

CHILD CARE CENTER AND GROUP CHILD CARE HOME
INSPECTION FORM

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

Name:	Watch Me Grow Daycare	Date of Inspection:	3.13.25	Time:	9am
Address:	134 Webbs Hill Rd	License Number:	80021	Start Time:	7.31.25
Town:	Stamford	Telephone Number:	203.461.2615	Hours of Operation:	Open
Operator:	Watch Me Grow Now Daycare, LLC	# of Staff Present:	24	# over 3 Present:	4
Contact:	nichelle.waddell@yahoo.com	Total Capacity:	12	Total Under 3 capacity:	12
Staff:	Nichelle Waddell	Months/Days of Operation:	8am-6pm	# under 3 Present:	8
				Ages Served:	1w-5yrs

Inspection Code: N/A - Not applicable at this time R - Regulatory in Compliance O - Other

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

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

1. (c)(8) Local Health Inspection-Date: 4.10.24

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

<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"/> (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 28.	GROUP SIZE
<input checked="" type="checkbox"/> 29.	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(5)(B)	Designated director-training
<input checked="" type="checkbox"/> 30. (e)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 31. (f)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 33.	Documentation
<input checked="" type="checkbox"/> (a)(2)	Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> (h)(1)(2)	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"/> 34.	CONSULTANTS
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (i)(2)	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
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	100	✓	✓
Health	✓	✓	✓
Soc. Serv.	240	240	
Dietitian	NA	NA	

NAME: Nash Melonow Daycare ADDRESS: 80021 DATE: 2.13.25

RECORD KEEPING 19a-79-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> 83.	(d)(10)(A)	
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	
<input checked="" type="checkbox"/> 85.	(d)(10)(C)	
<input checked="" type="checkbox"/> 86.	(d)(10)(C)	
<input checked="" type="checkbox"/> 87.	(d)(10)(D)	
<input checked="" type="checkbox"/> 88.	(d)(10)(E)	
<input checked="" type="checkbox"/> 89.	(d)(10)(E)	
<input checked="" type="checkbox"/> 90.	(d)(10)(F)	
<input checked="" type="checkbox"/> 91.	(d)(10)(G)	
<input checked="" type="checkbox"/> 92.	(d)(10)(H)	
<input checked="" type="checkbox"/> 93.	(d)(11)	
<input checked="" type="checkbox"/> 94.	(e)(1)	
<input checked="" type="checkbox"/> 95.	(e)(1)	
<input checked="" type="checkbox"/> 96.	(e)(2)	
<input checked="" type="checkbox"/> 97.	(e)(3)	
<input checked="" type="checkbox"/> 98.	(e)(4)	
<input checked="" type="checkbox"/> 99.	(e)(5)	
<input checked="" type="checkbox"/> 100.	(e)(5)	
<input checked="" type="checkbox"/> 101.	(e)(6)	
<input checked="" type="checkbox"/> 102.	(e)(7)	
<input checked="" type="checkbox"/> 103.	(e)(7)	
<input checked="" type="checkbox"/> 104.	(e)(7)	
<input checked="" type="checkbox"/> 105.	(e)(8)	
<input checked="" type="checkbox"/> 106.	(e)(9)	
<input checked="" type="checkbox"/> 107.	(e)(9)	
<input checked="" type="checkbox"/> 108.	(e)(9)	
<input checked="" type="checkbox"/> 109.	(e)(9)	
<input checked="" type="checkbox"/> 110.	(e)(10)	
<input checked="" type="checkbox"/> 111.	(e)(11)	
<input checked="" type="checkbox"/> 112.	(e)(12)	
<input checked="" type="checkbox"/> 113.	(e)(13)	
<input checked="" type="checkbox"/> 114.	(e)(14-15)	
<input checked="" type="checkbox"/> 115.	(e)(16)	
<input checked="" type="checkbox"/> 116.	(e)(17)	
<input checked="" type="checkbox"/> 117.	(e)(18)	
<input checked="" type="checkbox"/> 118.	(f)(1)(A)	
<input checked="" type="checkbox"/> 119.	(g)(1)	
<input checked="" type="checkbox"/> 120.	(g)(2)	
<input checked="" type="checkbox"/> 121.	(g)(3)	
<input checked="" type="checkbox"/> 122.	(g)(4)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>3-3-25</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>7.27.23</u> Bact./Chem Test-Date: <u>7.27.23</u> N/A Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y(N) Lead Test: Y(N) Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

AIR TEMPERATURE
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
Air temp <65°F comfortable (Schl age only-N/A)
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60 °F - 120 °F
Portable space heaters prohibited
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not tripping/slipping hazard
Hot water/Steam pipes protected
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number

LIGHTING
All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
Schl age only-lighting for comfort
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: 0.2 N/A
Results posted-Date: 11.27.21 (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

CHILD CARE CENTER / GROUP CHILD HOME INSPECTION FORM

PROGRAM NAME *Natch Me. Iowa Daycare*

LICENSE NUMBER *870521*

DATE OF INSPECTION *3/3/25*

PHYSICAL PLANT 19a-79-10

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

- 129. (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130. (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- (h)(1)
- (h)(1)
- (h)(2)
- (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/2" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

- 131. N/A
- 132. N/A
- 133. N/A
- 134. N/A

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

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

- 117. (b) Approved Under 3 Endorsement
- 118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
- 119. (c)(3) Group size-max 8 (6wks-24mths), max 10 (24-36mths)
- 120. (c)(4) Physical barriers- indoors/outdoors
- 121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
- 122. (d)(2)(Ai-iii) Cribs-in compliance w/CPSC (manf. after 6/28/11)
- 123. (d)(2)(B) Washable cots
- 124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray
- 125. (d)(2)(D) Dev. appropriate tables/chairs/equipment
- 126. (d)(2)(E) Refrigerator and food prep facilities
- 127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free
- 128. **DIAPERING**
 - (e)(1) Diaper area: elevated/sturdy/safety rail
 - (e)(2) Diaper area: used only for this purpose, located in the program area
 - (e)(3) Diaper area: non-porous surface/good repair
 - (e)(4) Diaper area: washed/disinfected after use
 - (e)(5) Diaper area: disposable paper sheets
 - (e)(6)(9) Covered waste receptacle-removed daily
 - (e)(7) Handwashing-staff/children
 - (e)(8) Diapering-Handwashing policies-posted/followed
 - (e)(10)(A-C) Cloth diapers-written plan developed

- 140. (b)
- 141. (c)
- 142. (c)(1)
- (c)(2)
- (c)(3)
- 143. (d) N/A
- 144. (e)
- 145. (f)
- 146. (g)

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events

Ratio- 1:15
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

CHILD CARE CENTER and GROUP HOME CARE HOME INSPECTION FORM - Page 4

PROGRAM NAME: Watch Me Grow Daycare **LICENSE NUMBER:** 80071 **DATE OF INSPECTION:** 3.13.25

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79a) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

- 147. (b) Approved Night Care Endorsement
- 148. (b)(1) Person in charge-head teacher
- 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities
- 150. (b)(3) Written plan for supervision including cot placement and evacuation
- 151. (b)(4) Children in care no more than 12 hrs. in 24
- 152. (b)(5) Staff awake and available
- 153. SLEEP PROVISIONS
 - (b)(6) Individual cot/crib with bedding
 - (b)(6)(A) Sleeping apparel/toiletries labeled
 - (b)(6)(B) Required bedding
 - (b)(6)(C) Required toiletries
 - (b)(6)(D) Bedding/sleeping apparel laundered weekly
 - (b)(7) Sleep arrangements for infants
- 154. (b)(8) Air temp 65 °F at 3 ft
- 155. (b)(9) Fire marshal approval-hours specified
- 156. (b)(10) Local health approval

- 171. (a)(1) Written policies and procedures
- 172. STAFF TRAINING
 - (b)(1)(A) Staff training – first aid
 - (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
 - (b)(2) Training updated at least every 3 years
 - (b)(3) Written documentation of training
 - (c)(2) Trained staff on site when child is present
 - (c)(3) Self-administration - written authorization and under supervision of trained staff
 - (d)(1) Equipment provided by parents
 - (d)(2) Equipment labeled and inaccessible
 - (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
 - 173. (e)(1) Authorized prescriber written order
 - 174. (e)(2) Written authorization from parent
 - 175. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

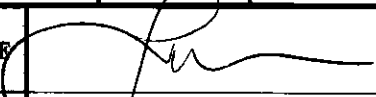
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N


- 157. (9a) Written medication policies/procedures
- 158. (9a) Permit enrollment of children with asthma, allergies, diabetes
- 159. NONPRESC. TOPICAL MEDICATION
 - (a)(2) Admin/Parent permission/report errors
 - (a)(3)(A-B) Labeling and Storage
 - (a)(3)(C) Unused/expired meds destroyed/returned
- 160. MEDICATION TRAINING
 - (b)(1)(A-C) Medication training-general-oral/top/inhalant
 - (b)(1)(D) Injectable premeasured autoinjector medication
 - (b)(1)(E) Rectal medication
 - (b)(1)(F) Injectable other than premeasured auto-injector
 - (b)(2)(A-B) Training approval documents/certificates
 - (b)(2)(C) Training outline on file
 - 161. (b)(3)(A-B) Authorized prescriber/parent permission
 - 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification
 - 163. (b)(4)(A-B) Medication Administration Records (MAR)
 - 164. (b)(5)(A-B) Labeling and Storage
 - 165. (b)(5)(C) Emergency medication inaccessible
 - 166. (b)(5)(D) Unused/Expired meds-destroyed/returned
 - 167. (b)(5)(E) Auto-injector/inhalant equipment
 - 168. (b)(6) Self-administration documentation
 - 169. (b)(7)(A-B) Petition for special medication authorization
 - 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A

ADDITIONAL VIOLATION

180. - Consent Order/Negotiated Corrective Action Plan conditions N/A

DISCUSSIONS - COMMENTS

SIGNATURE OF OEC STAFF: 
PRINTED NAME: Lon Mangano

SIGNATURE OF PERSON IN CHARGE: 
PRINTED NAME: NICHELLE WADDELL

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 3.27.25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: WATON Mc LOW Daycare License # 80021 Date: 3.13.25

Observations/Corrections needed:

- 32(a) - Staff failed to ensure the health and safety of children when inspector observed 4 preschool children returned from playground without coats and temperature 42°F and coats observed in cubbies.
- 35(1) - Social service contract expired (send copy)
- 37(2)(A) - Education contract does not include all services required. ^{from inf}
- 38(a)(2)(A-B) - 1 child missing current health record and 1 incomplete health record (p 2 bottom)
- 39(a)(2)(C) - 2 children without flu vaccine on file.
- 116 ^{recter} - Bathroom sink faucet loose and not secured
- 111(h)(2) - Impact absorbing material not equal to 8". Observed black 1/11 in multiple areas exposed.
- 33(a)(2) - 4 out of 5 staff do not have documentation of annual renew training on file.


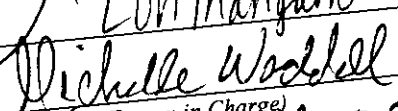
Discussion

- if using diaper creams then you need parent permission on file
- New regulations - checklist provided at inspection
- Professional Development logs
- Parent Agreement forms for children under 3 in preschool rooms

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 3.27.25

Signature: 
 (OEC Representative)
 Print Name: Ed Mangano
 Signature: 
 (Person in Charge)
 Print Name: NICHELLE WADDEL

