



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:	Healthy Kids Extended Day Program	Date of Inspection:	3-6-25	Time of Arrival:	4pm
Address:	1960 Burr St	License Number:	70779	Expiration Date:	8-31-28
Town:	Fairfield	Telephone Number:	845-1977 454-1977	Summer Care:	Closed
Operator:	Healthy Kids Extended Day Program Inc	# of Staff Present:	2	# over 3 Present:	1
Email:	Jangers@healthykidsprogram.com	Total Capacity:	40	Total Under 3 capacity:	0
Designated Director:	Jodi Angeles	Hours/Days of Operation:	M-F 7-9am 3-6pm	# under 3 Present:	0
		Ages Served:	5-12 yrs		

Instruction Codes: N/A = Not applicable at this time √ = Regulation in Compliance O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4a cont.

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 7-11-24	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<b>ADMINISTRATION 19a-79-3a</b>			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	<b>RATIOS</b>
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 12.	(d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 36.	(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 37.	(a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 38.	(h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies	<input checked="" type="checkbox"/> 39.	(h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 40.	(4)(C)(ii-v)	Documentation
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> 41.	(4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents	<input checked="" type="checkbox"/> 42.	(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 43.	(e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 44.	(4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 45.	(e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 27.	(o)	Capacity	<input checked="" type="checkbox"/> 46.	(e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 28.	(e)(1)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 47.	(e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 29.	(e)(2)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> 48.	(i)(1)(A)-(D)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 30.	(e)(3)	License posted	<input checked="" type="checkbox"/> 49.	(i)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 31.	(e)(4)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 50.	(i)(2)(A-H)	Consultant agreements-signed annually
<input checked="" type="checkbox"/> 32.	(e)(5)	Menus posted	<input checked="" type="checkbox"/> 51.	(F)	Agreements complete w/required services
<input checked="" type="checkbox"/> 33.	(e)(6)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 52.	(i)(2)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 34.	(e)(6)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> 53.	(H)(i)-(I)(i)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 35.	(e)(6)	Developmental Milestones posted	<input checked="" type="checkbox"/> 54.		

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	NA	NA	

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

PROGRAM NAME		Healthy Kids Extended Day Program		LICENSE NUMBER	70779	DATE OF INSPECTION	3-6-25
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"/> 72.	(d)(2)	Walkways maintained		
<input checked="" type="checkbox"/> 37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors		N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed		
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding		
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds		
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible		
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)		
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.		<u>TOILETING</u>		
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan		
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met		
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected		
<b>HEALTH and SAFETY 19a-79-6a</b>					<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16	
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only		
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage		
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children		
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises		
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection _____ N/A		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms		
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)		
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 84.	(d)(11)	Staff personal articles inaccessible		
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 85.	<input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u>		
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)		<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"/> 55.	(a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)		
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation		
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(4)	Water temperature 60 °F - 120 °F		
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 87.	<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited		
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair		
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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"/> 89.	<input checked="" type="checkbox"/> (e)(6)	Rugs- not tripping/slipping hazard		
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected		
			<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level		
			<input checked="" type="checkbox"/> 92.	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones		
			<input checked="" type="checkbox"/> 93.	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number		
			<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	<u>LIGHTING</u>		
				<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting		
				<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible		
				<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort		
				<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof		
				<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials - labeled, inaccessible		
				<input checked="" type="checkbox"/> (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair		
				<input checked="" type="checkbox"/> (e)(13)	Stairs-protected/good repair-handrails		
				<input checked="" type="checkbox"/> (e)(14-15)	Toxic plants/materials inaccessible		
				<input checked="" type="checkbox"/> (e)(16)	Pets or other animals-in good health, written care plan including access to children		
				<input checked="" type="checkbox"/> (e)(17)	Prevention of vermin-openings screened		
				<input checked="" type="checkbox"/> (e)(18)	Radon test- Results: _____ N/A		
				<input checked="" type="checkbox"/> (f)(1)(A)	Results posted-Date: _____ (Schls-N/A)		
				<input checked="" type="checkbox"/> (g)(1)	Carbon monoxide detector-each level N/A		
				<input checked="" type="checkbox"/> (g)(2)	Program space-adequate-35 sq. ft. per child		
				<input checked="" type="checkbox"/> (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust		
				<input checked="" type="checkbox"/> (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)		
					Air conditioners, water heaters, fuse boxes inaccessible		
					Developmentally app equipment, materials		
<b>PHYSICAL PLANT 19a-79-7a</b>							
<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>5724</u>	<input checked="" type="checkbox"/> 95.				
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96.				
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97.				
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98.				
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 99.				
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100.				
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101.				
<input checked="" type="checkbox"/> 69.		<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102.				
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: _____	<input checked="" type="checkbox"/> 103.				
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ N/A	<input checked="" type="checkbox"/> 104.				
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105.				
<input checked="" type="checkbox"/> 70.		<u>LEAD PAINT</u> -	<input checked="" type="checkbox"/> 106.				
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 107.				
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N					
		Results <u>NA</u>					
		Lead Management Plan <u>NA</u>					
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access					

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

<b>PROGRAM NAME</b>		Healthy Kids Extended Day Program		<b>LICENSE NUMBER</b>		70779		<b>DATE OF INSPECTION</b>		3/6/25	
<b>PHYSICAL PLANT 19a-79-7a cont.</b>						<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>					
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>	Linens/emergency clothing available					
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed						
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm	<input type="checkbox"/> 131.	<input type="checkbox"/> (f)(3)	Linens/clothing stored individually						
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>	<input type="checkbox"/> 132.	<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared						
<input checked="" type="checkbox"/> (h)(1)		Adequate space- 75 sq. ft. per child	<input type="checkbox"/> 133.	<input type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>						
<input checked="" type="checkbox"/> (h)(2)		Shock absorbing surfaces-minimum 8"	<input type="checkbox"/> 134.	<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping						
<input checked="" type="checkbox"/> (h)(3)		Playground free from hazards	<input type="checkbox"/> 135.	<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet						
<input checked="" type="checkbox"/> (h)(4)		Nuts, bolts, screws-tight, covered/protected	<input type="checkbox"/> 136.	<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file						
<input checked="" type="checkbox"/> (h)(5)		Outside equipment anchored-anchors buried	<input type="checkbox"/> 137.	<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions						
<input checked="" type="checkbox"/> (h)(6)		New equip- cert playg. Inspection upon request	<input type="checkbox"/> 138.	<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles						
<input checked="" type="checkbox"/> (h)(8)		Drinking water available/accessible	<input type="checkbox"/> 139.	<input type="checkbox"/> (j)	No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes						
<input checked="" type="checkbox"/> (h)(9)		Equipment arranged for safety-equip/fences/structures not hazardous		<input type="checkbox"/> (k)(1)	Observe/assess infants at least every 15 minutes						
<input checked="" type="checkbox"/> 112.	(h)(7)	<b>OUTDOOR PROTECTED/FENCING</b>		<input type="checkbox"/> (k)(2)	Teething necklaces/bracelets, jewelry inaccessible						
<input checked="" type="checkbox"/> (h)(7)(A)		Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (k)(3)	Safe sleep policies posted/parents informed						
<input checked="" type="checkbox"/> (h)(7)(B)		Fences installed to protect from hazards-4 ft		<input type="checkbox"/> (k)(4)	Infant toys-separate/washed/sanitized daily						
<input checked="" type="checkbox"/> (h)(7)(C)		Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input type="checkbox"/> (k)(5)	Toddler toys-washed/sanitized weekly						
<input checked="" type="checkbox"/> 114.	(i)	Rooftop play areas-6 ft. wall/barrier <i>N/A</i>		<input type="checkbox"/> (l)(1)	No toys/objects less than 1 1/4" diameter						
<input checked="" type="checkbox"/> (i)		<b>WATER HAZARDS</b>		<input type="checkbox"/> (l)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision						
<input checked="" type="checkbox"/> (j)		Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <i>N/A</i>		<input type="checkbox"/> (l)(3)	Health consultant visits/documentation						
<input checked="" type="checkbox"/> (i)		Wading pools prohibited <i>N/A</i>			<b>FEEDING</b>						
<input checked="" type="checkbox"/> (i)		Hot tubs/spas/saunas-locked/inaccessible <i>N/A</i>			Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle						
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>											
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate			Written feeding schedule from parent-updated						
<input checked="" type="checkbox"/> 116.	(a) (1)-(11)	<b>EDUCATIONAL REQUIREMENTS</b>			Unused formula/milk discarded after feedings						
<input checked="" type="checkbox"/> (b)		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			Clean bottles/disposable bottles/appvd washing						
		Limited access to screen time/video games			Baby food served from dish or whole jar						
<b>UNDER THREE ENDORSEMENT 19a-79-10 <i>Y/N</i></b>						<b>SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i></b>					
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" 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 checked="" type="checkbox"/> 141.	<input checked="" 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 checked="" type="checkbox"/> 142.	<input checked="" 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 checked="" type="checkbox"/> 143.	<input checked="" 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 checked="" type="checkbox"/> 144.	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children						
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)	<input checked="" type="checkbox"/> 145.		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events						
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 146.	(d)	Ratio- 1:15						
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		(e)	Group size- max. 30						
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment		(f)	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		(g)	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 4**

<b>PROGRAM NAME</b>	Healthy Kids Extended Day	<b>LICENSE NUMBER</b>	70779	<b>DATE OF INSPECTION</b>	3-6-25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement <i>Program</i>	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		<b>STAFF TRAINING</b>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities			<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation			<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24			<input checked="" type="checkbox"/> (i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available			<input checked="" type="checkbox"/> (b)(2)	Written documentation of training
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>			<input checked="" type="checkbox"/> (b)(3)	Trained staff on site when child is present
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/>		<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input checked="" type="checkbox"/> Y/N	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				<i>N/A</i>

<b>NONPRESC. TOPICAL MEDICATION</b>	<b>DISCUSSIONS - COMMENTS</b>
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<input checked="" type="checkbox"/>	159.		Admin/Parent permission/report errors				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(2)	Labeling and Storage				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(3)(A-B)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(3)(C)	<b>MEDICATION TRAINING</b>				
<input checked="" type="checkbox"/>	160.	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (b)(2)(C)	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 <i>N/A</i>				

<b>SIGNATURE OF OEC STAFF</b>	<i>Cathy Andersen</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>	<i>Shauntee Livingston</i>
<b>PRINTED NAME</b>	Cathy Andersen	<b>PRINTED NAME</b>	Shauntee Livingston

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <i>3-20-25</i>
	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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Healthy Kids Extended Day Program License # 70779 Date: 3-6-25

Observations/Corrections needed:

- Regulation not in Compliance when:
- #35(i)(2)(A-H) - Health and Education agreements are not complete with services
- #40 - 3 Core Plans are not signed off by all staff responsible for child
- #160(b)(2)(C) - Training Outline is not on file

Discussed:

- Policy Checklist provided. All items that need to be updated are highlighted.
- New regulations
- 1 out of 8 Child files has a <sup>CR</sup> missing health record

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 Olsen  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: \_\_\_\_\_  
(Person in Charge)

OEC BY: 3-20-25

Print Name: Shirley Livingston