

**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:	Yale New Haven Hospital Early L.C.	Date of Inspection:	2.14.25	Time of Arrival:	9:35
Address:	501 George St	License Number:	70765	Expiration Date:	6.30.28
Town:	New Haven CT	Telephone Number:	203-497-1022	Summer Care:	Open
Operator:	Bright Horizons Children's Center LLC	# of Staff Present:	9	# over 3 Present:	13
Email:	yalenewhavenhealth@brighthorizons.com	Total Capacity:	70	Total Under 3 capacity:	40
Designated Director:	Ashley DeCosta	Hours/Days of Operation:	M-F 6:45-5:30		

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.

1. (c)(8) Local Health Inspection-Date: 4.5.24

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) Staff health records

20. (a)(3) Disciplinary actions

21. (b) Comprehensive Background Checks

22. (b)(4) Evidence of compliance

23. (d) Adequate staffing

24. (d)(1) Designated head teacher-approved-60%

25. (d)(2) Two staff present-age 18 or older

26. (d)(3)(A-C) Personal qualities of staff

27. **RATIOS**

(d)(4)(A) Ratio 1:10 - Indoors/Outdoors

(d)(4)(B) Mixed age group-ratios

(d)(6) Nap time ratio

(d)(4)(D) Supervision-Indoors/Outdoors

28. **GROUP SIZE**

29. (d)(5) Group Size-Indoors/Outdoors

(d)(5)(A) Group Size-school age field trips/outdoors

(d)(5)(B) Mixed age group-group size

30. (e)(1) Designated director-training

31. (f)(1) CPR certified program staff

32. (f)(2) First aid certified program staff

33. **PROFESSIONAL DEVELOPMENT**

(a)(2) Documentation

(h)(1)(2) Health & Safety training

(h)(1)(2) 1% annual hours

34. **SWIMMING ACTIVITIES - Y/N**

(4)(C)(ii-v) Swimming-Ratios

(4)(C)(i) Non-swimmers identified

(e)(6) CPR certified staff-age 20 or older

(e)(6) Lifeguard-certified-supervising

35. **CONSULTANTS**

(i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)

(i) Consultant agreements-signed annually

(i)(2)(A-H) Agreements complete w/required services

(F) Consultant logs-documented activities, observations and required services

(i)(2) Consultant visits- Education/Health

(H)(i)-(1)(i)

	Contracts	Logs	Visits
Education	8	✓	✓
Health	8	✓	✓
Soc. Serv.	0	✓	✓
Dietitian	na	na	

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

PROGRAM NAME	Yale New Haven Hospital Early L.C.	LICENSE NUMBER	70765	DATE OF INSPECTION	2-14-25
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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"/>	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	(d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	(d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	(d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		AIR TEMPERATURE
<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"/>	(e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<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 checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		LIGHTING
<input checked="" type="checkbox"/>	(e)(8)	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)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/>	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: 0.8 N/A
<input checked="" type="checkbox"/>	(e)(17)	Results posted-Date: 1221-38 (Schls-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	(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.	(c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<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"/> 61.	(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 3-7-24
<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"/>	(c)(5)(A)	Lead Water Test – Date: 5-20-24 (N/A)
<input checked="" type="checkbox"/>	(c)(5)(B)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
<input checked="" type="checkbox"/>	(c)(6)(A)	Peeling Paint – Y/N Inside/Outside
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Building Pre-78: Y/N Lead Test: N Results abatement/management
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Lead Management Plan
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

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

PROGRAM NAME Yale New Haven Hospital Early L.C.		LICENSE NUMBER 90765	DATE OF INSPECTION 2-14-25		
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.			
<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111. <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9) (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCING</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier <u>WATER HAZARDS</u> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 129. <input checked="" type="checkbox"/> 130. <input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 132. <input checked="" type="checkbox"/> 133. <input checked="" type="checkbox"/> 134. <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	(f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety
EDUCATIONAL REQUIREMENTS 19a-79-8a		UNDER THREE ENDORSEMENT 19a-79-10 Y/N			
<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan-developmentally appropriate <u>EDUCATIONAL REQUIREMENTS</u> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed		
UNDER THREE ENDORSEMENT 19a-79-10 Y/N		SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N			
<input checked="" type="checkbox"/> 117. <input checked="" type="checkbox"/> 118. <input checked="" type="checkbox"/> 119. <input checked="" type="checkbox"/> 120. <input checked="" type="checkbox"/> 121. <input checked="" type="checkbox"/> 122. <input checked="" type="checkbox"/> 123. <input checked="" type="checkbox"/> 124. <input checked="" type="checkbox"/> 125. <input checked="" type="checkbox"/> 126. <input checked="" type="checkbox"/> 127. <input checked="" type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(6)(9) (e)(7) (e)(8) (e)(10)(A-C)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-max 8 (6wks-24mths), max 10 (24-36mths) Physical barriers- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs-in compliance w/CPSC (manf. after 6/28/11) Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed	<input type="checkbox"/> 140. <input type="checkbox"/> 141. <input type="checkbox"/> 142. N/A <input type="checkbox"/> 143. <input type="checkbox"/> 144. <input type="checkbox"/> 145. <input type="checkbox"/> 146.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e) (f) (g)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%

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

PROGRAM NAME	Yale New Haven Hospital Early L.C.	LICENSE NUMBER	70765	DATE OF INSPECTION	2.14.25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N			MONITORING OF DIABETES 19a-79-13 Y/N				
<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>	150.	(b)(3)		Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>		(b)(1)(B)
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>		(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>		(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>		(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>		(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input checked="" type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N			ADDITIONAL VIOLATION				
<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
		<input checked="" type="checkbox"/>	Admin/Parent permission/report errors				
		<input checked="" type="checkbox"/>	Labeling and Storage				
		<input checked="" type="checkbox"/>	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
		<input checked="" type="checkbox"/>	Medication training-general-oral/top/inhalant				
		<input checked="" type="checkbox"/>	Injectable premeasured autoinjector medication				
		<input checked="" type="checkbox"/>	Rectal medication				
		<input checked="" type="checkbox"/>	Injectable other than premeasured auto-injector				
		<input checked="" type="checkbox"/>	Training approval documents/certificates				
		<input checked="" type="checkbox"/>	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)				

DISCUSSIONS - COMMENTS

All items checked have been observed or discussed

Provided program with program policy checklist during inspection highlighting changes to the child care center regulations 10/16/24. Program must ensure policies are updated to reflect new reqs

* all items checked were observed or discussed during inspection.

SIGNATURE OF OEC STAFF	Jennifer Schultz	SIGNATURE OF PERSON IN CHARGE	Ashley DeCosta
PRINTED NAME	Jen Schultz	PRINTED NAME	Ashley DeCosta

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 2.28.25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Yale New Haven Hospital Early License # 70765 Date: 2-14-25Observations/Corrections needed:

#35 (i)(2)(A-H) Consultant agreements observed are current, however the agreements do not include the additional services required with updated regulations including health, social services and ^{Education} health consultants.

#88 observed walls throughout ^{all} classrooms ~~walls~~ to have areas of exposed sheetrock, scratched paint surfaces and holes in toddler walls. Observed scratched surfaces on pillars in classrooms.

#94 (c)(9) observed reading corner in infant 1 to not have 50 ~~feet~~ ^{sq} candle feet of lighting.
Infant room 2 not currently in use.

Discuss

program has identified lead throughout. Program is missing lead management from local health. OEC to assist program in obtaining lead management plan.

Director required to complete 3 credit course in admin and supervision by 7/30/25. Maintain documentation on site, of successful completion of course.

reviewed new complaint procedure - to be posted
offered new director TA

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

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

Signature: Jennifer Schultz
(OEC Representative)Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ashley DeCosta
(Person in Charge)OEC BY: 2-28-25Print Name: Ashley Decosta