



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:	Brooker Memorial	Date of Inspection:	3/18/25	Time of Arrival:	9:00
Address:	157 Litchfield St	License Number:	12780	Expiration Date:	4/30/25
Town:	Torrington	Telephone Number:	(860)489-5437	Summer Care:	Open
Operator:	Maria Seymour Brooker Memorial LLC	# of Staff Present:	11	# over 3 Present:	19
Email:	oee@brooker Memorial.org	Total Capacity:	69	Total Under 3 capacity:	24
Designated Director:	Charlene Lee	Hours/Days of Operation:	M-F 11:30 - 4pm		

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

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

LICENSURE PROCEDURES 19a-79-2a

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

1. (c)(8) Local Health Inspection-Date: 8/14/23

ADMINISTRATION 19a-79-3a

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

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)(2)
- (h)(1)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (c)(6)
- (c)(6)
- 35. (i)(1)(A)-(D)
- (i)
- (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Evidence of compliance
- Adequate staffing
- Designated head teacher-approved-60%
- Two staff present-age 18 or older
- Personal qualities of staff
- RATIOS**
- Ratio 1:10 - Indoors/Outdoors
- Mixed age group-ratios
- Nap time ratio
- Supervision-Indoors/Outdoors
- GROUP SIZE**
- Group Size-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Mixed age group-group size
- Designated director-training
- CPR certified program staff
- First aid certified program staff
- PROFESSIONAL DEVELOPMENT**
- Documentation
- Health & Safety training
- 1% annual hours
- SWIMMING ACTIVITIES -  N**
- Swimming-Ratios
- Non-swimmers identified
- CPR certified staff-age 20 or older
- Lifeguard-certified-supervising
- CONSULTANTS**
- Consultants-Education, Health, Social Service, Dietitian (N/A)
- Consultant agreements-signed annually
- Agreements complete w/required services
- Consultant logs-documented activities, observations and required services
- Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	X	X	-
Health	X	V	V
Soc. Serv.	X	X	-
Dietitian	N/A	N/A	-

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

PROGRAM NAME	Brooker Memorial	LICENSE NUMBER	12780	DATE OF INSPECTION	3/18/25
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<b>RECORD KEEPING 19a-79-5</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>	<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
		<input checked="" type="checkbox"/>	(a)(1)(D)(i) Emergency medical permission	<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens (Schl age only- N/A)
		<input checked="" type="checkbox"/>	(a)(1)(D)(ii) Authorized release permission	<input checked="" type="checkbox"/>	75.	(d)(4)	Glass and mirrors protected to 36"
		<input checked="" type="checkbox"/>	(a)(1)(D)(iii) Field trip permission	<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
		<input checked="" type="checkbox"/>	(a)(1)(D)(iv) Transportation permission				
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/>	79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports				Matches/lighters inaccessible
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/>	80.	(d)(8)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/>	81.	(d)(9)	
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases				<u>TOILETING</u>
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	82.		Shared toilets/sinks-supervision plan

<b>HEALTH and SAFETY 19a-79-6a</b>	
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<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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>				
<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"/>	83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>	84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (Schl age only N/A)				Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/>	85.	(d)(10)(C)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children				Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>	86.	(d)(10)(D)	Handwashing staff/children
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	87.	(d)(10)(E)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	59.	(c)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	88.	(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	60.	(c)	<u>FIRST AID SUPPLIES</u> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>	89.	(d)(10)(G)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	61.	(d)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/>	90.	(d)(10)(H)	Staff personal articles inaccessible
				<input checked="" type="checkbox"/>	91.	(d)(11)	<u>AIR TEMPERATURE</u>
				<input checked="" type="checkbox"/>	92.	(e)(1)	Air temp 65 °F at 3 ft - non-mercury thermometer affixed to wall (Schl age only N/A)
				<input checked="" type="checkbox"/>	93.	(e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
				<input checked="" type="checkbox"/>	94.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
				<input checked="" type="checkbox"/>	95.	(e)(4)	Water temperature 60 °F - 120 °F
				<input checked="" type="checkbox"/>	96.	(e)(5)	Portable space heaters prohibited
				<input checked="" type="checkbox"/>	97.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>	98.	(e)(7)	Rugs- not tripping/slipping hazard
				<input checked="" type="checkbox"/>	99.	(e)(8)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>	100.	(e)(9)	Working phone on each level
				<input checked="" type="checkbox"/>	101.	(e)(10)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>	102.	(e)(11)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>	103.	(e)(12)	<u>LIGHTING</u>
				<input checked="" type="checkbox"/>	104.	(e)(13)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>	105.	(e)(14)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
				<input checked="" type="checkbox"/>	106.	(e)(15)	Schl age only-lighting for comfort
				<input checked="" type="checkbox"/>	107.	(e)(16)	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>3.7/3.2</u> N/A
							Results posted-Date: <u>3/15/10</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

<b>PHYSICAL PLANT 19a-79-7a</b>	
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<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>4/16/24</u>	<input checked="" type="checkbox"/>	95.	(e)(9)	
<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"/>	96.	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission				Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/>	97.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/>	98.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>	99.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	69.		<u>WATER SUPPLY</u> - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>	100.	(e)(14-15)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/>	Lead Water Test - Date: <u>8/16/24</u>	<input checked="" type="checkbox"/>	101.	(e)(16)	Radon test- Results: <u>3.7/3.2</u> N/A
		<input checked="" type="checkbox"/>	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>	102.	(e)(17)	Results posted-Date: <u>3/15/10</u> (Schls-N/A)
		<input checked="" type="checkbox"/>	Drinking water available/accessibile	<input checked="" type="checkbox"/>	103.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	70.		<u>LEAD PAINT</u> -	<input checked="" type="checkbox"/>	104.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
			Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/>	105.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/>	Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/>	106.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		<input checked="" type="checkbox"/>	Results <u>BS Annual Fence</u>	<input checked="" type="checkbox"/>	107.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
		<input checked="" type="checkbox"/>	Lead Management Plan <u>BS Annual for Outdoor Fence</u>				Developmentally app equipment, materials
<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access	<input checked="" type="checkbox"/>	107.	(g)(4)	

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

PROGRAM NAME Brooker Memorial LICENSE NUMBER 12780 DATE OF INSPECTION 3/18/25

PHYSICAL PLANT 19a-79-7a cont.

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
  - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A
- 114. WATER HAZARDS
  - (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 N/A
  - (i) Wading pools prohibited
  - (i) Hot tubs/spas/saunas-locked/inaccessible N/A

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

- 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

- 137. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25
- 138. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children
- 139. (l)(3) Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

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)(A1-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) Approved Schl Age Endorsement
- 141. (c) SCHEDULE - ACTIVITIES
  - (c) Written daily program plan-flexible schedule-available to staff/parents
  - (c)(1) Activities not a duplication of child's day
  - (c)(2) Activities include cognitive, physical, social, emotional needs of the children
  - (c)(3) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
- 142. (d) Ratio- 1:15
- 143. (e) Group size- max. 30
- 144. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
- 145. (g) Head teacher approved- 60%
- 146. (g)

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

PROGRAM NAME	Brooker Memorial	LICENSE NUMBER	12780	DATE OF INSPECTION	3/18/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)  Y/N MONITORING OF DIABETES 19a-79-13  Y/N

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

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

<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		<input type="checkbox"/> N/A

DISCUSSIONS - COMMENTS

159. (a)(2) Admin/Parent permission/report errors  
 (a)(3)(A-B) Labeling and Storage  
 (a)(3)(C) Unused/expired meds destroyed/returned

160. (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

policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 1, 2024. Programs must ensure policies updated to reflect new requirements

all items ✓ were either in compliance with at visit or discussed.

SIGNATURE OF OEC STAFF	Jaime Fortin	SIGNATURE OF PERSON IN CHARGE	Charlene Lee
PRINTED NAME	Jaime Fortin	PRINTED NAME	Charlene Lee

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 3/31/25	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>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brooker Memorial License # 12780 Date: 3/18/25

Observations/Corrections needed:

Building was completely renovated and <sup>Full</sup> lead comprehensive test not needed; However Fence out of playground on management plan to complete Bi. Annually. Discussed adding playgrounds - front + garden area. Local health Firemarshal; change form; slash OBC visit

35(1)(2)(A-H): Consultant Agreements (Nurse/social service) not updated with required services

(F): Logs of annual policy review not observed from Ebor Health Consultant

111(h)(2): toddler playscape ~~with~~ 8 inches impact-material around / at bottom of slides-not observed

Discussed - standing water on playground. Columped when discussed)

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: Jaime Fortin  
Print Name: Jaime Fortin  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/31/25

Signature: Charlene Lee  
Print Name: Charlene Lee  
(Person in Charge)