

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

CCE Early Head Start		3.25.25	940
72 Franklin St		15813	11.30.28
Stamford		203998 0495	Open
CCE of Fairfield County, Inc	# of Staff Present: 12	# over 3 Present: 0	# under 3 Present: 32
marshaybuthrie@ccestamford.org	Total Capacity: 48	Total Under 3 capacity: 48	Ages Served: 12w-3yrs
Marsha Buthrie		M-F 730-530pm	

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

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

CHILD CARE CENTER GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	C/C Early Head Start	LICENSE NUMBER	15813	DATE OF INSPECTION	3/25/25
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. Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED		<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<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"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (i)	WATER HAZARDS (N/A)		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<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)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited (N/A)		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes
EDUCATIONAL REQUIREMENTS 19a-79-8a				<input checked="" type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<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)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input checked="" type="checkbox"/> (h)(1)	TOYS AND OTHER OBJECTS
	<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"/> (h)(2)	Infant toys-separate/washed/sanitized daily
	<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"/> 135.	<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
			<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (i)(1)(2A-C)	No toys/objects less than 1 1/4 " diameter
UNDER THREE ENDORSEMENT 19a-79-10 Y/N				<input checked="" type="checkbox"/> (j)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		<input checked="" type="checkbox"/> (k)(1)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 118.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input checked="" type="checkbox"/> (k)(2)	FEEDING
<input checked="" type="checkbox"/> 119.	(c)(3)	Physical barriers separating each group of children- indoors/outdoors		<input checked="" type="checkbox"/> (k)(3)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 120.	(c)(4)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		<input checked="" type="checkbox"/> (k)(4)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Cribs/Pack-n-Plays -in compliance w/CPSC		<input checked="" type="checkbox"/> (k)(5)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Washable cots		(l)(1)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Chairs for feeding-stable base-safety straps-locking tray		<input checked="" type="checkbox"/> (l)(1)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Dev. appropriate tables/chairs/equipment		<input checked="" type="checkbox"/> (l)(2)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Refrigerator and food prep facilities		<input checked="" type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Optional furniture/equip-safe/hazard free		<input checked="" type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	DIAPERING		<input checked="" type="checkbox"/> (l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 128.	(e)(1)	Diaper area: elevated/sturdy/safety rail			
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
<input checked="" type="checkbox"/> 141.	(c)	Written daily program plan-flexible schedule-available to staff/parents		<input type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input type="checkbox"/> (c)			<input type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input type="checkbox"/> (c)(1)			<input type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
	<input type="checkbox"/> (c)(2)				Ratio- 1:15
	<input type="checkbox"/> (c)(3)				Group size- max. 30
	<input type="checkbox"/> (d)		<input checked="" type="checkbox"/> 143.	(d)	
	<input type="checkbox"/> (e)		<input checked="" type="checkbox"/> 144.	(e)	

CHILD CARE CENTER/REGULAR CHILD CARE HOME

NAME: CCC Early Head Start **LICENSE NUMBER:** 15813 **DATE OF INSPECTION:** 3.15.25

RECORD KEEPING 19a-79-7a

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

HEALTH and SAFETY 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"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	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)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>7.16.24</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.		WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>3.15.24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N <u>Y/N</u> Lead Test: Y/N <u>Y/N</u> Results _____
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - <u>Y/N</u> Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		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
<input type="checkbox"/> 82.		TOILETING
	<input checked="" type="checkbox"/> (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.		AIR TEMPERATURE
	<input checked="" type="checkbox"/> (e)(1)	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"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.		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"/> 90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 91.		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
<input checked="" type="checkbox"/> 94.		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>0.4</u> (Schls-N/A)
<input checked="" 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 CLC Early Head Start	LICENSE NUMBER 15813	DATE OF INSPECTION 3.25.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 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)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			<input checked="" type="checkbox"/> 173.	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3)	
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 153.		SLEEP PROVISIONS			
<input type="checkbox"/> 154.	(b)(6)	Individual cot/crib with bedding			
<input type="checkbox"/> 155.	(b)(6)(A)	Sleeping apparel/toiletries labeled			
<input type="checkbox"/> 156.	(b)(6)(B)	Required bedding			
	(b)(6)(C)	Required toiletries			
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	(b)(7)	Sleep arrangements for infants			
	(b)(8)	Air temp 65 °F at 3 ft			
	(b)(9)	Fire marshal approval-hours specified			
	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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	DISCUSSIONS/COMMENTS Regulation not in compliance when... (75) (1)-(1)(2)(A)-(H) - All contracts do not include all services required. (send copy) (82) (d)(1)(H) - Mechanical ventilation in bathrooms not working. Discussion - New regulations checklist provided at inspection - 1 child/Flu vaccine - Feeding schedules / # of fluid ounces indicated - 1 child incomplete parent section on Ab. Perol form. Boxes not checked - Cribs until 1 year of age NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)	MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

Signature of OEC staff 	Signature of person in charge 
Printed Name Lun Mangano	Printed Name Miana Hernandez

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: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4.8.25
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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>