



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:	Abundance of Joy	Date of Inspection:	3/20/25	Time of Arrival:	9:00
Address:	195 N. Main St	License Number:	70593	Expiration Date:	12/31/28
Town:	Ansonia	Telephone Number:	(495) 777-5901	Summer Care:	open
Operator:	Life Health + Wellness Center Inc	# of Staff Present:	4	# over 3 Present:	
Email:	abundancejoy199@gmail.com	Total Capacity:	63	Total Under 3 capacity:	15
Designated Director:	Tikanya Moss	Hours/Days of Operation:	M-F 7:30-5:30	# under 3 Present:	
				Ages Served:	uwc to 12 years

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

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 cont.

1. (c)(8) Local Health Inspection-Date: 10/10/23

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. (c)(1-4) **POLICIES-COMLETE/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. (f) **ACCESS**
 - (h) Immediate access by parents
 - (l) Immediate access by OEC-facility/records
 - 14. (m) 2.8 yr olds enrolled in preschool-authorization
 - 15. (n) Motor vehicle laws-transportation
 - 16. (o) Capacity
 - 17. (o) Respond to OEC-no false, misleading statements or documents
 - 18. **POSTINGS**
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 22. (b)(4) Evidence of compliance
- 23. (d) Adequate staffing
- 24. (d)(1) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. **RATIOS**
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group-ratios
 - (d)(6) Nap time ratio
 - 28. (d)(4)(D) Supervision-Indoors/Outdoors
 - 29. **GROUP SIZE**
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
 - 30. (e)(1) Designated director-training
 - 31. (f)(1) CPR certified program staff
 - 32. (f)(2) First aid certified program staff
 - 33. **PROFESSIONAL DEVELOPMENT**
 - (a)(2) Documentation
 - (h)(1)(2) Health & Safety training
 - (h)(1)(2) 1% annual hours
 - 34. **SWIMMING ACTIVITIES -**
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
 - CONSULTANTS**
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
 - (i) Consultant agreements-signed annually
 - (i)(2)(A-H) Agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	X	✓	✓
Health	X	✓	✓
Soc. Serv.	X	✓	✓
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Abundance of Joy		70593	3/20/25
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)
	<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"/> 77. (d)(6), (f)(3)
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)
<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"/> 80. (d)(8)
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 81. (d)(9)
<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	<input checked="" type="checkbox"/> 82.
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> (d)(10)(A)	Walkways maintained
<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A	<input checked="" type="checkbox"/> (d)(10)(B)
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(C)
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(C)
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(D)
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(E)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(10)(F)
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils	
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> (d)(10)(G)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (d)(10)(H)
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (d)(11)
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 83. (d)(11)
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 84. (e)(1)
<input checked="" type="checkbox"/> 59.	(c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 85. (e)(1)
<input type="checkbox"/> 60.	(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"/> 86. (e)(2)
<input checked="" type="checkbox"/> 61.	(d)	FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 87. (e)(3)
			<input checked="" type="checkbox"/> 88. (e)(4)
			<input checked="" type="checkbox"/> 89. (e)(5)
			<input checked="" type="checkbox"/> 90. (e)(6)
			<input checked="" type="checkbox"/> 91. (e)(7)
			<input checked="" type="checkbox"/> 92. (e)(7)
			<input checked="" type="checkbox"/> 93. (e)(7)
			<input checked="" type="checkbox"/> 94. (e)(7)
			<input checked="" type="checkbox"/> (e)(8)
			<input checked="" type="checkbox"/> (e)(9)
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> (e)(9)	TOILETING
<input type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>10/10/23</u>	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved	Toileting needs met
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals	Handwashing staff/children
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well (Schools-N/A)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>10/10/24</u>	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>	Mechanical ventilation (Grp Homes N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT	AIR TEMPERATURE
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - <u>Y/N</u> Inside/Outside	Air temp 65 °F at 3 ft - non-mercury thermometer affixed to wall (Schl age only N/A)
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u>	Air temp <65°F comfortable (Schl age only-N/A)
		Results <u>Bi Annual - Annex</u>	Air temp > 80 °F - ↑ fluids/ventilation
		Lead Management Plan <u>Bi Annual Annex</u>	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access	Portable space heaters prohibited
			Walls/ceilings/floors/rugs-clean/good repair
			Rugs- not tripping/slipping hazard
			Hot water/Steam pipes protected
			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-mapping children-sufficient lighting to be visible
			Schl age only-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
			Prevention of vermin-openings screened
			Radon test- Results: <u>2/25/22</u> N/A
			Results posted-Date: <u>.3</u> (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, rust
			Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME: Abundance of Joy LICENSE NUMBER: 70593 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
<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 type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
	<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 type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<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"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Roof top play areas-6 ft. wall/barrier
	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u>
	<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (g)(1)	<u>SAFE SLEEP</u>
	<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/> 131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/> 132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/> 134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 136.		<u>FEEDING</u>
	<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
	<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
	<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
	<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
	<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input checked="" type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
	<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, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

<input checked="" type="checkbox"/> 137.	(l)(1)	
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 139.	(l)(3)	

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratio- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		<u>DIAPERING</u>
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	(c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	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
		4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Head teacher approved- 60%
<input checked="" type="checkbox"/> 143.	(d)	
<input checked="" type="checkbox"/> 144.	(e)	
<input checked="" type="checkbox"/> 145.	(f)	
<input checked="" type="checkbox"/> 146.	(g)	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Abundance of Joy License # 70593 Date: 3/20/25

Observations/Corrections needed:

Annex (school-age program) not currently in use. Summer program at this time. No Bef / After school currently enrolled. Discussed playground equipment ages and plan for safeguarding children younger from equipment.

35(i)(2)(A-H) (consultant Agreements not updated with required services
60(c) (Both kits missing required items (ice packs, gloves, scissors
thermometers)

62(a)(2): Fire Marshall certificate not current (send in)

95(e)(10): chemicals accessible on low shelves (Bleach wipes)

21(b): 1 staff working with children not current with Comprehensive
Background check (medical waiver not yet submitted)

111(h)(3): weed matting exposed throughout playground - tripping
hazard.

124(d)(2)(c): Observed infant in high chair without safety straps

130(g)(8): safe sleep policies not posted / parents informed.

40(a)(2)(E): child with emergency medication - care plan not observed

161(b)(3)(A-B): Medication form not current for child with
emergency medication.

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: Jaime FortinPrint Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/3/25Signature: T. Kenya MossPrint Name: T. Kenya Moss

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME: Abundance of Joy LICENSE NUMBER: 70593 DATE OF INSPECTION: 3/20/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N MONITORING OF DIABETES 19a-79-13 Y/N

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(E)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(6)(F)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<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. -	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	<p>policy review checklist provided during inspection highlighting changes to the child care center regulations effective Oct 16, 24. Programs must ensure policies updated to reflect new regulations</p> <p>all items ✓ were either in compliance or discussed at visit</p>	
<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. (b)(1)(A/C)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training outline on file		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Self-administration documentation		
<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage <input checked="" type="checkbox"/> N/A		

SIGNATURE OF OEC STAFF	<u>Jaime Fortin</u>	SIGNATURE OF PERSON IN CHARGE	<u>Tikanya Moss</u>
PRINTED NAME	Jaime Fortin	PRINTED NAME	Tikanya Moss

OEC DIVISION OF LICENSING
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Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/3/25 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>