

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



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

Star Cubs Child Development Center	4/10/25	8:57am
169 Main Street	70234	6/30/27
Merriden Ct 06451	203-443-5451	Open
Sunset Child Care LLC	# of Staff Present: 12	# over 3 Present: 44
lana@starcubs.cdc.com	Total Capacity: 80	Total Under 3 capacity: 32
Svetlana Fedotova		# under 3 Present: 21
		Ages Served: 6 weeks - 12 years
		M-F 6:00 am - 6:00 pm

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

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 8/28/23	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 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-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13.	(d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies			CPR certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.			First aid certified program staff
<input checked="" type="checkbox"/> 22.	(f)	ACCESS			PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents			Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records			Health & Safety training
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization			1% annual hours
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation			SWIMMING ACTIVITIES - <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 27.	(o)	Capacity			Swimming-Ratios
<input checked="" type="checkbox"/> 28.		Respond to OEC-no false, misleading statements or documents			Non-swimmers identified
<input checked="" type="checkbox"/> 29.	3a(e)(1)	POSTINGS			CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 30.	3a(e)(2)	License posted			Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 31.	3a(d)(6)(C)	OEC Complaint Procedure posted			CONSULTANTS
<input checked="" type="checkbox"/> 32.	3a(e)(3)	Administrative Oversight policy			Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 33.	3a(e)(4)	Menus posted			Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 34.	3a(e)(5)	No Smoking posted signs at entrances			Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	3a(e)(6)	OEC Inspection report posted or available			Consultant visits- Education/Health
<input checked="" type="checkbox"/> 36.	7a(e)(17)	Dev. Milestones posted			Contracts
<input checked="" type="checkbox"/> 37.	10(g)(8)	Radon Test posted (Schls-N/A)			Logs
<input checked="" type="checkbox"/> 38.		Safe Sleep policy posted			Visits

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

State Child Development Center

70234

4/10/25

RECORD KEEPING 19-79-6

PHYSICAL PLANT 19-79-7a cont.

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

<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
<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.		SMOKING
<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"/>	81.	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH and SAFETY 19-79-6a

<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 3/11/25 (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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	82.	<input checked="" type="checkbox"/> (d)(10)(A)	Emergency vehicle access
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(B)	Walkways maintained
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Windows protected to prevent falls
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(C)	Window screens
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(E)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(F)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(G)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(10)(H)	SMOKING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (d)(11)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	83.	<input checked="" type="checkbox"/> (e)(1)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	84.	<input checked="" type="checkbox"/> (e)(2)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(3)	TOILETING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(4)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(6)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	AIR TEMPERATURE
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	LIGHTING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Enough lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Measures to prevent vermin
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Radon test- Results: 0.8 (Schls-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(8)	Developmentally app equipment, materials

PHYSICAL PLANT 19-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 4/2/25
<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 (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 1/19/24
<input checked="" type="checkbox"/>		<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"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78 <input checked="" type="checkbox"/> N Lead Test <input checked="" type="checkbox"/> N Results No lead identified
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - <input checked="" type="checkbox"/> Inside/Outside

<input checked="" type="checkbox"/>	95.	(e)(10)	Emergency vehicle access
<input checked="" type="checkbox"/>	96.	(e)(11)	Walkways maintained
<input checked="" type="checkbox"/>	97.	(e)(12)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	98.	(e)(13)	Window screens
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	100.	(e)(16)	Overhead doors-locking devices, spring protectors
<input checked="" type="checkbox"/>	101.	(e)(17)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	102.	(e)(18)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	SMOKING
<input checked="" type="checkbox"/>	104.	(g)(1)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	105.	(g)(2)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	106.	(g)(3)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	107.	(g)(4)	TOILETING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Toileting needs met
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Handwashing staff/children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	AIR TEMPERATURE
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Working phone on each level
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	LIGHTING
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Enough lighting for comfort
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Measures to prevent vermin
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Radon test- Results: 0.8 (Schls-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	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)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Star Child Development Center	LICENSE NUMBER 70234	DATE OF INSPECTION 4/10/25
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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
<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.		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/FENCED
<input type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<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 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)

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

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
<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"/>		(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

<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.	(e)(1)	DIAPERING Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Stonington Child Development Center	LICENSE NUMBER 70234	DATE OF INSPECTION 4/10/25	
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> YN	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> YN		

<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 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"/>	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) YN

<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
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 YN

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION
		(a)(3)(A-B)	Admin/Parent permission/report errors
		(a)(3)(C)	Labeling and Storage
<input checked="" type="checkbox"/>	160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned
		(b)(1)(D)	MEDICATION TRAINING
		(b)(1)(E)	Medication training-general-oral/top/inhalant
		(b)(1)(F)	Injectable premeasured autoinjector medication
		(b)(2)(A-B)	Rectal medication
		(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 (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

"Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective October 4th, 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 DEC staff
Johanne Dalo

Printed Name
Johanne Dalo

Signature of person in charge
Svetlana Fedorova

Printed Name
Svetlana Fedorova

DEC DIVISION OF LICENSING
50 Columbus Blvd, Suite 302, Hartford, CT 06103
Help Desk: (800)282-6063 or (860)500-4450
Website: www.ctoec.org licensing Email: dec.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: Star Child Development Center License # 70234 Date: 4/10/25

Observations/Corrections needed:

Items left blank on the inspection were not inspected. Program is renovating both playgrounds (new equipment, surfacing....) Children do not have access to the playgrounds.

Regulation was not ~~in~~ compliance when....

~~#18 10(g)(8): Safe Sleep policy not posted in infant room~~ ^{OK}

#40 (a)(2)(E): Observed 8+ individual care plans without staff (caring for child) signature.

#66 (c)(2): Observed activity microwaves, 1 microwave with nut inside, 2 phone charger cords accessible to children (Rm 7), shelf not secured in bathroom in Room 1

#88 (e)(5): Observed 1 mug not secured (Rm 7/blue mug)

#161 (b)(3)(A-B): Observed a prescriber's form for albuterol, however child has fluticasone

#166 (b)(5)(D): Observed an expired Anvi-D (2/15/25)

#130 (g)(8): ~~Observed no documentation that parents were~~ ^{informed} ~~of safe sleep policy~~ ^{OK}

Discussion: - Appropriate chairs and table in under 3 classroom
- No time of visit documented by health consultant

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)
Print Name: Svetlana Fedorova

OEC BY: 4/24/25