

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:	Day Care Center of New Canaan	Date of Inspection:	1/4/24	Time of Arrival:	9:30
Address:	154 South Ave.	License Number:	4/2125	Expiration Date:	5/31/24
Town:	New Canaan, CT 06840	Telephone Number:	203-966-9247	Summer Care:	Open
Operator:	Day Care Center of New Canaan Inc	# of Staff Present:	9	# over 3 Present:	35
Email:	Suz 0317 @ aol . com	Total Capacity:	90	Total Under 3 capacity:	0
Designated Director:	Barbara Crolla	Hours/Days of Operation:	M-F 7:30am-5:30pm		

Instruction Codes: Regulation in Compliance Regulation not in Compliance N/A

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-79-3a**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 10/17/23	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
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ADMINISTRATION 19a-79-3a

<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"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38. (h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 12. ACCESS	<input checked="" type="checkbox"/> 39. (h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y(N)
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45. (i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Contracts Logs Visits
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted		Education ✓ Health ✓ Soc. Serv. ✓ Dietitian ✓
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Daycare Center of New Canaan	LICENSE NUMBER 14044	DATE OF INSPECTION 4/2/25
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RECORD KEEPING 19a-79-5a

36.	(a)(1)(A-C)	Children's Enrollment information
37.		PARENT PERMISSIONS
38.	(a)(1)(D)(i)	Emergency medical permission
39.	(a)(1)(D)(ii)	Authorized release permission
40.	(a)(1)(D)(iii)	Field trip permission
41.	(a)(1)(D)(iv)	Transportation permission
42.	(a)(2)(A-B)	Child Health Records
43.	(a)(2)(C)	Immunization records
44.	(a)(2)(E)	Individual care plan-signed by parents/staff
45.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
46.	(a)(3)(B)	Parent notification of illness or injury
47.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
48.	(a)(3)(D)	Notify DPH, local health-reportable diseases
49.	(a)(4)	Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

50.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
51.	(a)(2)	Nutritious meals and snacks
52.	(a)(3)	Proper refrigeration-41 degrees
53.	(a)(4)	Menus-1 wk in advance- keep 3 mths
54.	(a)(5)	Food Service Inspection <u>11/1/25</u> (N/A)
55.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
56.	(a)(7)	Separate hand washing facilities
57.	(a)(8)	Multi-use eating/drinking utensils
58.	(a)(9)	Kitchen separated (N/A)
59.	(a)(10)	Children supervised during meal prep
60.	(a)(11)	Handwashing-staff/children
61.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
62.	(b)(2)	Designated isolation area
63.	(c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
64.	(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
65.	(d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

66.	(a)(2)	Fire marshal codes/certificate <u>2/27/25</u>
67.	(b)	Indoor/Outdoor space inspected/approved
68.	(b)(1)-(5)	Construction/expansion/renovation/conversion
69.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
70.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
71.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free <u>SA only</u> (N/A)
72.	(c)(4)	Testing of premises/grounds for chemicals
73.	(c)(5)(A)	WATER SUPPLY - P (bldg/Well (Schools N/A))
74.	(c)(5)(B)	Lead Water Test - Date: <u>8/10/24</u>
75.	(c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
76.	(c)(5)(C)	Drinking water available/accessible
77.	(c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____
78.	(c)(6)(B-D)	Lead Management Plan _____
79.		Peeling Paint - <u>Y/N</u> Inside/Outside

71.	(d)(1)	Emergency vehicle access
72.	(d)(2)	Walkways maintained
73.	(d)(3)	Windows protected to prevent falls
74.	(d)(3)	Window screens
75.	(d)(4)	Glass/mirrors protected- 36"
76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
78.	(d)(7)	Individual storage of clothing and bedding
79.	(d)(8)	SMOKING
80.	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
81.	(d)(9)	Matches/lighters inaccessible
82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
83.	(d)(10)(A)	TOILETING
84.	(d)(10)(B)	Shared toilets/sinks-supervision plan
85.	(d)(10)(C)	Toileting needs met
86.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
87.	(d)(10)(E)	Required toilets/sinks-1:16
88.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
89.	(d)(10)(E)	Handwashing staff/children
90.	(d)(10)(F)	Toilets/sinks located at the facility
91.	(d)(10)(G)	Well lighted/ventilated toilet rooms
92.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
93.	(d)(11)	Staff personal articles inaccessible
94.	(e)(1)	AIR TEMPERATURE
95.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
96.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
97.	(e)(3)	Water temperature 60°F-120°F
98.	(e)(4)	Portable space heaters prohibited
99.	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
100.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
101.	(e)(5)	Rugs- not a tripping/slipping hazard
102.	(e)(6)	Hot water/Steam pipes protected
103.	(e)(7)	TELEPHONE/TELEPHONE NUMBERS
104.	(e)(7)	Working phone on each level
105.	(e)(7)	Emergency numbers posted-adjacent to phones
106.	(e)(7)	Parents provided direct on site phone number
107.	(e)(8)	LIGHTING
108.	(e)(8)	All areas min. 1 foot candle of lighting
109.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
110.	(e)(9)	Enough lighting for comfort <u>SA only</u>
111.	(e)(10)	Light fixtures shielded/shatter proof
112.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
113.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
114.	(e)(12)	Stairs-protected/good repair-handrails
115.	(e)(13)	Toxic plants/materials inaccessible
116.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
117.	(e)(16)	Measures to prevent vermin
118.	(e)(17)	Radon test- Results: <u>2.2-1.4</u> (Schls N/A)
119.	(e)(18)	Carbon monoxide detector-each level <u>N/A</u>
120.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
121.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
122.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
123.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
124.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Daycare Center of new Caravan	LICENSE NUMBER 142000	DATE OF INSPECTION 4/2/25
PHYSICAL PLANT 19a-79-7a 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.		OUTDOOR SPACE
<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.		OUTDOOR PROTECTED/FENCED
<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<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 (N/A)
<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)	EDUCATIONAL REQUIREMENTS
		(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 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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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
		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)
<input type="checkbox"/>		(e)(3)
<input type="checkbox"/>		(e)(4)
<input type="checkbox"/>		(e)(5)
<input type="checkbox"/>		(e)(6-9)
<input type="checkbox"/>		(e)(7)
<input type="checkbox"/>		(e)(8)
<input type="checkbox"/>		(e)(10)(A-C)
<input type="checkbox"/>	129.	(f)(1)
<input type="checkbox"/>		(f)(2)
<input type="checkbox"/>		(f)(3)
<input type="checkbox"/>		(f)(4)
<input type="checkbox"/>	130.	(g)(1)
<input type="checkbox"/>		(g)(1)
<input type="checkbox"/>		(g)(1)
<input type="checkbox"/>		(g)(2)
<input type="checkbox"/>		(g)(3)
<input type="checkbox"/>		(g)(4)
<input type="checkbox"/>		(g)(5)
<input type="checkbox"/>		(g)(6)
<input type="checkbox"/>		(g)(7)
<input type="checkbox"/>		(g)(8)
<input type="checkbox"/>	131.	(h)(1)
<input type="checkbox"/>		(h)(1)
<input type="checkbox"/>		(h)(2)
<input type="checkbox"/>		(h)(2)
<input type="checkbox"/>	135.	(i)(1)(2A-C)
<input type="checkbox"/>	136.	(j)
<input type="checkbox"/>		(k)(1)
<input type="checkbox"/>		(k)(2)
<input type="checkbox"/>		(k)(3)
<input type="checkbox"/>		(k)(4)
<input type="checkbox"/>		(k)(5)
<input type="checkbox"/>	137.	(l)(1)
<input type="checkbox"/>	138.	(l)(2)
<input type="checkbox"/>	139.	(l)(3)

DIAPERING cont.

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

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 - parents informed

TOYS AND OTHER OBJECTS

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

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

<input checked="" type="checkbox"/>	140.	(b)
<input checked="" type="checkbox"/>	141.	(c)
		(c)(1)
		(c)(2)
		(c)(3)
<input checked="" type="checkbox"/>	143.	(d)
<input checked="" type="checkbox"/>	144.	(e)

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Daycare Center of New Canaan	LICENSE NUMBER 14004	DATE OF INSPECTION 4/2/25	
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MONITORING OF DIABETES 19a-79-13 Y/N

<input checked="" type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions 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
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	
						(b)(1)(B)	
						(i)-(iii)	
						(b)(2)	
						(b)(3)	
						(c)(2)	
				<input checked="" type="checkbox"/>	173.	(c)(3)	
				<input checked="" type="checkbox"/>	174.	(d)(1)	
				<input checked="" type="checkbox"/>	175.	(d)(2)	
				<input checked="" type="checkbox"/>	176.	(d)(3)	
				<input checked="" type="checkbox"/>	177.	(e)(1)	
				<input checked="" type="checkbox"/>	178.	(e)(2)	
				<input checked="" type="checkbox"/>	179.	(e)(3)	

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

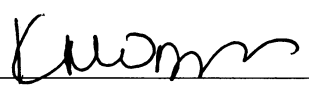
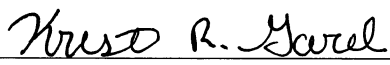
<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written 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.		SLEEP PROVISIONS
		<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

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	- N/A	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/>	159.		NONPRESC. TOPICAL MEDICATION				
		<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.		MEDICATION TRAINING				
		<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 type="checkbox"/>	(b)(1)(E) Rectal medication				
		<input 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)				

DISCUSSIONS/COMMENTS

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

Signature of OEC staff		Signature of person in charge	
Printed Name	Kristin Morgan	Printed Name	Kristen R. Garel

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: 4/16/25 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: Day care Center of New Canaan License # 14066 Date: 4/2/25

Observations/Corrections needed:

- 54 - observed kitchen door open throughout visit.
- 59C - observed 2 first Aid kits missing required items (rolled gauze, tweezers, cold packs, thermometer).
- 82 (a)(10)(H) - boys + girls bathrooms in school age - Mechanical Ventilation not functioning properly.
- 94 (e)(9) - observed lighting in group 1 - Science 40 table 29, manipulatives 12.3, reading 12.2 writing 18.07; main room tables + reading area between 14.4 - 43.7; group 3 between 20.55 (iPad) - 35.26 (reading).
- 96 - outside trash not emptied daily - trash blew out onto ground.
- 111 (h)(3) - observed standing water in yellow bin; hapscoth rug tripping hazard.

Discussed:

- policies to be updated to reflect regulation changes 10/2024
- Janitors closet unlocked - some cleaners at an accessible height.

~~Emergency~~

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: *Kristen Morgan*
(OEC Representative)

Print Name: Kristen Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *Kristen R. Garel*
(Person in Charge)

OEC BY: 4/16/25

Print Name: Kristen R. Garel