

# REGISTRATION AND GROUP CHILD DEVELOPMENT CENTER INSPECTION FORM

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

|                               |                       |                            |
|-------------------------------|-----------------------|----------------------------|
| Roberge Early Learning Center | 3/17/25               | 10:30 AM                   |
| 80 Beacon Rd                  | 2098                  | 9/30/26                    |
| Hamden CT 06410               | 800 635 078           | Open                       |
| Roberge Day Care Center       | # of Staff Present: 7 | # over 3 Present: 18       |
| reline 830 graham             | Total Capacity: 45    | Total Under 3 capacity: 20 |
| John Denovan                  |                       | # under 3 Present: 17      |
|                               |                       | Ages Served: 6w-4yrs       |
|                               |                       | 6:30 AM - 6 PM             |

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

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

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | 8         | ✓    | ✓      |
| Health     | 8         | ✓    | ✓      |
| Soc. Serv. | 8         | ✓    | ✓      |
| Dietitian  | —         | —    | —      |

Echeverre Early Learning

12098

3/17/25

## RECORD KEEPING

## PHYSICAL PLANT INSPECTION

|                              |                                         |                                              |
|------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 36. | (a)(1)(A-C)                             | Children's Enrollment information            |
| <input type="checkbox"/> 37. |                                         | <b>PARENT PERMISSIONS</b>                    |
| <input type="checkbox"/> 38. | <input type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input type="checkbox"/> 39. | <input type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input type="checkbox"/> 40. | <input type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input type="checkbox"/> 41. | <input type="checkbox"/> (a)(1)(D)(iv)  | Transportation permission                    |
| <input type="checkbox"/> 42. | (a)(2)(A-B)                             | Child Health Records                         |
| <input type="checkbox"/> 43. | (a)(2)(C)                               | Immunization records                         |
| <input type="checkbox"/> 44. | (a)(2)(E)                               | Individual care plan-signed by parents/staff |
| <input type="checkbox"/> 45. | (a)(3)(A)                               | Injury, Illness, Incident, Accident reports  |
| <input type="checkbox"/> 46. | (a)(3)(B)                               | Parent notification of illness or injury     |
| <input type="checkbox"/> 47. | (a)(3)(C)(i-ii)                         | Notify OEC of serious injuries, fatality     |
| <input type="checkbox"/> 48. | (a)(3)(D)                               | Notify DPH, local health-reportable diseases |
| <input type="checkbox"/> 49. | (a)(4)                                  | Video recordings- keep 30 days               |

## HEALTH and SAFETY 19a-79-6a

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

## PHYSICAL PLANT 19a-79-7a

|                              |                                      |                                                                                 |
|------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> 62. | (a)(2)                               | Fire marshal codes/certificate                                                  |
| <input type="checkbox"/> 63. | (b)                                  | Indoor/Outdoor space inspected/approved                                         |
| <input type="checkbox"/> 64. | (b)(1)-(5)                           | Construction/expansion/renovation/conversion                                    |
| <input type="checkbox"/> 65. | (b)(6)                               | Space not inspected/approved but used for field trips-written parent permission |
| <input type="checkbox"/> 66. | (c)(2)                               | Licensed premises-clean, good repair, hazard free, maintenance program          |
| <input type="checkbox"/> 67. | (c)(3)                               | Building/Equipment/Furnishings-sanitary, hazard free (N/A)                      |
| <input type="checkbox"/> 68. | (c)(4)                               | Testing of premises/grounds for chemicals                                       |
| <input type="checkbox"/> 69. | <input type="checkbox"/> (c)(5)(A)   | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)                                 |
| <input type="checkbox"/> 70. | <input type="checkbox"/> (c)(5)(B)   | Lead Water Test - Date: 3/15/24 (N/A)                                           |
| <input type="checkbox"/> 71. | <input type="checkbox"/> (c)(5)(C)   | Bact./Chem Test-Date: _____                                                     |
| <input type="checkbox"/> 72. | <input type="checkbox"/> (c)(6)(A)   | Drinking water available/accessible                                             |
| <input type="checkbox"/> 73. | <input type="checkbox"/> (c)(6)(B-D) | <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results: _____          |
| <input type="checkbox"/> 74. |                                      | Lead Management Plan every 12 months                                            |
| <input type="checkbox"/> 75. |                                      | Peeling Paint - Y/N Inside/Outside                                              |

|                               |                                     |                                                                                                     |
|-------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 71.  | (d)(1)                              | Emergency vehicle access                                                                            |
| <input type="checkbox"/> 72.  | (d)(2)                              | Walkways maintained                                                                                 |
| <input type="checkbox"/> 73.  | (d)(3)                              | Windows protected to prevent falls                                                                  |
| <input type="checkbox"/> 74.  | (d)(3)                              | Window screens                                                                                      |
| <input type="checkbox"/> 75.  | (d)(4)                              | Glass/mirrors protected- 36"                                                                        |
| <input type="checkbox"/> 76.  | (d)(5)                              | Overhead doors-locking devices, spring protectors (N/A)                                             |
| <input type="checkbox"/> 77.  | (d)(6), (f)(3)                      | Exits, stairs, hallways unobstructed                                                                |
| <input type="checkbox"/> 78.  | (d)(7)                              | Individual storage of clothing and bedding                                                          |
| <input type="checkbox"/> 79.  |                                     | <b>SMOKING</b>                                                                                      |
| <input type="checkbox"/> 80.  | <input type="checkbox"/> (d)(8)     | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds                  |
| <input type="checkbox"/> 81.  | <input type="checkbox"/> (d)(8)     | Matches/lighters inaccessible                                                                       |
| <input type="checkbox"/> 82.  | <input type="checkbox"/> (d)(9)     | Electrical safety - outlets inaccessible - covered or protected                                     |
| <input type="checkbox"/> 83.  | <input type="checkbox"/> (d)(10)(A) | <b>TOILETING</b>                                                                                    |
| <input type="checkbox"/> 84.  | <input type="checkbox"/> (d)(10)(B) | Shared toilets/sinks-supervision plan                                                               |
| <input type="checkbox"/> 85.  | <input type="checkbox"/> (d)(10)(C) | Toileting needs met                                                                                 |
| <input type="checkbox"/> 86.  | <input type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected                                                        |
| <input type="checkbox"/> 87.  | <input type="checkbox"/> (d)(10)(E) | Required toilets/sinks-1:16                                                                         |
| <input type="checkbox"/> 88.  | <input type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage                                                              |
| <input type="checkbox"/> 89.  | <input type="checkbox"/> (d)(10)(F) | Handwashing staff/children                                                                          |
| <input type="checkbox"/> 90.  | <input type="checkbox"/> (d)(10)(G) | Toilets/sinks located at the facility                                                               |
| <input type="checkbox"/> 91.  | <input type="checkbox"/> (d)(10)(H) | Well lighted/ventilated toilet rooms                                                                |
| <input type="checkbox"/> 92.  | (d)(11)                             | Mechanical ventilation (after 1/1/94) (Grp Homes N/A)                                               |
| <input type="checkbox"/> 93.  | <input type="checkbox"/> (e)(1)     | Staff personal articles inaccessible                                                                |
| <input type="checkbox"/> 94.  | <input type="checkbox"/> (e)(2)     | <b>AIR TEMPERATURE</b>                                                                              |
| <input type="checkbox"/> 95.  | <input type="checkbox"/> (e)(3)     | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall                                     |
| <input type="checkbox"/> 96.  | <input type="checkbox"/> (e)(4)     | Air temp > 80 °F - ↑ fluids/ventilation                                                             |
| <input type="checkbox"/> 97.  | <input type="checkbox"/> (e)(5)     | Water temperature 60°F-120°F                                                                        |
| <input type="checkbox"/> 98.  | <input type="checkbox"/> (e)(5)     | Portable space heaters prohibited                                                                   |
| <input type="checkbox"/> 99.  | <input type="checkbox"/> (e)(6)     | <b>WALLS/CEILINGS/FLOORS/RUGS</b>                                                                   |
| <input type="checkbox"/> 100. | <input type="checkbox"/> (e)(7)     | Walls/ceilings/floors/rugs-clean/good repair                                                        |
| <input type="checkbox"/> 101. | <input type="checkbox"/> (e)(7)     | Rugs- not a tripping/slipping hazard                                                                |
| <input type="checkbox"/> 102. | <input type="checkbox"/> (e)(7)     | Hot water/Steam pipes protected                                                                     |
| <input type="checkbox"/> 103. | <input type="checkbox"/> (e)(7)     | <b>TELEPHONE/TELEPHONE NUMBERS</b>                                                                  |
| <input type="checkbox"/> 104. | <input type="checkbox"/> (e)(8)     | Working phone on each level                                                                         |
| <input type="checkbox"/> 105. | <input type="checkbox"/> (e)(9)     | Emergency numbers posted-adjacent to phone                                                          |
| <input type="checkbox"/> 106. | <input type="checkbox"/> (e)(9)     | Parents provided direct on site phone number                                                        |
| <input type="checkbox"/> 107. | <input type="checkbox"/> (e)(10)    | <b>LIGHTING</b>                                                                                     |
| <input type="checkbox"/> 108. | <input type="checkbox"/> (e)(11)    | All areas min. 1 foot candle of lighting                                                            |
| <input type="checkbox"/> 109. | <input type="checkbox"/> (e)(12)    | Adequate lighting-30/50 candle feet-sufficient lighting to be visible                               |
| <input type="checkbox"/> 110. | <input type="checkbox"/> (e)(13)    | Enough lighting for comfort                                                                         |
| <input type="checkbox"/> 111. | <input type="checkbox"/> (e)(14-15) | Light fixtures shielded/shatter proof                                                               |
| <input type="checkbox"/> 112. | <input type="checkbox"/> (e)(16)    | Potentially hazardous substances, materials labeled, inaccessible                                   |
| <input type="checkbox"/> 113. | <input type="checkbox"/> (e)(17)    | Garbage/rubbish-disposed of daily, containers in good repair                                        |
| <input type="checkbox"/> 114. | <input type="checkbox"/> (e)(18)    | Stairs-protected/good repair-handrails                                                              |
| <input type="checkbox"/> 115. | <input type="checkbox"/> (f)(1)(A)  | Toxic plants/materials inaccessible                                                                 |
| <input type="checkbox"/> 116. | <input type="checkbox"/> (g)(1)     | Pets or other animals-in good health, written care plan including access to children                |
| <input type="checkbox"/> 117. | <input type="checkbox"/> (g)(2)     | Measures to prevent vermin                                                                          |
| <input type="checkbox"/> 118. | <input type="checkbox"/> (g)(3)     | Radon test- Results: _____ (Schts-N)                                                                |
| <input type="checkbox"/> 119. | <input type="checkbox"/> (g)(4)     | Carbon monoxide detector-each level                                                                 |
| <input type="checkbox"/> 120. |                                     | Program space-adequate-35 sq. ft. per child                                                         |
| <input type="checkbox"/> 121. |                                     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| <input type="checkbox"/> 122. |                                     | Adequate equipment for rest-cleaned-c (Grp Homes only-mats/sleeping bags)                           |
| <input type="checkbox"/> 123. |                                     | Air conditioners/water heaters/fuse box inaccessible                                                |
| <input type="checkbox"/> 124. |                                     | Developmentally appropriate equipment, materials                                                    |

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

|                                                |                |                                                                                                                                                                                                                                                                                  |                                      |
|------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>PROGRAM NAME</b><br>Coverage Early Learning |                | <b>LICENSE NUMBER</b><br>12098                                                                                                                                                                                                                                                   | <b>DATE OF INSPECTION</b><br>3/17/25 |
| <b>PHYSICAL PLANT 19a-79-11 cont.</b>          |                | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>                                                                                                                                                                                                                                   |                                      |
| ✓ 108.                                         | (g)(5)         | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls                                                                                                                                                                                                | 128.                                 |
| ✓ 109.                                         | (g)(6)         | Indoor climbing play equipment-shock absorbing materials under and around                                                                                                                                                                                                        | ✓ (e)(2)                             |
| ✓ 110.                                         | (j)            | No weapons/no facsimile of a firearm                                                                                                                                                                                                                                             | ✓ (e)(3)                             |
| ✓ 111.                                         |                | <b>OUTDOOR SPACE</b>                                                                                                                                                                                                                                                             | ✓ (e)(4)                             |
|                                                | ✓ (h)(1)       | Adequate space- 75 sq. ft. per child                                                                                                                                                                                                                                             | ✓ (e)(5)                             |
|                                                | ✓ (h)(2)       | Shock absorbing surfaces-minimum 8"                                                                                                                                                                                                                                              | ✓ (e)(6-9)                           |
|                                                | ✓ (h)(3)       | Playground free from hazards                                                                                                                                                                                                                                                     | ✓ (e)(7)                             |
|                                                | ✓ (h)(4)       | Nuts, bolts, screws-tight, covered/protected                                                                                                                                                                                                                                     | ✓ (e)(8)                             |
|                                                | ✓ (h)(5)       | Outside equipment anchored-anchors buried                                                                                                                                                                                                                                        | ✓ (e)(10)(A-C)                       |
|                                                | ✓ (h)(6)       | New equip- cert playg. Inspection upon request                                                                                                                                                                                                                                   |                                      |
|                                                | ✓ (h)(8)       | Drinking water available/accessible                                                                                                                                                                                                                                              | ✓ 129.                               |
|                                                | ✓ (h)(9)       | Equipment arranged for safety-equip/fences/structures not hazardous                                                                                                                                                                                                              | ✓ 130.                               |
| ✓ 112.                                         |                | <b>OUTDOOR PROTECTED/FENCED</b>                                                                                                                                                                                                                                                  |                                      |
|                                                | ✓ (h)(7)       | Playground protected from traffic, water, gullies or other hazards                                                                                                                                                                                                               | ✓ (f)(1)                             |
|                                                | ✓ (h)(7)(A)    | Fences installed to protect from hazards-4 ft                                                                                                                                                                                                                                    | ✓ (f)(2)                             |
|                                                | ✓ (h)(7)(B)    | Fences installed to protect from water-4 ft, self closing and self latching devices or locks                                                                                                                                                                                     | ✓ (f)(3)                             |
| ✓ 114.                                         | ✓ (h)(7)(C)    | Rooftop play areas-6 ft. wall/barrier (N/A)                                                                                                                                                                                                                                      | ✓ (f)(4)                             |
|                                                |                | <b>WATER HAZARDS</b>                                                                                                                                                                                                                                                             | ✓ (g)(1)                             |
|                                                | ✓ (i)          | Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)                                                                                                                                                                                                               | ✓ (g)(1)                             |
|                                                | ✓ (i)          | Wading pools prohibited                                                                                                                                                                                                                                                          | ✓ (g)(2)                             |
|                                                | ✓ (i)          | Hot tubs/spas/saunas-locked/inaccessible (N/A)                                                                                                                                                                                                                                   | ✓ (g)(3)                             |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-3a</b>      |                | ✓ 131.                                                                                                                                                                                                                                                                           |                                      |
| ✓ 115.                                         | (a)            | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents                                                                                                                                                                                  | ✓ (h)(1)                             |
| ✓ 116.                                         | (a)            | <b>EDUCATIONAL REQUIREMENTS</b>                                                                                                                                                                                                                                                  | ✓ (h)(1)                             |
|                                                | ✓ (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, moderate and vigorous physical activity that takes place outdoors | ✓ (h)(2)                             |
|                                                | ✓ (b)          | Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes                                                                                                                             | ✓ (h)(2)                             |
| <b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>   |                | ✓ 135.                                                                                                                                                                                                                                                                           |                                      |
| ✓ 117.                                         | (b)            | Approved Under 3 Endorsement                                                                                                                                                                                                                                                     | ✓ (i)(1)(2A-C)                       |
| ✓ 118.                                         | (c)(2)         | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)                                                                                                                                                                                                                                       | ✓ (j)                                |
| ✓ 119.                                         | (c)(3)         | Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)                                                                                                                                                                                                                 | ✓ (k)(1)                             |
| ✓ 120.                                         | (c)(4)         | Physical barriers separating each group of children- indoors/outdoors                                                                                                                                                                                                            | ✓ (k)(2)                             |
| ✓ 121.                                         | (d)(1)(A-C)    | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep                                                                                                                                                                                           | ✓ (k)(3)                             |
| ✓ 122.                                         | (d)(2)(Ai-iii) | Cribs/Pack-n-Plays -in compliance w/CPSC                                                                                                                                                                                                                                         | ✓ (k)(4)                             |
| ✓ 123.                                         | (d)(2)(B)      | Washable cots                                                                                                                                                                                                                                                                    | ✓ (k)(5)                             |
| ✓ 124.                                         | (d)(2)(C)      | Chairs for feeding-stable base-safety straps-locking tray                                                                                                                                                                                                                        | ✓ (l)(1)                             |
| ✓ 125.                                         | (d)(2)(D)      | Dev. appropriate tables/chairs/equipment                                                                                                                                                                                                                                         | ✓ 137.                               |
| ✓ 126.                                         | (d)(2)(E)      | Refrigerator and food prep facilities                                                                                                                                                                                                                                            | ✓ 138.                               |
| ✓ 127.                                         | (d)(3)(A-C)    | Optional furniture/equip-safe/hazard free                                                                                                                                                                                                                                        | ✓ 139.                               |
| ✓ 128.                                         |                | <b>DIAPERING</b>                                                                                                                                                                                                                                                                 | (l)(2)                               |
|                                                | ✓ (e)(1)       | Diaper area: elevated/sturdy/safety rail                                                                                                                                                                                                                                         | (l)(3)                               |
|                                                |                | <b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b>                                                                                                                                                                                                                                      |                                      |
| ✓ 140.                                         | (b)            | Approved Schl Age Endorsement                                                                                                                                                                                                                                                    | ✓ 141.                               |
| ✓ 141.                                         | ✓ (c)          | <b>SCHEDULE - ACTIVITIES</b>                                                                                                                                                                                                                                                     |                                      |
|                                                | ✓ (c)(1)       | Written daily program plan-flexible schedule available to staff/parents                                                                                                                                                                                                          | ✓ (c)(2)                             |
|                                                | ✓ (c)(2)       | Activities not a duplication of child's day                                                                                                                                                                                                                                      | ✓ (c)(3)                             |
|                                                | ✓ (c)(3)       | 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                                                                                                                                                         | ✓ 143.                               |
|                                                |                | Ratio- 1:15                                                                                                                                                                                                                                                                      | ✓ 144.                               |
|                                                |                | Group size- max. 30                                                                                                                                                                                                                                                              |                                      |

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

|                                 |                        |                                 |       |                 |         |
|---------------------------------|------------------------|---------------------------------|-------|-----------------|---------|
| PREMIER NAME                    | Roberta Early Learning | LICENSE NUMBER                  | 12098 | INSPECTION DATE | 3/17/25 |
| SCHOOL AGE ENDORSEMENT 19-79-11 |                        | MONITORING OF DIABETES 19-79-11 |       | Y/N             |         |

|                                          |     |                                                                                       |                                          |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------|-----|---------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 145. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <input checked="" type="checkbox"/> 171. | (a)(1)                                                                                                      | <b>STAFF TRAINING</b><br>Staff training – first aid<br>Staff training – use/storage/maintenance of monitoring equipment, reading test result appropriate actions<br><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 |
| <input checked="" type="checkbox"/> 146. | (g) | Designated Head teacher approved- 60%                                                 | <input checked="" type="checkbox"/> 172. | <input checked="" type="checkbox"/> (b)(1)(A)<br><input checked="" type="checkbox"/> (b)(1)(B)<br>(i)-(iii) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## NIGHT CARE ENDORSEMENT 19-79-12 (19-79-12) Y/N

|                                    |         |                                                                                              |                                          |        |                                                                                      |
|------------------------------------|---------|----------------------------------------------------------------------------------------------|------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> 147.      | (b)     | Approved Night Care Endorsement                                                              | <input checked="" type="checkbox"/> 173. | (c)(1) | (c)(2)<br>(c)(3)<br><br>(d)(1)<br>(d)(2)<br>(d)(3)<br><br>(e)(1)<br>(e)(2)<br>(e)(3) |
| <input type="checkbox"/> 148.      | (b)(1)  | Person in charge-head teacher                                                                | <input checked="" type="checkbox"/> 174. | (d)(1) |                                                                                      |
| <input type="checkbox"/> 149.      | (b)(2)  | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input checked="" type="checkbox"/> 175. | (d)(2) |                                                                                      |
| <input type="checkbox"/> 150.      | (b)(3)  | Written plan for supervision including cot placement and evacuation                          | <input checked="" type="checkbox"/> 176. | (d)(3) |                                                                                      |
| <input type="checkbox"/> 151.      | (b)(4)  | Children in care no more than 12 hrs. in 24                                                  | <input checked="" type="checkbox"/> 177. | (e)(1) |                                                                                      |
| <input type="checkbox"/> 152.      | (b)(5)  | Staff awake and available                                                                    | <input checked="" type="checkbox"/> 178. | (e)(2) |                                                                                      |
| <input type="checkbox"/> 153.      |         | <b>SLEEP PROVISIONS</b>                                                                      | <input checked="" type="checkbox"/> 179. | (e)(3) |                                                                                      |
| <input type="checkbox"/> (b)(6)    |         | Individual cot/crib with bedding                                                             |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(6)(A) |         | Sleeping apparel/toiletries labeled                                                          |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(6)(B) |         | Required bedding                                                                             |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(6)(C) |         | Required toiletries                                                                          |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(6)(D) |         | Bedding/sleeping apparel laundered weekly                                                    |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(6)(E) |         | Sleep arrangements for infants                                                               |                                          |        |                                                                                      |
| <input type="checkbox"/> (b)(7)    |         | Air temp 65 °F at 3 ft                                                                       |                                          |        |                                                                                      |
| <input type="checkbox"/> 154.      | (b)(8)  | Fire marshal approval-hours specified                                                        |                                          |        |                                                                                      |
| <input type="checkbox"/> 155.      | (b)(9)  | Local health approval                                                                        |                                          |        |                                                                                      |
| <input type="checkbox"/> 156.      | (b)(10) |                                                                                              |                                          |        |                                                                                      |

## ADDITIONAL VIOLATION

|                                          |   |                                                            |
|------------------------------------------|---|------------------------------------------------------------|
| <input checked="" type="checkbox"/> 180. | - | Consent Order/Negotiated Corrective Action Plan conditions |
|------------------------------------------|---|------------------------------------------------------------|

## DISCUSSIONS/COMMENTS

- update policies per new regulation checklist shown on CEC website

- Education Consultant visit 1x4

- Health & safety training all staff

- 2 Med forms exp 3/18/25

- Child (Allergy + Asthma)

- Update Educational requirements

- Safe sleep policy posted with regulations

- 1 child running out of big toddler. Discussed supervision/

NOTE: Only regulations marked as compliant or non-compliant were discussed during the visit.

Signature of OEC staff: *[Signature]*

Printed Name: *John T. Donahue*

|                                |                                                                                                                                                                                              |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Written Corrective Action Plan | CAP: <a href="https://www.ctoec.org/documents/corrective-action-plan-resolving-disputed-violations">https://www.ctoec.org/documents/corrective-action-plan-resolving-disputed-violations</a> |
| Due by: 3/31/25                |                                                                                                                                                                                              |

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

|                                                 |             |                                                                     |
|-------------------------------------------------|-------------|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 157.        | (9a)        | Written medication policies/procedures                              |
| <input checked="" type="checkbox"/> 158.        | (9a)        | Permit enrollment of children with asthma, allergies, diabetes      |
| <input type="checkbox"/> 159.                   |             | <b>NONPRESC. TOPICAL MEDICATION</b>                                 |
| <input type="checkbox"/> (a)(2)                 |             | Admin/Parent permission/report errors                               |
| <input checked="" type="checkbox"/> (a)(3)(A-B) |             | Labeling and Storage                                                |
| <input checked="" type="checkbox"/> (a)(3)(C)   |             | Unused/expired meds destroyed/returned                              |
| <input type="checkbox"/> 160.                   |             | <b>MEDICATION TRAINING</b>                                          |
| <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"/> (b)(3)(A-B) |             | Authorized prescriber/parent permission                             |
| <input checked="" type="checkbox"/> (b)(3)(D)   |             | Medication errors- documentation, parent(s) and OEC notification    |
| <input checked="" type="checkbox"/> 161.        |             | Medication Administration Records (MAR)                             |
| <input checked="" type="checkbox"/> 162.        |             | Labeling and Storage                                                |
| <input checked="" type="checkbox"/> 163.        | (b)(4)(A-B) | Emergency medication inaccessible                                   |
| <input checked="" type="checkbox"/> 164.        | (b)(5)(A-B) | Unused/Expired meds-destroyed/returned                              |
| <input checked="" type="checkbox"/> 165.        | (b)(5)(C)   | Auto-injector/inhalant equipment                                    |
| <input checked="" type="checkbox"/> 166.        | (b)(5)(D)   | Self-administration documentation                                   |
| <input checked="" type="checkbox"/> 167.        | (b)(5)(E)   | Petition for special medication authorization                       |
| <input checked="" type="checkbox"/> 168.        | (b)(6)      | Potassium Iodide (KI) emergency distribution-permission and storage |
| <input checked="" type="checkbox"/> 169.        | (b)(7)(A-B) |                                                                     |
| <input checked="" type="checkbox"/> 170.        | (d)         |                                                                     |

|                                                                                                                                                                                                                                                                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Signature of OEC staff                                                                                                                                                                                                                                                          | <i>[Signature]</i> |
| Printed Name                                                                                                                                                                                                                                                                    | Kullerman          |
| 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> |                    |

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Kaprice Early Learning Center License # 12098 Date: 3/17/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #1 Local Health inspection not available. Send copy to Agency
  - #18 - Administrative ~~oversight~~ <sup>(K)</sup> Radon test not available / n posted (#101)
  - #35 - All consultant agreements not current with new regulations (1)(2)(A-H)
  - #36 + 37 (a)(1)(D)(i-iv) - 1 child's enrollment / parent permissions missing in file assessed siblings have separate forms.
  - #66 - vents dusty in kids bathrooms, preschool room, Pre-K vents, Microwave dirty in Pre-K room
  - #101 - See above on #18
  - #136 - (K)(5) + (K)(1) - 4 bottles not labeled, written feeding schedules not available / not observed for infants
  - #159 - (a)(2) - 2 disin forms not available for 2 children. 1 form for disin expired in Big toddler room

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: \_\_\_\_\_

*Sha Mullen*  
(OEC Representative)

Print Name: \_\_\_\_\_

*Kellerman*

Signature: \_\_\_\_\_

*John T. D...*  
(Person in Charge)

Print Name: \_\_\_\_\_

*John T. D...*

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/31/25