

**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 Center of Cos Cob	Date of Inspection:	2-26-25	Time of Arrival:	7:20am
Address:	300 Boston Post Rd	License Number:	14143	Expiration Date:	10-31-28
Town:	Greenwich	Telephone Number:	623-5569	Summer Care:	Closed
Operator:	Children's Center of Cos Cob Inc	# of Staff Present:	4	# over 3 Present:	
Email:	Maricela_Gonzalez@greenwichc.com	Total Capacity:	75	Total Under 3 capacity:	0
Designated Director:	Maricela Gonzalez K12-CTUS	Hours/Days of Operation:	M-F 7:30-8:30am 3:30-6:00pm	# under 3 Present:	0
				Ages Served:	5-124/5

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.

(c)(8) Local Health Inspection-Date: ~~11-22-24~~
11-1-24

ADMINISTRATION 19a-79-3a

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- 28. (d)(4)(B)
- 29. (d)(6)
- 30. (d)(4)(D)
- 31. (d)(5)
- 32. (d)(5)(A)
- 33. (d)(5)(B)
- 34. (e)(1)
- 35. (f)(1)
- (f)(2)
- (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(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	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	NA	NA	✓

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

PROGRAM NAME	Children's Center of Los Cab	LICENSE NUMBER	14143	DATE OF INSPECTION	2/26/25
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RECORD KEEPING 19a-79-5

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

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.		TOILETING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (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.		AIR TEMPERATURE
<input checked="" type="checkbox"/>	85.	<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"/>		<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	89.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	92.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	93.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.		LIGHTING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (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: _____ (N/A)
<input checked="" type="checkbox"/>	101.	(e)(17)	Results posted-Date: _____ (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

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection N/A
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59.	<input type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>	60.	<input type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input 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

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 10-9-29
<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.		WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: _____
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		LEAD PAINT -
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results NA
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan NA
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access

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

PROGRAM NAME	Children's Center of Co's cob	LICENSE NUMBER	14143	DATE OF INSPECTION	2-26-25
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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.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input checked="" type="checkbox"/>		(i)	WATER HAZARDS N/A
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited N/A
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input checked="" type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
<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"/>	130.		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(g)(1)	SAFE SLEEP
<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)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.	(h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	132.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	133.	(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	134.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.		Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.		FEEDING
<input checked="" type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

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

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

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

PROGRAM NAME <i>Children's Center of Cos Cob</i>	LICENSE NUMBER <i>14143</i>	DATE OF INSPECTION <i>2-25-25</i>
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

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

- 147. (b)
- 148. (b)(1)
- 149. (b)(2)
- 150. (b)(3)
- 151. (b)(4)
- 152. (b)(5)
- 153. (b)(6)
- 154. (b)(8)
- 155. (b)(9)
- 156. (b)(10)

Approved Night Care Endorsement
 Person in charge-head teacher
 Written plan for program activities- meet individual needs, sleep patterns, quiet activities
 Written plan for supervision including cot placement and evacuation
 Children in care no more than 12 hrs. in 24
 Staff awake and available
SLEEP PROVISIONS
 Individual cot/crib with bedding
 Sleeping apparel/toiletries labeled
 Required bedding
 Required toiletries
 Bedding/sleeping apparel laundered weekly
 Sleep arrangements for infants
 Air temp 65 °F at 3 ft
 Fire marshal approval-hours specified
 Local health approval

- 171. (a)(1)
- 172. (b)(1)(A)
- (b)(1)(B) (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- (c)(3)
- 173. (d)(1)
- 174. (d)(2)
- 175. (d)(3)
- 176. (e)(1)
- 177. (e)(2)
- 178. (e)(3)
- 179.

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

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

ADDITIONAL VIOLATION

- 157. (9a)
- 158. (9a)
- 159. (a)(2)
- (a)(3)(A-B)
- (a)(3)(C)
- 160. (b)(1)(A/C)
- (b)(1)(D)
- (b)(1)(E)
- (b)(1)(F)
- (b)(2)(A-B)
- (b)(2)(C)
- 161. (b)(3)(A-B)
- 162. (b)(3)(D)
- 163. (b)(4)(A-B)
- 164. (b)(5)(A-B)
- 165. (b)(5)(C)
- 166. (b)(5)(D)
- 167. (b)(5)(E)
- 168. (b)(6)
- 169. (b)(7)(A-B)
- 170. (d)

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

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

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF
Cathy Anderson
 PRINTED NAME
Cathy Anderson

SIGNATURE OF PERSON IN CHARGE
Maricela Gonzalez
 PRINTED NAME
Maricela Gonzalez

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

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: *3-5-25*
 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 Center of Cos Cob License # 14143 Date: 2-25-20

Observations/Corrections needed:

- Regulation not met when...
- ~~#1 - local health inspection on site is expired (send copy) - found~~
- #35(f)(i)(2) - no documentation the Health Consultant was on site since 2021 and no documentation of annual review was completed.
- #40 - 1 child with a chronic illness without a care plan on site.
- #160(b)(2)(c) - no training outline on site.
- #161 - 1 form is expired (exp on 11-3-24) and 1 form is not complete with physician information and dosage
- #7 - no documentation parents were informed of behavior management techniques

Discussed:

Policy Checklist was provided highlighting required updates needed. Program shall ensure all requirements are updated to reflect new regulation changes.

New regulations

1 child needs a spacer for inhaler

Social Service Contract is missing 1 service

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Maricela Gonzalez
(Person in Charge)

Print Name: Maricela Gonzalez

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3-12-25