

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

Pequenin Children Multicultural Readiness Academy		3/20/25	11:15am
37 Grove St		16523	10/31/28
Hartford, CT 06106		860-951-0400	Open
Pequenin Children Multicultural Readiness Academy		# of Staff Present: 11	# over 3 Present: 49
pequenin@pequeninhartford.org		Total Capacity: 110	# under 3 Present: 14
Miriam Mercado			Ages 12 months Served: 5 years
			7:00am - 5:30pm

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

Massachusetts Charitable  
Nursing Center (N/A) Academy

16523

10/31/2025

PHYSICAL PLANT 19a-75-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<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

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		<b>SMOKING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>

<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>2/25/25</u> (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<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)(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
<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 (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(4)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(6)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	<b>LIGHTING</b>
<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-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>0.5</u> (Schls-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/16/25</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 type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input type="checkbox"/> 69.	<input type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> (Public Well (Schools-N/A))
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>3/3/25</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78 Y/N - Lead Test: Y/N Results <u>No lead</u>
		Lead Management Plan _____
		Peeling Paint - Y/N Inside/Outside

<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.	(g)(4)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b> Playgroup Center Musical and Business Academy	<b>LICENSE NUMBER</b> 16573	<b>DATE OF INSPECTION</b> 3/20/25
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**PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input 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.		<b>OUTDOOR SPACE</b>
<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-
<input checked="" type="checkbox"/>	112.		equip/fences/structures not hazardous
			<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<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.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
			<b>WATER HAZARDS</b>
<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)

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

**UNDER THREE ENDORSEMENT 19a-79-10** YN

<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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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.		<b>DIAPERING</b>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> 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 - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> 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)
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input checked="" type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

**SCHOOL AGE ENDORSEMENT 19a-79-11** YN

<input type="checkbox"/>	140.	(b)	<b>Approved Schl Age Endorsement</b> <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day 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
<input type="checkbox"/>	141.	(c)	
<input type="checkbox"/>		(c)(1)	
<input type="checkbox"/>		(c)(2)	
<input type="checkbox"/>		(c)(3)	
<input type="checkbox"/>	143.	(d)	
<input type="checkbox"/>	144.	(e)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

**PROGRAM NAME:** Montessori Children Multicultural Business Academy **LICENSE NUMBER:** 16527 **DATE OF INSPECTION:** 3/20/25

**SCHOOL AGE ENDORSEMENT 19a-79-11** Y/N **MONITORING OF DIABETES 19a-79-13** Y/N

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures

172. **STAFF TRAINING**  
 Staff training – first aid  
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

(b)(1)(A)  
 (b)(1)(B)  
 (i)-(iii)

(b)(2)  
 (b)(3)  
 (c)(2)

173. (c)(3)

174. (d)(1)  
 175. (d)(2)  
 176. (d)(3)

177. (e)(1)  
 178. (e)(2)  
 179. (e)(3)

Training updated at least every 3 years  
 Written documentation of training  
 Trained staff on site when child is present  
 Self-administration - written authorization and under supervision of trained staff  
 Equipment provided by parents  
 Equipment labeled and inaccessible  
 Signed agreement with parent regarding equipment, supplies, materials to be discarded  
 Authorized prescriber written order  
 Written authorization from parent  
 Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)** Y/N

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

153. **SLEEP PROVISIONS**  
 (b)(6) Individual cot/crib with bedding  
 (b)(6)(A) Sleeping apparel/toiletries labeled  
 (b)(6)(B) Required bedding  
 (b)(6)(C) Required toiletries  
 (b)(6)(D) Bedding/sleeping apparel laundered weekly  
 (b)(7) Sleep arrangements for infants

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

**ADMINISTRATION OF MEDICATIONS 19a-79-9a** Y/N

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. **NONPRESC. TOPICAL MEDICATION**  
 (a)(2) Admin/Parent permission/report errors  
 (a)(3)(A-B) Labeling and Storage  
 (a)(3)(C) Unused/expired meds destroyed/returned

160. **MEDICATION TRAINING**  
 (b)(1)(A/C) Medication training-general-oral/top/inhalant  
 (b)(1)(D) Injectable premeasured autoinjector medication  
 (b)(1)(E) Rectal medication  
 (b)(1)(F) Injectable other than premeasured auto-injector  
 (b)(2)(A-B) Training approval documents/certificates  
 (b)(2)(C) Training outline on file

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

**ADDITIONAL VIOLATION**

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

Policy review checklist provided during inspection highlighting changes to be child care center regulations, effective October 16 2024. Program must ensure policies are updated to reflect new requirements.

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

**Signature of OEC staff:** [Signature]  
**Printed Name:** Johanne Dabo

**Signature of Person in Charge:** [Signature]  
**Printed Name:** Miriam Mercedes

**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](http://www.ctoec.org/licensing) Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov)

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/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Regenerin Children Multicultural Readiness Academy License # 16523 Date: 3/20/25

Observations/Corrections needed:

no Regulation was not in compliance when:

#16(n): Observed 10 2yr old children in a room licensed for 8 children

#21(b): Observed 1 staff with <sup>work</sup> supervised status by herself in classroom during nap.

#27(d)(6): Observed 1 staff with 15 children in classroom during nap time. 2 children were awake.

#35(i)(2)(A-H): Observed all consultant agreements (4) without required services.

#35(F): Observed no documentation of annual review of policies (infection)

#66(c)(2): Observed water coolers not secured in 4 classes.

#69(c)(5)(A): Water test results were from 1 sink only.

#108(a)(5): No documentation per manufacturer of age appropriateness for orange arch on playground.

#111(h)(4): Observed 2 protruding screws under the orange arch.

#128(e)(8): No diapering policies were posted (Rm 1B)

Discussion: Porous surfaces impaled on wall in room 4

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: [Signature]  
(OEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 4/3/25

Print Name: Miriam Mercado