

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



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

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

Program Name:	Guilford Before + After School	Date of Inspection:	3/19/24	Time of Arrival:	7:08 am
Address:	143 Three Mile Crsk Program @ Cox	License Number:	14369	Expiration Date:	5/31/26
Town:	Guilford 06437	Telephone Number:	203-458-3746	Summer Care:	closed
Operator:	Guilford Center for children	# of Staff Present:	4	# over 3 Present:	2
Email:	J.cattina@guilfordcenterforchildren.com	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Jessica Cautlin	Hours/Days of Operation:	7:00 - 9:00 am 2:45 - 6:00 pm		

Instruction Codes: ✓ = Regulation in Compliance 0 = Regulation not in Compliance N/A = Not applicable at this time

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

LICENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTANTS 19a-79-4a**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 12/21/23	<input checked="" type="checkbox"/> 19. (a)(1) ✓	Staff health records
--	--	----------------------

ADMINISTRATION 19a-79-3a

<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. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Mixed age group
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 29. (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 30. (e)(1)	Supervision—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 31. (f)(1)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 32. (f)(2)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 33. (a)(2)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 34. (h)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 35. (h)(2)	Designated director—training
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/Staff- keep 1 yr.	<input checked="" type="checkbox"/> (4)(C)(ii-v)	CPR certified program staff
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i)	First aid certified program staff
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (e)(6)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws—transportation	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Health & Safety training
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> (i) –	1% annual hours
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(2)(A-H)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 18. (3a)(e)(1) License posted	<input checked="" type="checkbox"/> (F)	Swimming-Ratios
<input checked="" type="checkbox"/> (3a)(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(2)	Non-swimmers identified
<input checked="" type="checkbox"/> (3a)(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CPR certified staff—age 20 or older
<input checked="" type="checkbox"/> (3a)(e)(3) Menus posted		Lifeguard—certified—supervising
<input checked="" type="checkbox"/> (3a)(e)(4) No Smoking posted signs at entrances		CONSULTANTS
<input checked="" type="checkbox"/> (3a)(e)(5) OEC Inspection report posted or available		Consultants—Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (3a)(e)(6) Dev. Milestones posted NA		Consultant agreements—signed annually—agreements complete w/required services
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted Schls-N/A		Consultant logs—documented activities, observations and required services
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted NA		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	—	—	—

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION					
<i>Swilford Before + After school - COX</i>	<i>14369</i>	<i>3/19/24</i>					
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.					
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) <input checked="" type="checkbox"/> 37. (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) <input checked="" type="checkbox"/> 38. (a)(2)(A-B) <input checked="" type="checkbox"/> 39. (a)(2)(C) <input checked="" type="checkbox"/> 40. (a)(2)(E) <input checked="" type="checkbox"/> 41. (a)(3)(A) <input checked="" type="checkbox"/> 42. (a)(3)(B) <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) <input checked="" type="checkbox"/> 44. (a)(3)(D) <input checked="" type="checkbox"/> 45. (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82. <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9) (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected TOILETING 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) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials			
HEALTH and SAFETY 19a-79-6a							
<input checked="" type="checkbox"/> 46. (a)(1) <input checked="" type="checkbox"/> 47. (a)(2) <input checked="" type="checkbox"/> 48. (a)(3) <input checked="" type="checkbox"/> 49. (a)(4) <input checked="" type="checkbox"/> 50. (a)(5) <input checked="" type="checkbox"/> 51. (a)(6) <input checked="" type="checkbox"/> 52. (a)(7) <input checked="" type="checkbox"/> 53. (a)(8) <input checked="" type="checkbox"/> 54. (a)(9) <input checked="" type="checkbox"/> 55. (a)(10) <input checked="" type="checkbox"/> 56. (a)(11) <input checked="" type="checkbox"/> 57. (b)(1) <input checked="" type="checkbox"/> 58. (b)(2) <input checked="" type="checkbox"/> 59. (c) <input checked="" type="checkbox"/> (c)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection _____ (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.	(N/A) (N/A) (N/A) (N/A) (N/A)	<input checked="" type="checkbox"/> 62. (a)(2) <input checked="" type="checkbox"/> 63. (b) <input checked="" type="checkbox"/> 64. (b)(1)-(5) <input checked="" type="checkbox"/> 65. (b)(6) <input checked="" type="checkbox"/> 66. (c)(2) <input checked="" type="checkbox"/> 67. (c)(3) <input checked="" type="checkbox"/> 68. (c)(4) <input checked="" type="checkbox"/> 69. (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <i>3/26/24</i> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible LEAD PAINT Building Pre-78: Y/N Lead Test: Y/N Results <i>no lead identified</i> Lead Management Plan _____ Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	(e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)
PHYSICAL PLANT 19a-79-7a							

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Guilford Before+After School Cox	LICENSE NUMBER	14369	DATE OF INSPECTION	3/19/24
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.		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 play. 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 (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<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)	EDUCATIONAL REQUIREMENTS
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, 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 Y/N

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

<input type="checkbox"/>	128.	(e)(2)	
		(e)(3)	
		(e)(4)	
		(e)(5)	
		(e)(6-9)	
		(e)(7)	
		(e)(8)	
		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
		(f)(2)	
		(f)(3)	
		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
		(h)(1)	
		(h)(2)	
		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.		
		(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

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	
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	

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

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

<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Guilford Before + After School	LICENSE NUMBER	14369	DATE OF INSPECTION	3/19/24
--------------	--------------------------------	----------------	-------	--------------------	---------

SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13	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)	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 checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N							
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(b)(2) (b)(3) (c)(2) (c)(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.		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	ADDITIONAL VIOLATION
---	-----	----------------------

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	- NA	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				DISCUSSIONS/COMMENTS 1) new regulations discussed 2) All staff to have health + safety training by 4/1/25. All new hires within 3 months of hire 3) Policies checklist provided. Program must update policies to reflect new regulations. 4) New complaint procedure on web site to be posted 5) oversight plan to be posted NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.
<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)				

Signature of OEC staff	Fil Montanye	Signature of person in charge	Stephanie Kristopher
Printed Name	Fil Montanye	Printed Name	Stephanie Kristopher

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: 4/2/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
---	---

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Guilford Before + After School License # 14369 Date: 3/19/24
Program @ Cox

Observations/Corrections needed:

Program was not in compliance with:

#4 Employee orientation when 1 staff file did not have documentation of new employee orientation for new staff

#40 individual care plans when 2 care plans for children with emergency medications were not observed

#33 documentation of professional development when documentation not observed for 1 staff.

#161 Authorized prescriber when 1 medication order was observed to be expired for medication on site (order dated 9/20/23)

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: [Signature]
(OEC Representative)

Print Name: Al Montenegro

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/2/25

Print Name: Stephanie Kristopher