

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

<b>PROGRAM NAME</b> Early Childhood Development Center/Griffin	<b>LICENSE NUMBER</b> 15462	<b>DATE OF INSPECTION</b> 2/27/2025
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b> Y	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b> Y
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<input type="checkbox"/> 147. (b) <input type="checkbox"/> 148. (b)(1) <input type="checkbox"/> 149. (b)(2) <input type="checkbox"/> 150. (b)(3) <input type="checkbox"/> 151. (b)(4) <input type="checkbox"/> 152. (b)(5) <input type="checkbox"/> 153. (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> (b)(7) <input type="checkbox"/> 154. (b)(8) <input type="checkbox"/> 155. (b)(9) <input type="checkbox"/> 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 <b>SLEEP PROVISIONS</b> 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	<input checked="" type="checkbox"/> 171. (a)(1) <input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> 173. (c)(3) <input checked="" type="checkbox"/> 174. (d)(1) <input checked="" type="checkbox"/> 175. (d)(2) <input checked="" type="checkbox"/> 176. (d)(3) <input checked="" type="checkbox"/> 177. (e)(1) <input checked="" type="checkbox"/> 178. (e)(2) <input checked="" type="checkbox"/> 179. (e)(3)	Written policies and procedures <b>STAFF TRAINING</b> 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
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<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b> Y	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a) <input type="checkbox"/> 159. (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C) <input checked="" type="checkbox"/> 160. (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (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 checked="" type="checkbox"/> 170. (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> 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. - N/A Consent Order/Negotiated Corrective Action Plan conditions N/A
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**DISCUSSIONS - COMMENTS**

Discussed new regulations and provided information on policy checklist on OEC website to complete policy updates. Discussed documenting items served on "leftover" snack day.

<b>SIGNATURE OF OEC STAFF</b> 	<b>SIGNATURE OF PERSON IN CHARGE</b> 
<b>PRINTED NAME</b> BUDGET MEARNS	<b>PRINTED NAME</b> Lynn Reichert

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: 3/13/2025	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

PROGRAM NAME	Early Childhood Development Center/Griffin	LICENSE NUMBER	15462	DATE OF INSPECTION	2/27/2025
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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"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> (h)(1)		Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(2)		Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
<input checked="" type="checkbox"/> (h)(3)		Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/> (h)(4)		Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> (h)(5)		Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> (h)(6)		New equip- cert play. Inspection upon request		<input checked="" type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/> (h)(8)		Drinking water available/accessible		<input checked="" 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 checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
<input checked="" type="checkbox"/> 112.	(h)(7)	<b>OUTDOOR PROTECTED/FENCING</b>		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/> (h)(7)(A)		Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> (h)(7)(B)		Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> (h)(7)(C)		Fences installed to protect from water-4 ft, self closing and self latching devices or locks	<input checked="" type="checkbox"/> 132.	<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <i>(N/A)</i>	<input checked="" type="checkbox"/> 133.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> (i)		<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/> 134.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> (i)		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <i>(N/A)</i>	<input checked="" type="checkbox"/> 135.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> (i)		Wading pools prohibited <i>(N/A)</i>	<input checked="" type="checkbox"/> 136.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> (i)		Hot tubs/spas/saunas-locked/inaccessible <i>(N/A)</i>		(i)(1)(2A-C)	Health consultant visits/documentation

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (j)	<b>FEEDING</b>
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<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"/> 139.	<input checked="" type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
<input type="checkbox"/> (b)		Limited access to screen time/video games		<input checked="" type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
				<input checked="" type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
				<input checked="" type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
				(l)(1)	Bottles labeled with child's name
				(l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
				(l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
					Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

**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 type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141.	<input type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142.	<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input type="checkbox"/> 143.	<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input type="checkbox"/> 144.	<input type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input type="checkbox"/> 145.	<input type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input type="checkbox"/> 146.	(g)	Ratio- 1:15
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			Group size- max. 30
<input checked="" 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 checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Head teacher approved- 60%
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/> 128.		<b>DIAPERING</b>			
<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			

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

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Early Childhood Development Center Groton	15462	2/27/2025
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <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 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	<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) <b>TOILETING</b> <input checked="" type="checkbox"/> 82. (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)(F) 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"/> 83. (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. <b>AIR TEMPERATURE</b> <input checked="" type="checkbox"/> 85. (e)(1) Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A) <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"/> 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 <b>LIGHTING</b> <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)(10) Light fixtures shielded/shatter proof <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)(11) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 97. (e)(12) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 98. (e)(13) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 99. (e)(14-15) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 100. (e)(16) Radon test- Results: <u>1124/1977</u> N/A <input checked="" type="checkbox"/> 101. (e)(17) Results posted-Date: <u>1/3</u> (Schls-N/A) <input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> 106. (g)(3) Air conditioners, water heaters, fuse boxes inaccessible <input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials	
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-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags		
PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>9/16/2024</u> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input 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 type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test - Date: <u>1/29/2023</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: (N/A) <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible <input type="checkbox"/> 70. LEAD PAINT - <input checked="" type="checkbox"/> (c)(6)(A) Peeling Paint - <u>Y/N</u> Inside/Outside <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> <input type="checkbox"/> (c)(6)(B-D) Results: <u>None</u> <input type="checkbox"/> (c)(6)(B-D) Lead Management Plan: <u>LMOS</u> <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access	<input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials – labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Prevention of vermin-openings screened <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>1124/1977</u> N/A <input checked="" type="checkbox"/> 102. (e)(18) Results posted-Date: <u>1/3</u> (Schls-N/A) <input checked="" type="checkbox"/> 103. (f)(1)(A) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 104. (g)(1) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust <input checked="" type="checkbox"/> 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) <input checked="" type="checkbox"/> 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials	



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:	Early Childhood Development Center Groton	Date of Inspection:	2/27/2023	Time of Arrival:	7:55AM
Address:	591 Pozzanneck Rd.	License Number:	15462	Expiration Date:	2/28/2026
Town:	Groton, CT. 06340-4571	Telephone Number:	860 437 4550	Summer Care:	open
Operator:	Clulda Family Agency Southern CT	# of Staff Present:	9	# over 3 Present:	23
Email:	veichart@cluldafamilyagency.org	Total Capacity:	57	Total Under 3 capacity:	16
Designated Director:	Lynn Reichart	Hours/Days of Operation:	Monday-Friday 6:30AM-5PM		

**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: 12/16/2023	<input checked="" type="checkbox"/> 19. (a)(1) Staff health records	<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"/> 22. (b)(4) Evidence of compliance
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 23. (d) Adequate staffing	<input checked="" type="checkbox"/> 24. (d)(1) Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 25. (d)(2) Two staff present-age 18 or older	<input checked="" type="checkbox"/> 26. (d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 27. (d)(4)(A) RATIOS	<input checked="" type="checkbox"/> 28. (d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 29. (d)(5) Group Size-Indoors/Outdoors	<input checked="" type="checkbox"/> 30. (e)(1) Designated director-training
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 31. (f)(1) CPR certified program staff	<input checked="" type="checkbox"/> 32. (f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 33. (a)(2) Documentation	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v) Swimming-Ratios
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 34. (h)(1)(2) Health & Safety training	<input checked="" type="checkbox"/> 35. (i)(1)(A-D) Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	<input checked="" type="checkbox"/> (i) Consultant agreements-signed annually
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	<input checked="" type="checkbox"/> (i)(2)(A-H) Agreements complete w/required services
<input checked="" type="checkbox"/> 11. (d)(2)(B-C) Child Protection policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	<input checked="" type="checkbox"/> (F) Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 11. (d)(3) Closing time policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	<input checked="" type="checkbox"/> (H)(i)-(I)(i) Consultant visits- Education/Health
<input checked="" type="checkbox"/> 11. (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 11. (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 11. (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 11. (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 11. (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 11. (d)(7) Personnel policies	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 14. (i) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 15. (m) 2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 16. (n) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 17. (o) Capacity	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> 18. (e)(1) License posted	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> (e)(3) Menus posted	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	
<input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted	<input checked="" type="checkbox"/> 35. (h)(1)(2) 1% annual hours	

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Early Childhood Development Center License # 15462 Date: 2/27/2025  
Croton

Observations/Corrections needed:

- #35(i): observed Health consultant agreement to be more than 1 year old
- #35(i)(2)(A-H): observed consultant agreements missing wording/language as specified in October 2024 regulations
- #40(a)(2)(E): observed 2 individual care plans missing parent and/or staff signatures
- #66(c)(2): observed Big preschool room bathroom vent to be dusty, stained ceiling tiles in Toddler room and soiled refrigerator in Small preschool room. Peeling paint observed on 2 exterior doors in preschool playground
- #111(h)(4): observed exposed screw ends on outdoor fencing between playgrounds
- #111(h)(5): observed Goo dome in preschool playground to be unanchored
- #104(g)(1): observed rust on exterior door in preschool playground
- #69(c)(5)(A): observed lead water to be more than 2 years old - submit copy
- #159(a)(2): observed 2 diaper creams missing dates of administration in Infant room
- #70(c)(6)(B-D): observed no documentation of monitoring surfaces that contain lead every 6 months

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: Bridget D. Merck

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/12/2025

Signature: [Signature]  
(Person in Charge)

Print Name: Lynn Reichart