



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



INSPECTION FORM

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Great Beginnings	2/28/25	845AM
15 Coote St	12480	5/31/25
Plainville, CT 06062	8607471600	open
Karen G Shackford	# of Staff Present: 12	# over 3 Present: 10
gbeginnings@msn.com	Total Capacity: 48	# under 3 Present: 40
Karen Shackford		Ages Served: 6w-3yrs
		M-F 630AM-6PM

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and COMPLIANCE

1. (c)(8)	Local Health Inspection-Date: 4/24/25	19. (a)(1)	Staff health records
2. (a)	Ensuring health & safety of children	20. (a)(3)	Disciplinary actions
3. (b)	Overall management of program	21. (b)	Comprehensive Background Checks
4. (b)(6)	Employee orientation for new program staff	22. (b)(4)	Evidence of compliance
5. (b)(6)	Annual policy training for program staff	23. (d)	Adequate staffing
6. (b)(7)(A)	Child behavior management	24. (d)(1)	Designated head teacher-approved-60%
7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	25. (d)(2)	Two staff present-age 18 or older
8. (b)(7)(C)	Child Protection	26. (d)(3)(A-C)	Personal qualities of staff
9. (b)(7)(E)	Mandated Reporting	27. (d)(4)(A)	<b>RATIOS</b>
10. (c)(1-4)	Notification of Change	28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
11. (d)(2)(A)	<b>POLICIES-COMLETE/IMPLEMENTED</b>	29. (d)(4)(D)	Mixed age group-ratios
(d)(2)(B-C)	Discipline policy	30. (e)(1)	Nap time ratio
(d)(3)	Child Protection policy	31. (f)(1)	Supervision-Indoors/Outdoors
(d)(4)(A)	Closing time policy	32. (f)(2)	<b>GROUP SIZE</b>
(d)(4)(B)	Medical emergency policy	33. (a)(2)	Group Size-Indoors/Outdoors
(d)(4)(C)	Multi-Hazards policy-annual drill	34. (h)(1)(2)	Group Size-school age field trips/outdoors
(d)(5)	Supervision policy	35. (i)(1)	Mixed age group-group size
(d)(6)	General Operating policies	(i)(2)	Designated director-training
(d)(6)(C)	Administrative Oversight policy	(f)(2)	CPR certified program staff
(d)(7)	Personnel policies	(h)(1)(2)	First aid certified program staff
12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	(i)(1)(A-D)	<b>PROFESSIONAL DEVELOPMENT</b>
13. (f)	<b>ACCESS</b>	(i)	Documentation
(h)	Immediate access by parents	(i)(2)(A-H)	Health & Safety training
14. (l)	Immediate access by OEC-facility/records	(f)	1% annual hours
15. (m)	2.8 yr olds enrolled in preschool-authorization	(i)(2)	<b>SWIMMING ACTIVITIES - Y/N</b>
16. (n)	Motor vehicle laws-transportation	(H)(i)-(I)(i)	Swimming-Ratios
17. (o)	Capacity		Non-swimmers identified
18. (e)(1)	Respond to OEC-no false, misleading statements or documents		CPR certified staff-age 20 or older
(e)(2)	<b>POSTINGS</b>		Lifeguard-certified-supervising
(e)(3)	License posted		<b>CONSULTANTS</b>
(e)(4)	OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
(e)(5)	Menus posted		Consultant agreements-signed annually
(e)(6)	No Smoking posted signs at entrances		Agreements complete w/required services
	OEC Inspection report posted or available		Consultant logs-documented activities, observations and required services
	Developmental Milestones posted		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	9	0	✓
Health	0	0	✓
Soc. Serv.	0	0	✓
Dietitian	—	—	—

PROGRAM NAME: Great Beginnings LICENSE NUMBER: 12480 DATE: 2/28/25

**RECORD KEEPING 19a-79-7a**

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

<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)
<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
<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 -cover or protected (Schl age only-N)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>
<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 checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

<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)
<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> (e)(1)	Air temp 65°F at 3 ft - non-mercury thermometer affixed to wall (Schl age only)
<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only)
<input checked="" type="checkbox"/> (e)(3)	Air temp > 80°F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(4)	Water temperature 60°F - 120°F
<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> (e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phone
<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b>
<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> (e)(10)	Adequate lighting-30/50 candle feet-natural children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(11)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(12)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(13)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> (e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (e)(16)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> (e)(17)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (e)(18)	Pets or other animals-in good health, care plan including access to children
<input checked="" type="checkbox"/> (f)(1)(A)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> (g)(1)	Radon test- Results: <u>3.1</u>
<input checked="" type="checkbox"/> (g)(2)	Results posted-Date: <u>3/7/25</u>
<input checked="" type="checkbox"/> (g)(3)	Carbon monoxide detector-each level
<input checked="" type="checkbox"/> (g)(4)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> (g)(4)	Equipment-clean and safe, good repair
<input checked="" type="checkbox"/> (g)(4)	toxic-sturdy, free from protruding nails
<input checked="" type="checkbox"/> (g)(4)	Adequate equipment for rest-cleaned
<input checked="" type="checkbox"/> (g)(4)	(Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> (g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> (g)(4)	Developmentally appropriate equipment, materials

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4/16/24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>N/A</u>
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>12/14/23</u> Bact./Chem Test-Date: <u>N/A</u>
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible <b>LEAD PAINT</b> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

**PHYSICAL PLANT 19a-79-7a**

<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)	

PROGRAM NAME: Great Beginnings License No: 12480 Date: 2/28/2

PHYSICAL PLANT 19a-79-8a UNDER THREE ENDORSEMENT 19a-79-11

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
110. (j) No weapons/no facsimile of a firearm
111. (h)(1)-(9) OUTDOOR SPACE Adequate space- 75 sq. ft. per child
112. (h)(7) OUTDOOR PROTECTED/FENCING Playground protected from traffic, water, gullies or other hazards
113. (h)(7)(A), (h)(7)(B) Fences installed to protect from hazards-4 ft
114. (h)(7)(C) WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61

- 129. (f)(1)-(4) LINENS/CLOTHING Linens/emergency clothing available
130. (g)(1)-(8) SAFE SLEEP Under 12 mths placed on back for sleeping
131. (h)(1) FEEDING Infants held for bottles - chairs for feeding
132. (h)(1)
133. (h)(2)
134. (h)(2)
135. (i)(1)(2A-C)
136. (j)
137. (k)(1)-(5)
138. (l)(1)-(2)
139. (l)(3)

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
116. (a) (1)-(11) EDUCATIONAL REQUIREMENTS 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
(b) Limited access to screen time/video games

SCHOOL AGE ENDORSEMENT 19a-79-11

- 117. (b) Approved Under 3 Endorsement
118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
120. (c)(4) Physical barriers- indoors/outdoors
121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122. (d)(2)(A-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
123. (d)(2)(B) Washable cots
124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
126. (d)(2)(E) Refrigerator and food prep facilities
127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
128. (e)(1)-(10)(A-C) DIAPERING 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

INSPECTION NUMBER: **12486** DATE: **2/28/25**

NIGHT CARE ENDORSEMENT		MONITORING OF DIABETES	
147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	<b>Written policies and procedures</b> <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
148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (i)-(iii)	
149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A)	
150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B)	
151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2)	
152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	
153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> (d)(1)	
<input checked="" type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> (d)(2)	
<input checked="" type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> (d)(3)	
<input checked="" type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 173. (e)(1)	
54. (b)(8)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 174. (e)(2)	
55. (b)(9)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 175. (e)(3)	
56. (b)(10)	Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 176. (e)(1)	
	Local health approval	<input checked="" type="checkbox"/> 177. (e)(2)	
		<input checked="" type="checkbox"/> 178. (e)(3)	
		<input checked="" type="checkbox"/> 179. (e)(3)	

**MINISTRATION OF MEDICATIONS 19a-79-9a**  **ADDITIONAL VIOLATION**

57. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions	N/A
58. (9a)	Permit enrollment of children with asthma, allergies, diabetes			

**NONPRESC. TOPICAL MEDICATION**

NONPRESC. TOPICAL MEDICATION		DISCUSSIONS - COMMENTS	
59. (a)(2)	Admin/Parent permission/report errors	- update policies/procedures per new regulations. Directed to OEC website for checklist review/sample policies. - consultant + educational requirements update - fug - toy room Make sure secure/ not tripping. - clean up in outdoor play area (twigs) - Health + safety training for all staff by 4/1/25 - Staff personal articles inaccessible - Clean mucronaves	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
60. (b)(1)(A/C)	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
161. (b)(3)(A-B)	Training outline on file		
162. (b)(3)(D)	Authorized prescriber/parent permission		
163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
164. (b)(5)(A-B)	Medication Administration Records (MAR)		
165. (b)(5)(C)	Labeling and Storage		
166. (b)(5)(D)	Emergency medication inaccessible		
167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
168. (b)(6)	Auto-injector/inhalant equipment		
169. (b)(7)(A-B)	Self-administration documentation		
170. (d)	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage		

SIGNATURE OF OEC STAFF	<i>[Signature]</i>	SIGNATURE OF PERSON IN CHARGE	<i>[Signature]</i>
PRINTED NAME	Krellerman	PRINTED NAME	Denise Kerns

EC DIVISION OF LICENSING  
 50 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: **3/14/25**

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Great Beginnings License # 12480 Date: 2/28/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #18(e)(2) - Aid complaint procedure posted
- #33(h)(1)(2) - 2 staff not have 1 yr. professional development
- #35(i)(2)(A-H) + ~~(I)~~ (CE) agreements not current with new regulations
- #40 - 1 care plan not signed by all staff <sup>circle.com</sup> and <sup>circle.com</sup>
- #66 - Wobbly play toy furniture in Toy room, ~~Kitchen~~ 2s room (big room). Vent dusty in big 2s room kitchen
- #70 - NO documentation of monthly logs of lead mgmt plan
- #95 - Bottles of sanitizers for diaper changing not labeled with dilutions. IAU 2s kitchen observed lock not locked with cleaners stored accessible to children
- #130(g)(1) - pack-n-plays in pre-toddler mattress not snug fitting where under 12 months sleep.
- (g)(8) - safe sleep policies not posted where under 12 months sleep.
- #136(k)(5) - 2 bottles not labeled in pre-toddler room
- #164 - Per care plan, 1 child needs Benadryl for Aller not on site. only observed epipen.
- #1 - Local health inspection not current. Send copy to Agent

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3/14/25

Signature: *Ma Shellen*  
 (OEC Representative)  
 Print Name: *Ma Shellen*  
 Signature: *Dense Kerns*  
 (Person in Charge)  
 Print Name: *Dense Kerns*