

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

Shiny Rocks Daycare	3.20.15	9:05 am
70 Alford Ln Unit A	80028	2-28-27
Stamford	203 219 8416	Open
Shiny Rocks Daycare LLC	# of Staff Present: 3	# over 3 Present: 7
shinyrocksdaycare@gmail.com	Total Capacity: 12	Total Under 3 capacity: 3
Gladin Carreras		# under 3 Present: 0
		Ages Served: 18m-5yrs
		7am-6pm M-F

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: 2/14/15	<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. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
	<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
	<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
	<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
	<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> 37. (g)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38. (g)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 13.	(f)	ACCESS	<input checked="" type="checkbox"/> 39. (h)(1)	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> 40. (h)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41. (4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 15.	(m)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42. (4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17.	(o)	Capacity	<input checked="" type="checkbox"/> 44. (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 18.		Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45. (i)(1)(A)-(D)	Non-swimmers identified
	<input checked="" type="checkbox"/> 3a(e)(1)	POSTINGS	<input checked="" type="checkbox"/> 46. (i)(2)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> 3a(e)(2)	License posted	<input checked="" type="checkbox"/> 47. (H)(i)-(I)(i)	Lifeguard-certified-supervising
	<input checked="" type="checkbox"/> 3a(e)(3)	OEC Complaint Procedure posted		CONSULTANTS
	<input checked="" type="checkbox"/> 3a(d)(6)(C)	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 Health Soc. Serv. Dietitian
		Safe Sleep policy posted		NA NA

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Sharon Rocks Daycare	LICENSE NUMBER	P0028	DATE OF INSPECTION	3/20/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>
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<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures STAFF TRAINING 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 type="checkbox"/>	146.	(g) N/A	Designated Head teacher approved- 60%	<input type="checkbox"/>	172.	(b)(1)(A)	
				<input checked="" type="checkbox"/>		(b)(1)(B)	
				<input checked="" type="checkbox"/>		(i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		(b)(2)	
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input 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.		SLEEP PROVISIONS	<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)(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"/>	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
<input checked="" 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 checked="" type="checkbox"/>	160.		MEDICATION TRAINING				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication				
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file				
<input type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(b)(6)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution—permission and storage (N/A)				

DISCUSSIONS/COMMENTS

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

Signature of OEC staff	Signature of person in charge
Printed Name	Printed Name

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4/7/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Shiny Rocks Daycare License # 80076 Date: 3.20.25

Observations/Corrections needed:

- (33) (a)(2) - No documentation of all professional development on file.
- (b)(2) - cannot verify 1 1/2 annual hours of professional development because there is no documentation on file
- (35) (i) Social contract does not include all services required (send copy)
- (ii) Social service consultant annual reviews expired. 6-14-24
- (38) (a)(2)(A-B) 2 out of 8 health records expired. 3 health records with incomplete ~~info~~ on page 2, bottom section.
- (39) (a)(2)(C) - ~~3 out of 8 children missing documentation of flu vaccine on file~~
- (41) (b)(3) - AC unit near walkway from playground to parking is not protected.
- (44) (b)(3)(A-B) - 1 child with expired Tylenol authorization as of 9/24 on file.

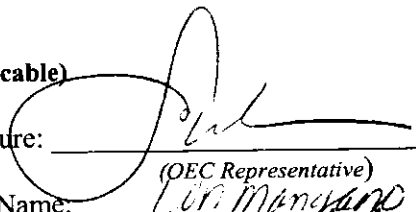
LOK

Discussion

- New Regulations - Checklist provided
- Professional Development Records
- 1 Child missing flu vaccine on file.

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

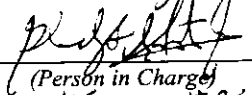
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

(OEC Representative)
 Print Name: Lori Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4.3.25

Signature: 

(Person in Charge)
 Print Name: GLADYS CONTRERAS

CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Shirley Banks Daycare	LICENSE NUMBER 80078	DATE OF INSPECTION 3/20/25
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RECORD KEEPING 19a-79-7a	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 81.		TOILETING
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 82.		Shared toilets/sinks-supervision plan

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Toileting needs met
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		(d)(10)(C)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)		(d)(10)(E)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities		(d)(10)(F)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils		(d)(10)(G)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)		(d)(10)(H)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> 86.	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 87.	(e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 88.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
		Designated isolation area	<input checked="" type="checkbox"/> 89.	(e)(4)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 58.	(b)(2)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 90.	(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> 91.	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
		FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 94.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 2-13-25	<input checked="" type="checkbox"/> 95.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved		(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion		(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 96.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/> 97.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)	<input checked="" type="checkbox"/> 98.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 99.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 100.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: 6-15-24	<input checked="" type="checkbox"/> 101.	(e)(16)	Measures to prevent vermin
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)	<input checked="" type="checkbox"/> 102.	(e)(17)	Radon test- Results: 1.7 (Schls-N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	<input checked="" type="checkbox"/> 103.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y(N) Results _____	<input checked="" type="checkbox"/> 104.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____	<input checked="" type="checkbox"/> 105.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		Peeling Paint - Y(N) Inside/Outside	<input checked="" type="checkbox"/> 106.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
			<input checked="" type="checkbox"/> 107.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
				(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Shiny Rocks Daycare	LICENSE NUMBER	8008	DATE OF INSPECTION	3/20/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<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
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(ii)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

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)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(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	(Y/N)
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<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.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont. 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/followed Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS 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 FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(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	(Y/N)
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	