

**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:	Creative Child Center	Date of Inspection:	3-19-25	Time of Arrival:	9:30 am
Address:	263 Farmington Ave	License Number:	13600	Expiration Date:	8/31/26
Town:	Farmington 06030	Telephone Number:	860-679-2124	Summer Care:	open
Operator:	Uconn Health	# of Staff Present:	16	# over 3 Present:	20
Email:	brush@uchc.edu	Total Capacity:	82	Total Under 3 capacity:	50
Designated Director:	Barbara Brush	Hours/Days of Operation:	M-F 6:30 am to 6:00 pm		

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

PROGRAM NAME	Creative Child Center	LICENSE NUMBER	13000	DATE OF INSPECTION	3-19-25
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RECORD KEEPING 19a-79-5

<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 ✕

PHYSICAL PLANT 19a-79-7a cont.

<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 (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 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/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible ✕
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/>	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	(e)(4)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	(e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(6)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(7)	Hot water/Steam pipes protected
<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"/>	<input checked="" type="checkbox"/> (e)(8) ✕	LIGHTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<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"/>	(e)(11)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(12)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(13)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(14-15)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(16)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(17)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(18)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(f)(1)(A)	Radon test- Results: <u>.5</u> N/A
<input checked="" type="checkbox"/>	(g)(1)	Results posted-Date: <u>12/19/14</u> (Schls-N/A)
<input checked="" type="checkbox"/>	(g)(2)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(g)(3)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(4)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>		Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>		Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>		Developmentally app equipment, materials

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 <u> </u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<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 (Schl age only 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"/> 60.	<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"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>12/19/24</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 established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>10/15/24</u> (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u> </u> (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u> </u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Lead Management Plan <u>n/a</u>
<input checked="" type="checkbox"/>		Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(e)(11)	
<input checked="" type="checkbox"/> 96.	(e)(12)	
<input checked="" type="checkbox"/> 97.	(e)(13)	
<input checked="" type="checkbox"/> 98.	(e)(14-15)	
<input checked="" type="checkbox"/> 99.	(e)(16)	
<input checked="" type="checkbox"/> 100.	(e)(17)	
<input checked="" type="checkbox"/> 101.	(e)(18)	
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	
<input checked="" type="checkbox"/> 103.	(g)(1)	
<input checked="" type="checkbox"/> 104.	(g)(2)	
<input checked="" type="checkbox"/> 105.	(g)(3)	
<input checked="" type="checkbox"/> 106.	(g)(4)	
<input checked="" type="checkbox"/> 107.		

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Creative Child Center		13600	3.19.25
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 checked="" 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 checked="" type="checkbox"/> (h)(3) Playground free from hazards <input checked="" type="checkbox"/> (h)(4) Nuts, bolts, screws-tight, covered/protected <input checked="" type="checkbox"/> (h)(5) Outside equipment anchored-anchors buried <input checked="" type="checkbox"/> (h)(6) New equip- cert 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"/> (h)(7)(C) Rooftop play areas-6 ft. wall/barrier N/A <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A <input checked="" type="checkbox"/> (i) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible N/A	<input checked="" type="checkbox"/> 129. <u>LINENS/CLOTHING</u> <input checked="" type="checkbox"/> (f)(1) Linens/emergency clothing available <input checked="" type="checkbox"/> (f)(2) Linens washed weekly or as needed <input checked="" type="checkbox"/> (f)(3) Linens/clothing stored individually <input checked="" type="checkbox"/> (f)(4) Cribs/cots cleaned-linens changed when shared <input type="checkbox"/> 130. <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 checked="" type="checkbox"/> (g)(8) Safe sleep policies posted/parents informed ★ <input checked="" type="checkbox"/> (h)(1) Infant toys-separate/washed/sanitized daily <input checked="" type="checkbox"/> (h)(1) Toddler toys-washed/sanitized weekly <input checked="" type="checkbox"/> (h)(2) No toys/objects less than 1 ¼ " diameter <input checked="" type="checkbox"/> (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision <input checked="" type="checkbox"/> (i)(1)(2A-C) Health consultant visits/documentation <input checked="" type="checkbox"/> 131. <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"/> 132. (l)(1) Outdoor spaced fenced-4 ft lic. after 1/1/25 <input checked="" type="checkbox"/> 133. (l)(2) Outdoor equipment-developmentally appropriate for ages of the children <input checked="" type="checkbox"/> 134. (l)(2) Shock ab materials less than 1 ¼ "-or measures in place to ensure their health & safety <input checked="" type="checkbox"/> 135. (l)(3) <input checked="" type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.		
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 ★			
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"/> 118. (c)(2) Ratios- 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. <u>SCHEDULE - ACTIVITIES</u> <input checked="" type="checkbox"/> (c) Written daily program plan-flexible schedule-available to staff/parents <input checked="" type="checkbox"/> 142. <input checked="" type="checkbox"/> (c)(1) Activities not a duplication of child's day <input checked="" type="checkbox"/> (c)(2) Activities include cognitive, physical, social, emotional needs of the children <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"/> 143. (d) Ratio- 1:15 ★ <input checked="" type="checkbox"/> 144. (e) Group size- max. 30 <input checked="" type="checkbox"/> 145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent <input checked="" type="checkbox"/> 146. (g) Head teacher approved- 60%		

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

PROGRAM NAME	Creative Child Center	LICENSE NUMBER	13600	DATE OF INSPECTION	3-19-25
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<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) Children in care no more than 12 hrs. in 24 <input type="checkbox"/> 152. (b)(5) Staff awake and available <input type="checkbox"/> 153. <u>SLEEP PROVISIONS</u> <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	<input type="checkbox"/> 171. (a)(1) Written policies and procedures <input type="checkbox"/> 172. <u>STAFF TRAINING</u> <input type="checkbox"/> (b)(1)(A) Staff training – first aid <input type="checkbox"/> (b)(1)(B) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions <input type="checkbox"/> (b)(2) Training updated at least every 3 years <input type="checkbox"/> (b)(3) Written documentation of training <input type="checkbox"/> (c)(2) Trained staff on site when child is present <input 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 type="checkbox"/> 175. (d)(2) Equipment labeled and inaccessible <input type="checkbox"/> 176. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded <input type="checkbox"/> 177. (e)(1) Authorized prescriber written order <input type="checkbox"/> 178. (e)(2) Written authorization from parent <input type="checkbox"/> 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
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<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. <u>NONPRESC. TOPICAL MEDICATION</u> <input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors <input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage <input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned <input checked="" type="checkbox"/> 160. <u>MEDICATION TRAINING</u> <input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant <input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication <input checked="" type="checkbox"/> (b)(1)(E) Rectal medication <input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector <input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates <input checked="" type="checkbox"/> (b)(2)(C) Training outline on file <input 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	<input checked="" type="checkbox"/> 180. - n/a Consent Order/Negotiated Corrective Action Plan conditions N/A
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DISCUSSIONS - COMMENTS

★ items discussed / new regulations
 - updated complaint procedure provided.
 - policies to be updated to reflect new regulations.

SIGNATURE OF OEC STAFF	Betty Mayer	Barbara Brush	SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	Betty Mayer	Barbara Brush	PRINTED NAME

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 4/2/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Child Care License # 13600 Date: 3-19-25

Observations/Corrections needed:

#35 (i)(2)(A-H) Education, social service, health and dietician consultant contracts missing all required services.

#40 care plan for one child with asthma not observed.

#130 safe sleep policy not posted in infant room.

- Discussed:
- ① 1 staff member not signed in
 - ② Medication authorization form for one child with motrin on school form.
 - ③ lighting in PS2 ^{observed} less than 1 ^{to be} candle foot during nap.

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: Betty Mayer
(OEC Representative)
Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/2/25

Signature: Barbara Brush
(Person in Charge)
Print Name: Barbara Brush