox"/> 135.	(i)(1)(2A-C)	FEEDING
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input type="checkbox"/> 136.		Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS	<input type="checkbox"/> (j)		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 type="checkbox"/> (k)(1)		Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input type="checkbox"/> (k)(2)		Clean bottles/disposable bottles/appvd washing
			<input type="checkbox"/> (k)(3)		Baby food served from dish or whole jar
			<input type="checkbox"/> (k)(4)		Bottles labeled with child's name
			<input type="checkbox"/> (k)(5)		Outdoor spaced fenced-4 ft lic. after 1/1/25
			<input type="checkbox"/> 137.	(l)(1)	Outdoor equipment-developmentally appropriate for ages of the children
			<input type="checkbox"/> 138.	(l)(2)	Shock ab materials less than 1 1/4" or measures in place to ensure their health & safety
			<input type="checkbox"/> 139.	(l)(3)	

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 checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input 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 type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input checked="" type="checkbox"/> 144.	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 145.		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 146.	(g)	Ratio- 1:15
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			Group size- max. 30
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Head teacher approved- 60%
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input type="checkbox"/> 128.		DIAPERING			
	<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: *Children's Learning Center At Mitchell* LICENSE NUMBER: *70370* DATE OF INSPECTION: *2/26/2025*

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 STAFF TRAINING 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
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.		
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A)		
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B)		
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (i)-(iii)		
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(2)		
<input type="checkbox"/> 153.	(b)(5)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (b)(3)		
	(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(2)		
	(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> (c)(3)		
	(b)(6)(B)	Required bedding			
	(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 174.	(d)(1)	
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 175.	(d)(2)	
	(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 177.	(e)(1)	
<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 Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable 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 N/A	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions N/A
<input checked="" type="checkbox"/> 158.	(9a)				
<input checked="" type="checkbox"/> 159.	(a)				
	(a)(2)				
	(a)(3)(A-B)				
	(a)(3)(C)				
<input type="checkbox"/> 160.	(b)(1)(A/C)				
	(b)(1)(D)				
	(b)(1)(E)				
	(b)(1)(F)				
	(b)(2)(A-B)				
	(b)(2)(C)				
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)				
<input checked="" type="checkbox"/> 162.	(b)(3)(D)				
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)				
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)				
<input checked="" type="checkbox"/> 165.	(b)(5)(C)				
<input checked="" type="checkbox"/> 166.	(b)(5)(D)				
<input checked="" type="checkbox"/> 167.	(b)(5)(E)				
<input checked="" type="checkbox"/> 168.	(b)(6)				
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)				
<input type="checkbox"/> 170.	(d)				

DISCUSSIONS - COMMENTS

Discussed new regulations and provided checklist to be used to update policies/plans/procedures.

SIGNATURE OF OEC STAFF	<i>[Signature]</i>	SIGNATURE OF PERSON IN CHARGE	<i>Amanda Woodman</i>
PRINTED NAME	<i>BRIDGET L. MERRILL</i>	PRINTED NAME	<i>Amanda Woodmansee</i>

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: *3/12/2025*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Learning Center At Mitchell College License # 70370 Date: 2/26/2025

Observations/Corrections needed:

- # 2(a)(a): Program failed to ensure the health and safety of children when staff of program were unable to find KI Pills to be administered during a declared state of emergency
- # 7(b)(7)(B): observed no documentation that parents were informed of behavior management techniques used for 2 of 7 child records sampled
- # 10(c)(1-4): observed no documentation for change in head teacher
- # 19(a)(1): observed 4 of 8 staff physicals to be unavailable
- # 22(b)(4): Program staff unable to demonstrate compliance/show evidence that all staff have current/comprehensive background checks ^{co}
- # 33(a)(2): observed no documentation of new employee orientation ^{EV All Staff} and documentation of annual policy/procedure/plan review for ~~all~~ staff
- # 33(h)(2): observed no documentation of professional development equal to 1% of total annual hours worked for 2 staff
- # 35(i): observed all consultant agreement to be more than 1 year old
- # 35(i)(2)(A-H): observed all consultant agreements missing language specified in October 2024 regulations
- # 35(F): observed documentation of policy/procedure/plan review by consultants to be more than 1 year old
- # 36(a)(1)(A-C): observed 1 of 7 child enrollment records sampled to be unavailable
- # 37(a)(1)(D)(i): observed 1 of 7 child records sampled missing documentation of emergency medical permission

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: _____

Print Name: _____

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____

3/12/2025

Signature: _____

Print Name: _____

BRIDGET L. MARRIN
(OEC Representative)

AMANDA WOODMANSEE
(Person in Charge)

AMANDA WOODMANSEE

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Learning Center At Mitchell College License # 70370 Date: 2/26/2025

Observations/Corrections needed:

- #37(a)(1)(D)(ii): observed 1 of 7 child records sampled missing documentation of pick up person(s) other than parent(s) including phone number(s)
- #38(a)(2)(A-B): observed 2 of 7 child health records sampled to be expired
- #39(a)(2)(C): observed 3 of 7 child immunization records sampled missing documentation of current Flu vaccination
- #40(a)(2)(E): observed individual care plan for child with Asthma missing staff signatures
- #59(c): observed no first aid kit present on playground while in use by children
- #66(c)(2): observed lights/bulbs out Birch, Hickory and Oak rooms, unsecured dress up cubby/shelf in Oak room
- #75(d)(4): observed glass of window to Oak room to be unprotected to 36 inches in playground accessible to children
- #72(d)(10)(H): observed no working mechanical ventilation in Oak/Birch bathroom
- #39(e)(5): observed curling rugs creating a trip hazard in Birch and Hickory rooms
- #104(a)(1): observed rust on exterior door in playground to Hickory room
- #111(h)(3): observed rotting door trim on exterior door in playground to Hickory room, rotting wood awning support posts in playground to Birch room and 2 broken windows in shed in playground
- #160(b)(2)(A-B): observed no documentation of oral/topical/inhalant/injectable training for staff and 1 child enrolled/on site requires emergency medications for food allergies and asthma and medications are on site
- #170(d): observed no written parent permission for administration of KI pills for 7 of 7 child records sampled during a declared state of emergency

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

Signature: [Signature]

(OEC Representative)

Print Name: BRIDGET L. MERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

(Person in Charge)

OEC BY: 3/12/2025Print Name: Amanda Woodmansee

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Children's Learning Center At Mitchell College License # 70370 Date: 2/26/2025

Observations/Corrections needed:

- #30(e)(1): observed no documentation of designated Director training
- #31(f)(1): observed no documentation of CPR trained staff for all operating hours
- #32(f)(2): observed no documentation of First aid trained staff for all operating hours
- #12(d)(1): observed no documentation of time in/out for staff

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: [Signature]
(OEC Representative)
Print Name: ROBERT L. MECKEL

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/12/2025

Signature: Amanda Woodmansee
(Person in Charge)
Print Name: Amanda Woodmansee