

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:	Mittas@South Windsor DBA TLE	Date of Inspection:	2-24-25	Time of Arrival:	7:30 am
Address:	10 Sedona Circle	License Number:	70801	Expiration Date:	12-31-28
Town:	South Windsor	Telephone Number:	860-738-4749	Summer Care:	Open
Operator:	Mittas South Windsor	# of Staff Present:		# over 3 Present:	
Email:	southwindsor@hchildcare.com	Total Capacity:	133 75	Total Under 3 capacity:	75
Designated Director:	Jahmeeka Foreshaw	Hours/Days of Operation:			M-F 6 ³ -6 ³ pm

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: 11-13-24

ADMINISTRATION 19a-79-3a

<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.		POLICIES-COMplete/IMPLEMENTED
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
	<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"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.		ACCESS
	<input checked="" type="checkbox"/> (f)	Immediate access by parents
	<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14.	(l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15.	(m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16.	(n)	Capacity
<input checked="" type="checkbox"/> 17.	(o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.		POSTINGS
	<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.

<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.		RATIOS
	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group-ratios
	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		GROUP SIZE
	<input checked="" type="checkbox"/> (d)(5)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		PROFESSIONAL DEVELOPMENT
	<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
<input checked="" type="checkbox"/> 34.		SWIMMING ACTIVITIES - Y/N
	<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
<input checked="" type="checkbox"/> 35.		CONSULTANTS
	<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	✓	✓	✓

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
mittas@SouthWindsor DBA TLE		76801	2-24-25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	<input checked="" type="checkbox"/> 72.	(d)(2)
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i)	<input checked="" type="checkbox"/> 73.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	<input checked="" type="checkbox"/> 74.	(d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	<input checked="" type="checkbox"/> 75.	(d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	<input checked="" type="checkbox"/> 76.	(d)(5)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	<input checked="" type="checkbox"/> 78.	(d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	<input checked="" type="checkbox"/> 79.	(d)(8)
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	<input checked="" type="checkbox"/> 80.	(d)(8)
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	<input checked="" type="checkbox"/> 81.	(d)(9)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	<input checked="" type="checkbox"/> 82.	
<input checked="" type="checkbox"/> 44.	(a)(3)(D)		
<input checked="" type="checkbox"/> 45.	(a)(4)		
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> (d)(10)(A)	Walkways maintained
<input checked="" type="checkbox"/> 46.	(a)(1)	<input checked="" type="checkbox"/> (d)(10)(B)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 47.	(a)(2)	<input checked="" type="checkbox"/> (d)(10)(C)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 48.	(a)(3)	<input checked="" type="checkbox"/> (d)(10)(C)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 49.	(a)(4)	<input checked="" type="checkbox"/> (d)(10)(D)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 50.	(a)(5)	<input checked="" type="checkbox"/> (d)(10)(D)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 51.	(a)(6)	<input checked="" type="checkbox"/> (d)(10)(E)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 52.	(a)(7)	<input checked="" type="checkbox"/> (d)(10)(E)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 53.	(a)(8)	<input checked="" type="checkbox"/> (d)(10)(E)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 54.	(a)(9)	<input checked="" type="checkbox"/> (d)(10)(E)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	<input checked="" type="checkbox"/> (d)(10)(F)	TOILETING
<input checked="" type="checkbox"/> 56.	(a)(11)	<input checked="" type="checkbox"/> (d)(10)(G)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 57.	(b)(1)	<input checked="" type="checkbox"/> (d)(10)(H)	Toileting needs met
<input checked="" type="checkbox"/> 58.	(b)(2)	<input checked="" type="checkbox"/> (d)(11)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 59.	(c)	<input checked="" type="checkbox"/> (e)(1)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 60.	(c)	<input checked="" type="checkbox"/> (e)(1)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 61.	(d)	<input checked="" type="checkbox"/> (e)(2)	Toileting Supplies-Hand drying-Garbage Handwashing staff/children
		<input checked="" type="checkbox"/> (e)(3)	Toilets/sinks located-at the facility or licensed premises
		<input checked="" type="checkbox"/> (e)(4)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (e)(5)	Mechanical ventilation (Grp Homes N/A)
		<input checked="" type="checkbox"/> (e)(6)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(7)	AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(7)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
		<input checked="" type="checkbox"/> (e)(8)	Air temp <65°F comfortable (Schl age only-N/A)
		<input checked="" type="checkbox"/> (e)(9)	Air temp > 80 °F - ↑ fluids/ventilation
		<input checked="" type="checkbox"/> (e)(10)	Water temperature 60 °F – 120 °F
		<input checked="" type="checkbox"/> (e)(11)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(12)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(13)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(14-15)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(16)	Working phone on each level
		<input checked="" type="checkbox"/> (e)(17)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(18)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (f)(1)(A)	LIGHTING
		<input checked="" type="checkbox"/> (g)(1)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (g)(2)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (g)(3)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> (g)(4)	Light fixtures shielded/shatter proof
			Potentially hazardous substances, materials – labeled, inaccessible
			Garbage/rubbish-disposed of daily, containers in good repair
			Stairs-protected/good repair-handrails
			Toxic plants/materials inaccessible
			Pets or other animals-in good health, written care plan including access to children
			Prevention of vermin-openings screened
			Radon test- Results: <u>2-6</u> N/A
			Results posted-Date: <u>2-1-21</u> (Schls-N/A)
			Carbon monoxide detector-each level N/A
			Program space-adequate-35 sq. ft. per child
			Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> 95.	
<input checked="" type="checkbox"/> 62.	(a)(2)	<input checked="" type="checkbox"/> 96.	(e)(11)
<input checked="" type="checkbox"/> 63.	(b)	<input checked="" type="checkbox"/> 97.	(e)(12)
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	<input checked="" type="checkbox"/> 98.	(e)(13)
<input checked="" type="checkbox"/> 65.	(b)(6)	<input checked="" type="checkbox"/> 99.	(e)(14-15)
<input checked="" type="checkbox"/> 66.	(c)(2)	<input checked="" type="checkbox"/> 100.	(e)(16)
<input checked="" type="checkbox"/> 67.	(c)(3)	<input checked="" type="checkbox"/> 101.	(e)(17)
<input checked="" type="checkbox"/> 68.	(c)(4)	<input checked="" type="checkbox"/> 102.	(e)(18)
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	<input checked="" type="checkbox"/> 103.	(f)(1)(A)
	<input checked="" type="checkbox"/> (c)(5)(B)	<input checked="" type="checkbox"/> 104.	(g)(1)
	<input checked="" type="checkbox"/> (c)(5)(C)	<input checked="" type="checkbox"/> 105.	(g)(2)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	<input checked="" type="checkbox"/> 106.	(g)(3)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<input checked="" type="checkbox"/> 107.	(g)(4)
<input checked="" type="checkbox"/> 71.	(d)(1)		

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

PROGRAM NAME Mittas@ South Windsor DBA TLE	LICENSE NUMBER 70801	DATE OF INSPECTION 2-24-25
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
		<input type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
		<input type="checkbox"/> (i)	WATER HAZARDS N/A
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.	(h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	132.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	133.	(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	134.	(h)(2)	No toys/objects less than 1 1/4 " diameter
		<input checked="" type="checkbox"/> (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.		Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.		FEEDING
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
		<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratio- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<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"/>	122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
		<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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>	142.	<input type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
		<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
		<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		<input type="checkbox"/> (d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(f)	Group size- max. 30
<input checked="" type="checkbox"/>	145.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/>	146.		Head teacher approved- 60%

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

PROGRAM NAME	mittas@SouthWindsor DBATTLE	LICENSE NUMBER	70801	DATE OF INSPECTION	2-24-25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>
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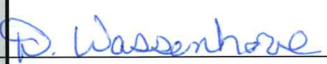
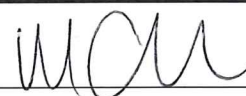
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input 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 type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input type="checkbox"/>		(b)(2)	Written documentation of training
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input type="checkbox"/>		(b)(3)	Trained staff on site when child is present
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding	<input type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>	173.	(c)(3)	Equipment provided by parents
<input type="checkbox"/>		(b)(6)(B)	Required bedding	<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>		(b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/>	175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>	176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/>	177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>	178.	(e)(2)	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 checked="" type="checkbox"/>	179.	(e)(3)	
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N <input checked="" type="checkbox"/>	ADDITIONAL VIOLATION
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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				N/A

NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS
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<input checked="" type="checkbox"/>	159.	(a)(2)	Admin/Parent permission/report errors	Discussed: Files should be for new license only. All items discussed/monitored with program. List of updated policies given to program. Staff physical needed. PD not checked since center has only been licensed two months, ensure all bathroom vents work, outdoor space - ice covered, ensure accident reports complete, staffing properly to ensure ratios and not always moving children, notification of change forms within time-frame, TA for new director, nap ratios.			
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates				
<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 N/A				

SIGNATURE OF OEC STAFF			SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Dianna Wassenhove	MEGHAN WATERS	PRINTED NAME

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 3-10-25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: mittas@SouthWindsorPBATLE License # 70801 Date: 3-24-25

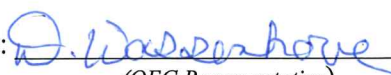
Observations/Corrections needed:

- #17 - staff member told specialist twice that all children in room were two or over when they were not.
- #35 - Observed no consultant logs for education, social service or dietian.
- #118 - Observed 1:5 ratio when one child was under two.
- #36 - Observed three child pt files with no work addresses
- ~~#38 - Observed two child files - no physical, expired.~~
- ~~#39 - Observed three child files with missing immunizations.~~
- #49 - menu only posted for one week and not followed. Breakfast only served cheerios.

Ratio follow-up will be conducted.

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: 
(OEC Representative)

Print Name: Dianna Wassenhove

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 
(Person in Charge)

OEC BY: 3-10-25

Print Name: MEGHAN WIPER