

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

Swaddle Jay Night + Day	3/19/25	9am
1184 Burnside Ave	70330	10/31/28
East Hartford CT 06105	203 206 0334	open
Swaddle Jay Night Day LLC	# of Staff Present: 8	# over 3 Present: 13
Contact: swaddlejay.com	Total Capacity: 69	Total Under 3 capacity: 48
Tanaki Chand / Fauy Euis-Edon		# under 3 Present: 12
		Ages Served: 6w-5yrs
		M-F 6:30am-5:30pm

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 5/29/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	<b>RATIOS</b>
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(2)(A)	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 28.	Ratio 1:10 – Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29.	Mixed age group
	<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30. (e)(1)	Nap time ratio
	<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31. (f)(1)	Supervision—Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32. (f)(2)	<b>GROUP SIZE</b>
	<input checked="" type="checkbox"/> (d)(4)(C)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	Group Size—Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	Group Size—school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	Mixed age group—group size
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (a)(2)	Designated director—training
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (h)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (h)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (f)	<b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(ii-v)	<b>PROFESSIONAL DEVELOPMENT</b>
	<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	Health & Safety training
<input checked="" type="checkbox"/> 15.	(m)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<b>SWIMMING ACTIVITIES - <input checked="" type="checkbox"/></b>
<input checked="" type="checkbox"/> 17.	(o)	Capacity	<input checked="" type="checkbox"/> (i) -	Swimming-Ratios
		Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(1)	<b>POSTINGS</b>	<input checked="" type="checkbox"/> (F)	CPR certified staff—age 20 or older
	<input checked="" type="checkbox"/> 3a(e)(2)	License posted	<input checked="" type="checkbox"/> (i)(2)	Lifeguard—certified—supervising
	<input checked="" type="checkbox"/> 3a(d)(6)(C)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (H)(i)-(1)(i)	<b>CONSULTANTS</b>
	<input checked="" type="checkbox"/> 3a(e)(3)	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	<input checked="" type="checkbox"/> 3a(e)(4)	Menus posted		Consultant agreements—signed annually—agreements complete w/required services
	<input checked="" type="checkbox"/> 3a(e)(5)	No Smoking posted signs at entrances		Consultant logs—documented activities, observations and required services
	<input checked="" type="checkbox"/> 3a(e)(6)	OEC Inspection report posted or available		Consultant visits- Education/Health
	<input checked="" type="checkbox"/> 7a(e)(17)	Dev. Milestones posted		Contracts Logs Visits
	<input checked="" type="checkbox"/> 10(g)(8)	Radon Test posted (Schls-N/A)		Education 0 0 0
		Safe Sleep policy posted		Health 0 0 0
				Soc. Serv. 0 0 0
				Dietitian 0 0 0

Snuggle Joy Night + Day

70330

3/19/25

RECORDS AND PERMITS

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

HEALTH AND SAFETY 19-79-6

<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 (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 12/18/24
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> (Public/Well (Schools-N/A)) Lead Water Test - Date: 5/5/22 Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____  Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	<b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(10)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(16)	Radon test- Results: 24 (Schls-N/A)
<input checked="" type="checkbox"/> 101.	(e)(17)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(e)(18)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 107.	(g)(4)	

**CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Swaddle Jcu Night + Day	<b>LICENSE NUMBER</b>	70330	<b>DATE OF INSPECTION</b>	3/19/25
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**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(j)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		(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
		(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

**UNDER THREE ENDORSEMENT 19a-79-10** (N/A)

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		<b>DIAPERING</b>
		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/covered Cloth diapers-written plan developed
		(e)(3)	
		(e)(4)	
		(e)(5)	
		(e)(6-9)	
		(e)(7)	
		(e)(8)	
		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
		(f)(2)	
		(f)(3)	
		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
		(h)(1)	
		(h)(2)	
		(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

**SCHOOL AGE ENDORSEMENT 19a-79-11** (N/A)

<input checked="" type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
		(c)(1)	
		(c)(2)	
		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Saddle Jar Night + Day	<b>LICENSE NUMBER</b>	70330	<b>DATE OF INSPECTION</b>	3/19/25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b>
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3)	
	<input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (d)(1) <input checked="" type="checkbox"/> (d)(2) <input checked="" type="checkbox"/> (d)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

**NIGHT CARE ENDORSEMENT 19a-79-12 (10am-6am)**  **Y**  **N**

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>
	<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)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<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**

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

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <b>(N/A)</b>
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**DISCUSSIONS/COMMENTS**

- Health + Safety training for all staff by 4/1/25  
 - update New policies with regulations checklist shown on oec website  
 - Smoke Detector chirping in program  
 - fridge at 50F in trumpet room  
 - educational requirements update in policies

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

<b>Signature of OEC staff</b>	[Signature]
<b>Printed Name</b>	K Keilerman

<b>Signature of person in charge</b>	[Signature]
<b>Printed Name</b>	TAUT ELLIS-GORDON

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

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/2/25	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: Swaddle Jay Night + Day care License # 70350 Date: 3/19/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #18-(3)(e)(2), 3a(d)(6)(c), 10(g)(8)- and complaint procedure posted, Administrative oversight policy not posted, Safe sleep policy not posted.
- #21- 1 Background checks state needs background check for 1 staff. staff currently working.
- #35(c)(2)(A-H)- All consultant agreements not current with new regulations.
- #66- Dusty vents in infants, 2 yrs, 1yrs, trumpeter room bathroom back, and cascadia bath and staff bathroom
- #69- Lead water test not current. Send copy to agency.
- #95- Bleach/water bottles not labeled with dilutions
- #111(h)(3)- observed rust on climber on playground

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: *W. Krellerman*  
(OEC Representative) Krellerman

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *F. Gordon*  
(Person in Charge) FAY ELLIS-GORDON

OEC BY: 4/2/25