

**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:	Miss Nicole's creative learning center	Date of Inspection:	3/20/25	Time of Arrival:	8:12am
Address:	460 Racebrook Rd	License Number:	70425	Expiration Date:	8/31/26
Town:	Orange 06477	Telephone Number:	203-298-4660	Summer Care:	open
Operator:	Miss Nicole's creative learning center	# of Staff Present:	5	# over 3 Present:	11
Email:	missnicotesclca@gmail.com	Total Capacity:	47	# under 3 Present:	8
Designated Director:	Alexa Trenske	Hours/Days of Operation:	7:00am - 6:00pm		

Instruction Codes: = Regulation in Compliance = 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

1. (c)(8) Local Health Inspection-Date: 4/30/24

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. **POLICIES-COMplete/IMPLEMENTED**
 - (d)(2)(A) Discipline policy
 - (d)(2)(B)(C) Child Protection policy
 - (d)(3) Closing time policy
 - (d)(4)(A) Medical emergency policy
 - (d)(4)(B) Multi-Hazards policy-annual drill
 - (d)(5) Supervision policy
 - (d)(6) General Operating policies
 - (d)(6)(C) Administrative Oversight policy
 - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. **ACCESS**
 - (f) Immediate access by parents
 - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. **POSTINGS**
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted 3/24/22 (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

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

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 – Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
Consultant agreements-signed annually-agreements complete w/required services
Consultant logs-documented activities, observations and required services
Consultant visits- Education/Health

	Contacts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Miss Nicole's Creative Learning Center	LICENSE NUMBER	70425	DATE OF INSPECTION	3/20/25
--------------	--	----------------	-------	--------------------	---------

RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission <input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records <input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records <input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<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 SMOKING <input checked="" type="checkbox"/> (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds <input checked="" type="checkbox"/> (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety – outlets inaccessible - covered or protected TOILETING <input checked="" type="checkbox"/> 82. (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located at the facility <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A) <input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. (e)(1) AIR TEMPERATURE Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> (e)(3) Water temperature 60°F-120°F <input checked="" type="checkbox"/> (e)(4) Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> (e)(5) Rugs- not a tripping/slipping hazard <input checked="" type="checkbox"/> (e)(6) Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number LIGHTING <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Enough lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>.7</u> (Schls-N/A) <input type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) <input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible <input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a	PHYSICAL PLANT 19a-79-7a
<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. (c) FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (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"/> (d) FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 94. (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Enough lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>.7</u> (Schls-N/A) <input type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) <input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible <input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a	PHYSICAL PLANT 19a-79-7a
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>4119/24</u> <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. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(B) Lead Water Test – Date: <u>3/14/24</u> <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: _____ (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. (c)(6)(A) LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> <input checked="" type="checkbox"/> (c)(6)(B-D) Results <u>approved emp</u> <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan <u>annual-Bi current</u> <input checked="" type="checkbox"/> (c)(6)(B-D) Peeling Paint – <u>Y/N</u> Inside/Outside	<input checked="" type="checkbox"/> 94. (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Enough lighting for comfort <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>.7</u> (Schls-N/A) <input type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) <input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible <input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Miss Nicolas Creative Learning Center	LICENSE NUMBER	70425	DATE OF INSPECTION	3/20/25
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		128.	<input checked="" type="checkbox"/>	(e)(2)	DIAPERING cont.
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around			<input checked="" type="checkbox"/>	(e)(3)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm			<input checked="" type="checkbox"/>	(e)(4)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE			<input checked="" type="checkbox"/>	(e)(5)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child			<input checked="" type="checkbox"/>	(e)(6-9)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"			<input checked="" type="checkbox"/>	(e)(7)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards			<input checked="" type="checkbox"/>	(e)(8)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected			<input checked="" type="checkbox"/>	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/>	(f)(1)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request			<input checked="" type="checkbox"/>	(f)(2)	LINENS/CLOTHING
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible			<input checked="" type="checkbox"/>	(f)(3)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous			<input checked="" type="checkbox"/>	(f)(4)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>	112.	(h)(7)	OUTDOOR PROTECTED/FENCED	<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/>	(g)(1)	Linens/clothing stored individually
<input checked="" type="checkbox"/>		(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards			<input checked="" type="checkbox"/>	(g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from hazards-4 ft			<input checked="" type="checkbox"/>	(g)(1)	SAFE SLEEP
<input checked="" type="checkbox"/>		(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks			<input checked="" type="checkbox"/>	(g)(2)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>	114.	(i)	Rooftop play areas-6 ft. wall/barrier (N/A)			<input checked="" type="checkbox"/>	(g)(3)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(i)	WATER HAZARDS (N/A)			<input checked="" type="checkbox"/>	(g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)			<input checked="" type="checkbox"/>	(g)(5)	Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited			<input checked="" type="checkbox"/>	(g)(6)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)			<input checked="" type="checkbox"/>	(g)(7)	No unapproved sleeping-car seats/swings/beds, etc.

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"/>	131.	<input checked="" type="checkbox"/>	(h)(1)	TOYS AND OTHER OBJECTS
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS			<input checked="" type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
<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"/>	135.	<input checked="" type="checkbox"/>	(h)(2)	Toddler toys-washed/sanitized weekly
<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	<input checked="" type="checkbox"/>	136.	<input checked="" type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4" diameter
						<input checked="" type="checkbox"/>	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input checked="" type="checkbox"/>	137.	<input checked="" type="checkbox"/>	(j)	Health consultant visits/documentation
				<input checked="" type="checkbox"/>	138.	<input checked="" type="checkbox"/>	(k)(1)	FEEDING
				<input checked="" type="checkbox"/>	139.	<input checked="" type="checkbox"/>	(k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(k)(3)	Written feeding schedule from parent-updated
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(k)(4)	Unused formula/milk discarded after feedings
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(k)(5)	Clean bottles/disposable bottles/appvd washing
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(l)(1)	Baby food served from dish or whole jar
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(l)(2)	Bottles labeled with child's name
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(l)(3)	Bottles spaced fenced-4 ft (lic. after 1/1/25)
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 Y/N								
<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	140.	<input type="checkbox"/>	(b)	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>	141.	<input type="checkbox"/>	(c)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			<input type="checkbox"/>	(c)(1)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			<input type="checkbox"/>	(c)(2)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			<input type="checkbox"/>	(c)(3)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			<input type="checkbox"/>	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots			<input type="checkbox"/>	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			<input type="checkbox"/>	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			<input type="checkbox"/>	(e)	Group size- max. 30
<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"/>	117.	(b)	Approved Under 3 Endorsement		140.	<input type="checkbox"/>	(b)	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)			<input type="checkbox"/>	(c)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			<input type="checkbox"/>	(c)(1)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			<input type="checkbox"/>	(c)(2)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			<input type="checkbox"/>	(c)(3)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			<input type="checkbox"/>	(d)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots			<input type="checkbox"/>	(e)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			<input type="checkbox"/>		Ratio- 1:15
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			<input type="checkbox"/>		Group size- max. 30
<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					

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Miss Nicole's Creative Learning Center	LICENSE NUMBER	70425	DATE OF INSPECTION	3/20/25
---------------------	--	-----------------------	-------	---------------------------	---------

SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y/N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y/N
---	---

<input type="checkbox"/>	145.	(f)	NA	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)		Designated Head teacher approved- 60%

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

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) 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)	NA	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)		Staff awake and available
<input type="checkbox"/>	153.			SLEEP PROVISIONS
<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.			NONPRESC. TOPICAL MEDICATION
		(a)(2)		Admin/Parent permission/report errors
		(a)(3)(A-B)		Labeling and Storage
		(a)(3)(C)		Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.			MEDICATION TRAINING
		(b)(1)(A/C)		Medication training-general-oral/top/inhalant
		(b)(1)(D)		Injectable premeasured autoinjector medication
		(b)(1)(E)		Rectal medication
		(b)(1)(F)		Injectable other than premeasured auto-injector
		(b)(2)(A-B)		Training approval documents/certificates
		(b)(2)(C)		Training outline on file
<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 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)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	- NO	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	------	--

DISCUSSIONS/COMMENTS

1) Discussed new regs at our center
 2) All new staff must have health + safety training within 3 months. All current staff must have training for health + safety by 4/1/25.
 3) policies checklist provided. Program must update all policies to reflect new regulations + program updated
 4) Over 35 playground mulch washed by rain (raining out today) maintain 2" oversight party posted (N/A)
 5) No violations at this visit.

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

Signature of OEC staff	[Signature]
Printed Name	Fill Montano

Signature of person in charge	[Signature]
Printed Name	Nicole DeAngelo

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: N/A	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
---	--