



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:	Minds in Motion	Date of Inspection:	3/21/25	Time of Arrival:	9:00
Address:	458 Danbury Rd	License Number:	70612	Expiration Date:	4/30/25
Town:	New Milford	Telephone Number:	(860) 799-0735	Summer Care:	Open
Operator:	Minds in Motion LLC	# of Staff Present:	4	# over 3 Present:	2
Email:	mindinmotionchildcare@yahoo.	Total Capacity:	48	Total Under 3 capacity:	8
Designated Director:	Laura Andronaco	Hours/Days of Operation:		# under 3 Present:	5
				Ages Served:	1wks to 12yrs

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.

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: <u>6/30/25/2p</u>	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
ADMINISTRATION 19a-79-3a			<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b) JF ✓	Overall management of program	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input type="checkbox"/> 29.	(d)(6)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11.		POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
	(d)(2)(B-C)	Child Protection policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
	(d)(5)	Supervision policy		(f)(2)	Designated director-training
	(d)(6)	General Operating policies			CPR certified program staff
	(d)(6)(C)	Administrative Oversight policy			First aid certified program staff
	(d)(7)	Personnel policies			PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 12.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		<input checked="" type="checkbox"/> (a)(2)	Documentation
<input checked="" type="checkbox"/> 13.	(f)	ACCESS		<input checked="" type="checkbox"/> (h)(1)(2)	Health & Safety training
	(h)	Immediate access by parents		<input type="checkbox"/> (h)(1)(2)	1% annual hours
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (4)(C)(ii-v)	SWIMMING ACTIVITIES - ✓N
<input checked="" type="checkbox"/> 15.	(m)	2.8 yr olds enrolled in preschool-authorization		<input checked="" type="checkbox"/> (4)(C)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> 16.	(n)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (e)(6)	Non-swimmers identified
<input checked="" type="checkbox"/> 17.	(o)	Capacity		<input checked="" type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18.	(e)(1)	Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Lifeguard-certified-supervising
	(e)(2)	POSTINGS		<input checked="" type="checkbox"/> (i)	CONSULTANTS
	(e)(3)	License posted		<input type="checkbox"/> (i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (N/A)
	(e)(4)	OEC Complaint Procedure posted		<input type="checkbox"/> (F)	Consultant agreements-signed annually
	(e)(5)	Menus posted		<input checked="" type="checkbox"/> (i)(2)	Agreements complete w/required services
	(e)(6)	No Smoking posted signs at entrances		<input checked="" type="checkbox"/> (H)(i)-(1)(i)	Consultant logs-documented activities, observations and required services
		OEC Inspection report posted or available			Consultant visits- Education/Health
		Developmental Milestones posted			

	Contracts	Logs	Visits
Education	X	X	
Health	X	X	✓
Soc. Serv.	X	✓	
Dietitian	-	-	

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

PROGRAM NAME	Minds in Motion	LICENSE NUMBER	70612	DATE OF INSPECTION	3/21/25
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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)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors N/A
<input type="checkbox"/> 38. (a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Parent notification of illness or injury	<input type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82.	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met

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"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection N/A	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input type="checkbox"/> 83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input type="checkbox"/> 84. (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 85. (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 86. (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 87. (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 59. (c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 88. (e)(4)	Water temperature 60 °F - 120 °F
<input checked="" 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"/> 89. (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 61. (d)	FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 90. (e)(6)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> 91. (e)(7)	Rugs- not tripping/slipping hazard
		<input checked="" type="checkbox"/> 92. (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> 93. (e)(7)	Working phone on each level
		<input checked="" type="checkbox"/> 94. (e)(7)	Emergency numbers posted-adjacent to phones
		<input checked="" type="checkbox"/> (e)(8)	Parents provided direct on site phone number
		<input checked="" type="checkbox"/> (e)(9)	LIGHTING
		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(10)	Schl age only-lighting for comfort
		<input checked="" type="checkbox"/> 95. (e)(10)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> 96. (e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
		<input checked="" type="checkbox"/> 97. (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> 98. (e)(13)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 99. (e)(14-15)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 100. (e)(16)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 101. (e)(17)	Prevention of vermin-openings screened
		<input checked="" type="checkbox"/> 102. (e)(18)	Radon test- Results: 2.0 N/A
		<input checked="" type="checkbox"/> 103. (f)(1)(A)	Results posted-Date: 2/21/21 (Schls-N/A)
		<input checked="" type="checkbox"/> 104. (g)(1)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 105. (g)(2)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 106. (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 107. (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
			Air conditioners, water heaters, fuse boxes inaccessible
			Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2) JF	Fire marshal codes/certificate 21324325	<input checked="" type="checkbox"/> 95. (e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 96. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 97. (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> 98. (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<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"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 100. (e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 101. (e)(17)	Radon test- Results: 2.0 N/A
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 102. (e)(18)	Results posted-Date: 2/21/21 (Schls-N/A)
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 3/20/24	<input checked="" type="checkbox"/> 103. (f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: 3/20/24 N/A	<input checked="" type="checkbox"/> 104. (g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 105. (g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside	<input checked="" type="checkbox"/> 106. (g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N	<input checked="" type="checkbox"/> 107. (g)(4)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan n/a		Developmentally app equipment, materials
	Emergency vehicle access		

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

PROGRAM NAME	Minds in motion	LICENSE NUMBER	70612	DATE OF INSPECTION	3/21/25
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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"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (f)(3)	
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>	<input type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (g)(6)	
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(7)	<u>OUTDOOR PROTECTED/FENCING</u> Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(7)	
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/> 131.	<input type="checkbox"/> (g)(8)	
	<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"/> 132.	<input checked="" type="checkbox"/> (h)(1)	
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier	<input checked="" type="checkbox"/> 133.	<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> 114.		<u>WATER HAZARDS</u>	<input checked="" type="checkbox"/> 134.	<input checked="" type="checkbox"/> (h)(2)	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (i)(1)(2A-C)	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (j)	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible		<input checked="" type="checkbox"/> (k)(1)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate		<input checked="" type="checkbox"/> (k)(2)
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(3)
	<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"/> 138.	<input checked="" type="checkbox"/> (k)(4)
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games	<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(5)

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N) SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)			Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors	<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
<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"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 122.	(d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)		<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/> 146.	(g)	Head teacher approved- 60%
<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			

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

PROGRAM NAME: minds in motion LICENSE NUMBER: 70612 DATE OF INSPECTION: 3/21/25

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N: Y MONITORING OF DIABETES 19a-79-13 Y/N: 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)	<u>STAFF TRAINING</u>
<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)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii)	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)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153. <u>SLEEP PROVISIONS</u>		<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	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: Y ADDITIONAL VIOLATION: -

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <u>N/A</u>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input checked="" type="checkbox"/> 159. (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input type="checkbox"/> 160. (b)(1)(A-C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	<u>MEDICATION TRAINING</u>		
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(3)(D)	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

DISCUSSIONS - COMMENTS

policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 16, 2024 - programs must ensure policies updated to reflect new requirements

all items ✓ were either in compliance or discussed at visit

SIGNATURE OF OEC STAFF: Jaime Fortin SIGNATURE OF PERSON IN CHARGE: Laura Andronaco

PRINTED NAME: Jaime Fortin PRINTED NAME: Laura Andronaco

OEC DIVISION OF LICENSING
450 Columbus Blvd, Suite 302, Hartford, CT 06103
Help Desk: (800)282-6063 or (860)500-4450
Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Minds in Motion License # 70612 Date: 3/21/25

Observations/Corrections needed:

Program currently has no infants enrolled. Discussed Basketball hoop not secured indoors.

9(b)(6): 1 out of 3 staff orientation documentation not observed

33(h)(1)(2): 2 out of 3 staff continue education hours do not meet 23/24 year required hours. 1 staff not observed

35(i)(2)(A-H): Consultant Agreements not updated with required services.

35(F): Annual policy review not observed by health or ed. consultant

38(a)(2)(A-B) 1 child's health record out of 3 not current

40(a)(2)(F) 2 care plans not observed for children with emergency medication on site

~~62(c)(2)~~ 81(d)(a): outlets not protected in gym room.

84(e)(1) Air temperature at 58 in preschool at arrival and 64° in gym/ preschool room later at visit

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

135(d)(1)(2A-C) Health consultant last logged 2/19/25 - not weekly visits documented.

160(b)(2)(A-B) training certificates missing requirements per regulations (sample given at visit)

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: James Foster
(OEC Representative)

Print Name: Laura Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/4/25

Print Name: _____