

**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:	The Goddard	Date of Inspection:	4/10/25	Time of Arrival:	9:00
Address:	39 Old Bridgebury Rd.	License Number:	70144	Expiration Date:	10/31/25
Town:	Danbury, Ct 0778	Telephone Number:	203-628-2000	Summer Care:	Open
Operator:	Andall II	# of Staff Present:	20	# over 3 Present:	34
Email:	dandryer@goddardschools.com	# under 3 Present:	39	Total Under 3 capacity:	67
Designated Director:	Lynn Weston	Total Capacity:	147	Ages Served:	6wks - 12y0
		Hours/Days of Operation:	M-F 7:00am - 6:00pm		

Instruction Codes: Regulation in Compliance Regulation not in Compliance N/A - Not applicable at this time

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

1. (c)(8) Local Health Inspection-Date: 2/10/25

ADMINISTRATION 19a-79-3a

2. (a) Ensuring health & safety of children
 3. (b) Overall management of program
 4. (b)(6) Employee orientation for new program staff
 5. (b)(6) Annual policy training for program staff
 6. (b)(7)(A) Child behavior management
 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
 8. (b)(7)(C) Child Protection
 9. (b)(7)(E) Mandated Reporting
 10. (c)(1-4) Notification of Change
 11. POLICIES-COMplete/IMPLEMENTED
 (d)(2)(A) Discipline policy
 (d)(2)(B)(C) Child Protection policy
 (d)(3) Closing time policy
 (d)(4)(A) Medical emergency policy
 (d)(4)(B) Multi-Hazards policy-annual drill
 (d)(5) Supervision policy
 (d)(6) General Operating policies
 (d)(6)(C) Administrative Oversight policy
 (d)(7) Personnel policies
 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
 13. ACCESS
 (f) Immediate access by parents
 (h) Immediate access by OEC-facility/records
 14. (l) 2.8 yr olds in prek-authorization
 15. (m) Motor vehicle laws-transportation
 16. (n) Capacity
 17. (o) Respond to OEC-no false, misleading statements or documents
 18. POSTINGS
 3a(e)(1) License posted
 3a(e)(2) OEC Complaint Procedure posted
 3a(d)(6)(C) Administrative Oversight policy
 3a(e)(3) Menus posted
 3a(e)(4) No Smoking posted signs at entrances
 3a(e)(5) OEC Inspection report posted or available
 3a(e)(6) Dev. Milestones posted
 7a(e)(17) Radon Test posted
 10(g)(8) Safe Sleep policy posted (Schls-N/A)

19. (a)(1)
 20. (a)(3)
 21. (b)
 21a. (b)(2)
 22. (b)(4)
 23. (d)
 24. (d)(1)-(e)(2)
 25. (d)(2)
 26. (d)(3)(A-C)
 27. (d)(4)(A)
 (d)(4)(B)
 (d)(6)
 (d)(4)(D)
 28.
 29.
 (d)(5)
 (d)(5)(A)
 (d)(5)(B)
 30. (e)(1)
 31. (f)(1)
 32. (f)(2)
 33. (a)(2)
 (h)(1)
 (h)(2)
 34. (4)(C)(ii-v)
 (4)(C)(i)
 (e)(6)
 (e)(6)
 35. (i)(1)(A)-(D)
 (i) -
 (i)(2)(A-H)
 (F)
 (i)(2)
 (H)(i)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Past employment history
 Evidence of compliance with bknd cks/history
 Adequate staffing
 Designated head teacher-approved-60%
 Two staff present-age 18 or older
 Personal qualities of staff
RATIOS
 Ratio 1:10 - Indoors/Outdoors
 Mixed age group
 Nap time ratio
 Supervision-Indoors/Outdoors
GROUP SIZE
 Group Size-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Mixed age group-group size
 Designated director-training
 CPR certified program staff
 First aid certified program staff
PROFESSIONAL DEVELOPMENT
 Documentation of prof. dev/trainings
 Health & Safety training
 1% annual hours
SWIMMING ACTIVITIES - Y/N
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising
CONSULTANTS
 Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 Consultant agreements-signed annually-agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 Consultant visits- Education/Health

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	The Goddard	LICENSE NUMBER	70144	DATE OF INSPECTION	4/10/25
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RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<u>PARENT PERMISSIONS</u>
<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"/>	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.		<u>SMOKING</u>
		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<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.		<u>TOILETING</u>
		<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
		(d)(11)	Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(1)	<u>AIR TEMPERATURE</u>
			Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
		(e)(3)	Water temperature 60°F-120°F
		(e)(4)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(5)	<u>WALLS/CEILINGS/FLOORS/RUGS</u>
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		(e)(6)	Rugs- not a tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	<u>TELEPHONE/TELEPHONE NUMBERS</u>
		<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"/> (e)(8)	<u>LIGHTING</u>
		<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
		<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"/> (e)(16)	Measures to prevent vermin
		<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>2-2-24 .3</u> (Sells N/A)
		<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
		(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(4)	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 (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)	<u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input checked="" type="checkbox"/> (c)	<u>FIRST AID SUPPLIES</u> -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)	<u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	83.		
<input checked="" type="checkbox"/>	84.		
<input checked="" type="checkbox"/>	86.		
<input checked="" type="checkbox"/>	87.		
<input checked="" type="checkbox"/>	88.		
<input checked="" type="checkbox"/>	90.		
<input checked="" type="checkbox"/>	91.		
<input checked="" type="checkbox"/>	94.		

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>314125</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
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free SA 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)	<u>WATER SUPPLY</u> - Public/Well (Sells N/A)
		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>5/22/24</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/accessibile
		<input checked="" type="checkbox"/> (c)(6)(A)	<u>LEAD PAINT</u> - Building Pre-78: Y/ <input checked="" type="checkbox"/> - Lead Test: Y/ <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results _____
			Lead Management Plan _____
			Peeling Paint - Y/ <input checked="" type="checkbox"/> Inside/Outside

<input checked="" type="checkbox"/>	95.		
<input checked="" type="checkbox"/>	96.		
<input checked="" type="checkbox"/>	97.		
<input checked="" type="checkbox"/>	98.		
<input checked="" type="checkbox"/>	99.		
<input checked="" type="checkbox"/>	100.		
<input checked="" type="checkbox"/>	101.		
<input checked="" type="checkbox"/>	102.		
<input checked="" type="checkbox"/>	103.		
<input checked="" type="checkbox"/>	104.		
<input checked="" type="checkbox"/>	105.		
<input checked="" type="checkbox"/>	106.		
<input checked="" type="checkbox"/>	107.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input type="checkbox"/> (e)(2)	<p>DIAPERING cont.</p> <p>Diaper area: used only for this purpose, located in the program area</p> <p>Diaper area: non-porous surface/good repair</p> <p>Diaper area: washed/disinfected after use</p> <p>Diaper area: disposable paper sheets</p> <p>Covered waste receptacle-removed daily</p> <p>Handwashing-staff/children</p> <p>Diapering-Handwashing policies-posted/followed</p> <p>Cloth diapers-written plan developed</p> <p>LINENS/CLOTHING</p> <p>Linens/emergency clothing available</p> <p>Linens washed weekly or as needed</p> <p>Linens/clothing stored individually</p> <p>Cribs/cots cleaned-linens changed when shared</p> <p>SAFE SLEEP</p> <p>Under 12 mths placed on back for sleeping</p> <p>Crib-snug fitting mattress/tightly fitted sheet</p> <p>Alternate sleep position/equipment-medical documentation for medical reason on file</p> <p>Infants allowed to adopt other sleep positions</p> <p>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles</p> <p>No unapproved sleeping-car seats/swings/beds, etc.</p> <p>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes</p> <p>Observe/assess infants at least every 15 minutes</p> <p>Teething necklaces/bracelets, jewelry inaccessible</p> <p>Safe sleep policies - parents informed</p> <p>TOYS AND OTHER OBJECTS</p> <p>Infant toys-separate/washed/sanitized daily</p> <p>Toddler toys-washed/sanitized weekly</p> <p>No toys/objects less than 1 1/4" diameter</p> <p>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision</p> <p>Health consultant visits/documentation</p> <p>FEEDING</p> <p>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle</p> <p>Written feeding schedule from parent-updated</p> <p>Unused formula/milk discarded after feedings</p> <p>Clean bottles/disposable bottles/appvd washing</p> <p>Baby food served from dish or whole jar</p> <p>Bottles labeled with child's name</p> <p>Outdoor spaced fenced-4 ft (lic. after 1/1/25)</p> <p>Outdoor equipment-developmentally appropriate for ages of the children</p> <p>Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety</p>
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE		<input checked="" type="checkbox"/> (e)(5)	
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (e)(8)	
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCED		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	
	<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"/> (g)(2)	
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	
		WATER HAZARDS		<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input checked="" type="checkbox"/> (g)(5)	
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(6)	
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(7)	

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"/> 131.	<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS		<input checked="" type="checkbox"/> (h)(1)	
	<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, moderate and vigorous physical activity that takes place outdoors	<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (h)(2)	
		Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/> 136.	<input checked="" type="checkbox"/> (h)(2)	
	<input checked="" type="checkbox"/> (b)			(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)	

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

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 137.		
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/> 139.	(l)(3)	

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

<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors	<input checked="" type="checkbox"/> 140.	(b)	<p>Approved Schl Age Endorsement</p> <p>SCHEDULE - ACTIVITIES</p> <p>Written daily program plan-flexible schedule-available to staff/parents</p> <p>Activities not a duplication of child's day</p> <p>Activities include cognitive, physical, social, emotional needs of the children</p> <p>Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events</p> <p>Ratio- 1:15</p> <p>Group size- max. 30</p>
<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"/> 141.	<input checked="" type="checkbox"/> (c)	
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC		<input checked="" type="checkbox"/> (c)(1)	
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots		<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray		<input checked="" type="checkbox"/> (c)(3)	
<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 type="checkbox"/> 128.		DIAPERING	<input checked="" type="checkbox"/> 143.	(d)	
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 144.	(e)	

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PROGRAM NAME	The Cioddard	LICENSE NUMBER	70144	DATE OF INSPECTION	4/11/25
SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13		Y/N	

HT CARE ENDORSEMENT 19a-79-12 (10pm-5am) 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"/>	146.	(g)	Designated Head teacher approved- 60%
<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

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.		STAFF TRAINING
<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>		(i)-(iii)	
<input checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3) n/a	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N			
<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 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 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 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)

ADDITIONAL VIOLATION			
<input checked="" type="checkbox"/>	180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS	
<p>- policies to be updated/created to reflect regulations adopted on 10/2024.</p> <p>- main 1st aid kit missing rolled gauze</p>	
<p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>	

Signature of OEC staff	[Signature]
Printed Name	Krish Morgan

Signature of person in charge	[Signature]
Printed Name	Kellie Mingachos

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: 4/24/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard License # 70144 Date: 4/10/25

Observations/Corrections needed:

- 18 - Updated complaint procedure + administrative oversight policy not posted.
- 21 - Observed 1 staff working without a current background check.
- 35 - Education + social service consultant agreements missing newly required duties.
- 40 - Observed 2 individual care plans missing staff signatures; 1 missing parent signature.
- 84 - Observed 1 child sink in clownfish ^{temperature} greater than 120°.
- 128 - Observed toys on changing table in crabs.
- 159 - observed 2 expired diaper creams.
- 164 - Observed 3 unanchored benadryl.
- 175 - ~~observed~~

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: Kristin Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/24/25