



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:        | Suffield Cooperative School             | Date of Inspection:      | 3-12-25                               | Time of Arrival:        | 8:45 am |                    |           |
| Address:             | 81 High St-                             | License Number:          | 12520                                 | Expiration Date:        | 4-30-25 |                    |           |
| Town:                | Suffield                                | Telephone Number:        | 860-668-7888                          | Summer Care:            | Closed  |                    |           |
| Operator:            | Suffield Cooperative School, INC        | # of Staff Present:      | 3                                     | # over 3 Present:       | 21      | # under 3 Present: | 0         |
| Email:               | eboone@suffieldcooperativepreschool.com | Total Capacity:          | 26                                    | Total Under 3 capacity: | 0       | Ages Served:       | 3-5 Years |
| Designated Director: | Emily Boone                             | Hours/Days of Operation: | M, W, F 8:45-1:00<br>T, TH 8:45-11:30 |                         |         |                    |           |

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

☒ 1. (c)(8) Local Health Inspection-Date: 1-25-24

ADMINISTRATION 19a-79-3a

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

STAFFING and CONSULTANTS 19a-79-4a cont.

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|-----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 19. | (a)(1)                                            | Staff health records                                                      |
| <input checked="" type="checkbox"/> 20. | (a)(3)                                            | Disciplinary actions                                                      |
| <input checked="" type="checkbox"/> 21. | (b)                                               | Comprehensive Background Checks                                           |
| <input checked="" type="checkbox"/> 22. | (b)(4)                                            | Evidence of compliance                                                    |
| <input checked="" type="checkbox"/> 23. | (d)                                               | Adequate staffing                                                         |
| <input checked="" type="checkbox"/> 24. | (d)(1)                                            | Designated head teacher-approved-60%                                      |
| <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"/> 27. |                                                   | <b>RATIOS</b>                                                             |
| <input checked="" type="checkbox"/> 28. | <input checked="" type="checkbox"/> (d)(4)(A)     | Ratio 1:10 - Indoors/Outdoors                                             |
| <input checked="" type="checkbox"/> 29. | <input checked="" type="checkbox"/> (d)(4)(B)     | Mixed age group-ratios                                                    |
|                                         | <input checked="" type="checkbox"/> (d)(6)        | Nap time ratio                                                            |
|                                         | <input checked="" type="checkbox"/> (d)(4)(D)     | Supervision-Indoors/Outdoors                                              |
|                                         |                                                   | <b>GROUP SIZE</b>                                                         |
| <input checked="" type="checkbox"/> 30. | <input checked="" type="checkbox"/> (d)(5)        | Group Size-Indoors/Outdoors                                               |
| <input checked="" type="checkbox"/> 31. | <input checked="" type="checkbox"/> (d)(5)(A)     | Group Size-school age field trips/outdoors                                |
| <input checked="" type="checkbox"/> 32. | <input checked="" type="checkbox"/> (d)(5)(B)     | Mixed age group-group size                                                |
| <input checked="" type="checkbox"/> 33. | (e)(1)                                            | Designated director-training                                              |
|                                         | (f)(1)                                            | CPR certified program staff                                               |
|                                         | (f)(2)                                            | First aid certified program staff                                         |
|                                         |                                                   | <b>PROFESSIONAL DEVELOPMENT</b>                                           |
| <input checked="" type="checkbox"/> 34. | <input checked="" type="checkbox"/> (a)(2)        | Documentation                                                             |
|                                         | <input checked="" type="checkbox"/> (h)(1)(2)     | Health & Safety training                                                  |
|                                         | <input checked="" type="checkbox"/> (h)(1)(2)     | 1% annual hours                                                           |
|                                         |                                                   | <b>SWIMMING ACTIVITIES - Y/N</b>                                          |
| <input checked="" type="checkbox"/> 35. | <input checked="" type="checkbox"/> (4)(C)(ii-v)  | Swimming-Ratios                                                           |
|                                         | <input checked="" type="checkbox"/> (4)(C)(i)     | Non-swimmers identified                                                   |
|                                         | <input checked="" type="checkbox"/> (e)(6)        | CPR certified staff-age 20 or older                                       |
|                                         | <input checked="" type="checkbox"/> (e)(6)        | Lifeguard-certified-supervising                                           |
|                                         |                                                   | <b>CONSULTANTS</b>                                                        |
|                                         | <input checked="" type="checkbox"/> (i)(1)(A)-(D) | Consultants-Education, Health, Social Service, Dietitian (N/A)            |
|                                         | <input checked="" type="checkbox"/> (i)           | Consultant agreements-signed annually                                     |
|                                         | <input checked="" type="checkbox"/> (i)(2)(A-H)   | Agreements complete w/required services                                   |
|                                         | <input checked="" type="checkbox"/> (F)           | Consultant logs-documented activities, observations and required services |
|                                         | <input checked="" type="checkbox"/> (i)(2)        | Consultant visits- Education/Health                                       |
|                                         | (H)(i)-(I)(i)                                     |                                                                           |

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

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

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

|              |                             |                |       |                    |         |
|--------------|-----------------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Suffield Cooperative School | LICENSE NUMBER | 12520 | DATE OF INSPECTION | 3-12-25 |
|--------------|-----------------------------|----------------|-------|--------------------|---------|

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

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| PROGRAM NAME<br><i>Suffield Cooperative School</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE NUMBER<br><i>12520</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE OF INSPECTION<br><i>3-12-25</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> 147. (b)<br><input checked="" type="checkbox"/> 148. (b)(1)<br><input checked="" type="checkbox"/> 149. (b)(2)<br><input checked="" type="checkbox"/> 150. (b)(3)<br><input checked="" type="checkbox"/> 151. (b)(4)<br><input checked="" type="checkbox"/> 152. (b)(5)<br><input checked="" type="checkbox"/> 153. (b)(6)<br><input checked="" type="checkbox"/> 154. (b)(8)<br><input checked="" type="checkbox"/> 155. (b)(9)<br><input checked="" type="checkbox"/> 156. (b)(10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Approved Night Care Endorsement<br>Person in charge-head teacher<br>Written plan for program activities- meet individual needs, sleep patterns, quiet activities<br>Written plan for supervision including cot placement and evacuation<br>Children in care no more than 12 hrs. in 24<br>Staff awake and available<br><u>SLEEP PROVISIONS</u><br>Individual cot/crib with bedding<br>Sleeping apparel/toiletries labeled<br>Required bedding<br>Required toiletries<br>Bedding/sleeping apparel laundered weekly<br>Sleep arrangements for infants<br>Air temp 65 °F at 3 ft<br>Fire marshal approval-hours specified<br>Local health approval                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> 171. (a)(1)<br><input checked="" type="checkbox"/> 172. (b)(1)(A)<br><input checked="" type="checkbox"/> 173. (b)(1)(B)<br><input checked="" type="checkbox"/> 174. (i)-(iii)<br><input checked="" type="checkbox"/> 175. (b)(2)<br><input checked="" type="checkbox"/> 176. (b)(3)<br><input checked="" type="checkbox"/> 177. (c)(2)<br><input checked="" type="checkbox"/> 178. (c)(3)<br><input checked="" type="checkbox"/> 179. (d)(1)<br><input checked="" type="checkbox"/> 180. (d)(2)<br><input checked="" type="checkbox"/> 181. (d)(3) | Written policies and procedures<br><u>STAFF TRAINING</u><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions<br>Training updated at least every 3 years<br>Written documentation of training<br>Trained staff on site when child is present<br>Self-administration - written authorization and under supervision of trained staff<br>Equipment provided by parents<br>Equipment labeled and inaccessible<br>Signed agreement with parent regarding equipment, supplies, materials to be discarded<br>Authorized prescriber written order<br>Written authorization from parent<br>Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a <i>Y/N</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDITIONAL VIOLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> 157. (9a)<br><input checked="" type="checkbox"/> 158. (9a)<br><input checked="" type="checkbox"/> 159. (a)(2)<br><input checked="" type="checkbox"/> 160. (a)(3)(A-B)<br><input checked="" type="checkbox"/> 161. (a)(3)(C)<br><input checked="" type="checkbox"/> 162. (b)(1)(A/C)<br><input checked="" type="checkbox"/> 163. (b)(1)(D)<br><input checked="" type="checkbox"/> 164. (b)(1)(E)<br><input checked="" type="checkbox"/> 165. (b)(1)(F)<br><input checked="" type="checkbox"/> 166. (b)(2)(A-B)<br><input checked="" type="checkbox"/> 167. (b)(2)(C)<br><input checked="" type="checkbox"/> 168. (b)(3)(A-B)<br><input checked="" type="checkbox"/> 169. (b)(3)(D)<br><input checked="" type="checkbox"/> 170. (b)(4)(A-B)<br><input checked="" type="checkbox"/> 171. (b)(5)(A-B)<br><input checked="" type="checkbox"/> 172. (b)(5)(C)<br><input checked="" type="checkbox"/> 173. (b)(5)(D)<br><input checked="" type="checkbox"/> 174. (b)(5)(E)<br><input checked="" type="checkbox"/> 175. (b)(6)<br><input checked="" type="checkbox"/> 176. (b)(7)(A-B)<br><input checked="" type="checkbox"/> 177. (d) | Written medication policies/procedures<br>Permit enrollment of children with asthma, allergies, diabetes<br><u>NONPRESC. TOPICAL MEDICATION</u><br>Admin/Parent permission/report errors<br>Labeling and Storage<br>Unused/expired meds destroyed/returned<br><u>MEDICATION TRAINING</u><br>Medication training-general-oral/top/inhalant<br>Injectable premeasured autoinjector medication<br>Rectal medication<br>Injectable other than premeasured auto-injector<br>Training approval documents/certificates<br>Training outline on file<br>Authorized prescriber/parent permission<br>Medication errors- documentation, parent(s) and OEC notification<br>Medication Administration Records (MAR)<br>Labeling and Storage<br>Emergency medication inaccessible<br>Unused/Expired meds-destroyed/returned<br>Auto-injector/inhalant equipment<br>Self-administration documentation<br>Petition for special medication authorization<br>Potassium Iodide (KI) emergency distribution-permission and storage <i>N/A</i> | <input checked="" type="checkbox"/> 180. -<br>Consent Order/Negotiated Corrective Action Plan conditions <i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DISCUSSIONS - COMMENTS<br><i>Left updated policy checklist with provider. Discussed or observed all items on inspection form in detail.</i><br><i>Fellowship Hall is used for gross motor. Does not count in licensed capacity. Prior to use recover hot water pipes for heating.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SIGNATURE OF OEC STAFF<br><i>D. Wassenhove</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIGNATURE OF PERSON IN CHARGE<br><i>Emily Boone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PRINTED NAME<br><i>Dianne Wassenhove</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PRINTED NAME<br><i>Emily Boone</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OEC DIVISION OF LICENSING<br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a> <i>N/A</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inspection shall be posted or available for review upon request.<br>Written Corrective Action Plan Due by: <i>N/A</i><br>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>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

November 2024