



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:	Valley YMCA SACC Shelton	Date of Inspection:	4/1/25	Time of Arrival:	7:45
Address:	418 River Road	License Number:	14684	Expiration Date:	3/31/25
Town:	Shelton, CT 06484	Telephone Number:	203-521-1383	Summer Care:	Closed
Operator:	Central Connecticut Coast YMCA	# of Staff Present:	2	# over 3 Present:	14
Email:	rlaworthycccymca.org	Total Capacity:	164	Total Under 3 capacity:	0
Designated Director:	Ryan Leworthy	Hours/Days of Operation:	M-F 7-9 + 3:30-6		

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>3/16/24</u>	<input 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) Overall management of program	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance																				
<input checked="" 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 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.	RATIOS																				
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input type="checkbox"/> 28. (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input type="checkbox"/> 29. (d)(4)(B)	Mixed age group-ratios																				
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input type="checkbox"/> 30. (d)(6)	Nap time ratio																				
<input checked="" type="checkbox"/> (d)(2)(B-C) Child Protection policy	<input type="checkbox"/> 31. (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input type="checkbox"/> 32. (d)(5)	GROUP SIZE																				
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input type="checkbox"/> 33. (d)(5)(A)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> 34. (d)(5)(B)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35. (e)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 36. (f)(1)	Designated director-training																				
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 37. (f)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input type="checkbox"/> 38. (a)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (h)(1)(2)	PROFESSIONAL DEVELOPMENT																				
<input type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> (h)(1)(2)	Documentation																				
<input type="checkbox"/> (h) Immediate access by OEC-facility/records	<input type="checkbox"/> 39. (4)(C)(ii-v)	Health & Safety training																				
<input type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization	<input type="checkbox"/> (4)(C)(i)	1% annual hours																				
<input type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N																				
<input type="checkbox"/> 16. (n) Capacity	<input type="checkbox"/> (e)(6)	Swimming-Ratios																				
<input type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i)(1)(A-D)	Non-swimmers identified																				
<input type="checkbox"/> 18. (e)(1) License posted	<input checked="" type="checkbox"/> (i)	CPR certified staff-age 20 or older																				
<input type="checkbox"/> (e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (i)(2)(A-H)	Lifeguard-certified-supervising																				
<input type="checkbox"/> (e)(3) Menus posted	<input checked="" type="checkbox"/> (F)	CONSULTANTS																				
<input type="checkbox"/> (e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (i)(2)	Consultants-Education, Health, Social Service, Dietitian <u>N/A</u>																				
<input type="checkbox"/> (e)(5) OEC Inspection report posted or available	<input type="checkbox"/> (H)(i)-(I)(i)	Consultant agreements-signed annually																				
<input type="checkbox"/> (e)(6) Developmental Milestones posted		Agreements complete w/required services																				
		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

Valley Homecare - Shelton

LICENSE NUMBER

10052

DATE OF INSPECTION

4/1/25

RECORD KEEPING 19a-79-5

Table with 3 columns: Item number, Code, and Description. Includes items 36-45 regarding enrollment, permissions, and records.

PHYSICAL PLANT 19a-79-7a cont.

Table with 3 columns: Item number, Code, and Description. Includes items 72-107 regarding physical plant conditions.

Walkways maintained
Windows protected to prevent falls
Window screens (Schl age only- N/A)
Glass and mirrors protected to 36"
Overhead doors-locking devices, spring protectors N/A
Exits, stairs, hallways unobstructed
Individual storage of clothing/bedding
Smoking or vaping prohibited on premises/grounds
Matches/lighters inaccessible
Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Potty chairs-nonporous, emptied, disinfected
Required toilets/sinks-1:16
Required toilets/sinks-1:25 schl age only
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located-at the facility or licensed premises
Well lighted/ventilated toilet rooms
Mechanical ventilation (Grp Homes N/A)
Staff personal articles inaccessible
AIR TEMPERATURE
Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
Air temp <65°F comfortable (Schl age only-N/A)
Air temp > 80 °F - ↑ fluids/ventilation
Water temperature 60 °F - 120 °F
Portable space heaters prohibited
Walls/ceilings/floors/rugs-clean/good repair
Rugs- not tripping/slipping hazard
Hot water/Steam pipes protected
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number
LIGHTING
All areas min. 1 foot candle of lighting
Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
Schl age only-lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials - labeled, inaccessible
Garbage/rubbish-disposed of daily, containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written care plan including access to children
Prevention of vermin-openings screened
Radon test- Results: _____ N/A
Results posted-Date: _____ (Schls-N/A)
Carbon monoxide detector-each level N/A
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
Air conditioners, water heaters, fuse boxes inaccessible
Developmentally app equipment, materials

HEALTH and SAFETY 19a-79-6a

Table with 3 columns: Item number, Code, and Description. Includes items 46-61 regarding food safety, kitchen hygiene, and first aid kits.

PHYSICAL PLANT 19a-79-7a

Table with 3 columns: Item number, Code, and Description. Includes items 62-71 regarding fire safety, water supply, and lead paint testing.

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

PROGRAM NAME Valley Ymca SACC Shelter	LICENSE NUMBER 16682	DATE OF INSPECTION 4/1/25
UNDER THREE ENDORSEMENT 19a-79-10 cont.		

PHYSICAL PLANT 19a-79-7a cont.

<input type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		OUTDOOR SPACE
		<input type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input type="checkbox"/> (h)(3)	Playground free from hazards
		<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
		<input type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>	113.	<input type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A
<input type="checkbox"/>	114.		WATER HAZARDS
		<input type="checkbox"/> (i)	Pools, swimming areas- N/A
		<input type="checkbox"/> (i)	conforms to 19-13-B33b and 19a-36-B61
		<input type="checkbox"/> (i)	Wading pools prohibited
		<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A

<input type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug 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 FEEDING 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 type="checkbox"/>	130.	(f)(2)	
		(f)(3)	
		(f)(4)	
		(g)(1)	
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>	132.	(h)(1)	
<input type="checkbox"/>	133.	(h)(2)	
<input type="checkbox"/>	134.	(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.	(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

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

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
		(c)(2)	Activities not a duplication of child's day
		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(d)	Ratio- 1:15
<input type="checkbox"/>	144.	(e)	Group size- max. 30
<input 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	Valley YMCA Soccer Shelter	LICENSE NUMBER	14684	DATE OF INSPECTION	4/1/25
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NIGHT CARE ENDORSEMENT 19a-79-12 (19 pm-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"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(B)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	(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 type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 174. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required bedding	<input type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Required toiletries	<input type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 177. (e)(1)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants	<input type="checkbox"/> 178. (e)(2)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft	<input type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified		
	Local health approval		

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 type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		N/A
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<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"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage		

DISCUSSIONS - COMMENTS

- 1 individual care plan not signed by parent.

- 1 medication not labeled.

19- 1 staff health record not observed.

- updated fire marshal + local health certificates observed today.

SIGNATURE OF OEC STAFF	<i>K Morgan</i>	SIGNATURE OF PERSON IN CHARGE	<i>F. Beaul</i>
PRINTED NAME	Kristi Morgan	PRINTED NAME	Felicia Beaul

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

Inspection shall be posted or available for review upon request.

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