

**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:	Aunty Stacy's Learning and Development Center	Date of Inspection:	4/9/25	Time of Arrival:	11:07am
Address:	39 Wenham St.	License Number:	80035	Expiration Date:	8/31/28
Town:	West Haven 06516	Telephone Number:	917-548-5171	Summer Care:	open
Operator:	Aunty Stacy's Learning and Development Center Inc.	# of Staff Present:	3	# over 3 Present:	2
Email:	auntystacys@gmail.com	Total Capacity:	12	Total Under 3 capacity:	9
Designated Director:	Stacy Ann Murriel	Hours/Days of Operation:	7:00am-5:00pm M-Th.		

Instruction Codes: √ = Regulation in Compliance O = 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: 3/20/24

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-COMLETE/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 (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

- 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 | ✓ | ✓ | ✓ |

PROGRAM NAME	<i>Auntie Stacy's Learning + Development Center</i>	LICENSE NUMBER	<i>80035</i>	DATE OF INSPECTION	<i>4/9/25</i>
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RECORD KEEPING 19a-79-5a | **PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission			TOILETING
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Child Health Records		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Immunization records		<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Individual care plan-signed by parents/staff		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> 83.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/> 45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> 84.	(d)(11)	Staff personal articles inaccessible

HEALTH and SAFETY 19a-79-6a

<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code	<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks (N/A)	<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(2)	Air temp < 65°F comfortable
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> 91.	(e)(4)	Air temp > 80°F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths		(e)(6)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection (N/A)		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)	<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/NUMBERS
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils		<input checked="" type="checkbox"/> (e)(8)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep		<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(9)	LIGHTING
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 96.	(e)(10)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 97.	(e)(11)	Enough lighting for comfort
<input checked="" type="checkbox"/> 59. (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 98.	(e)(12)	Light fixtures shielded/shatter proof
	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"/> 99.	(e)(13)	Potentially hazardous substances, materials labeled, inaccessible
	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 101.	(e)(14-15)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> 102.	(e)(17)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 103.	(e)(18)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 104.	(f)(1)(A)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 107.	(g)(1)	Radon test- Results: <u>1.0</u> (Schls-N/A)
		<input checked="" type="checkbox"/> 108.	(g)(4)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 109.	(g)(5)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 110.	(g)(6)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 111.	(g)(5)	Developmentally app equipment, materials
			(g)(6)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>3/3/25</u>	<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY - Public/Well. (Schools-N/A)		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>3/6/24</u>		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)		<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
	Drinking water available/accessible		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70. (c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____ Lead Management Plan _____	<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
	Peeling Paint - <u>Y/N</u> Inside/Outside		<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/> 71. (c)(6)(B-D)	Emergency vehicle access		<input checked="" type="checkbox"/> (h)(7)(B)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained	<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls			Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locks/spring protectors (N/A)		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
			<input checked="" type="checkbox"/> (i)	Wading pools prohibited
			<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME	Aunty Stacey's Learning + Development Center	LICENSE NUMBER	80035	DATE OF INSPECTION	4/9/25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13	Y/N	(N)
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/> 144.	(e)	Group size- max. 30
<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
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A)	STAFF TRAINING 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)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(2)	Written documentation of training
	<input checked="" type="checkbox"/> (b)(3)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(2)	Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/> 174.	(c)(3)	Equipment provided by parents
<input checked="" type="checkbox"/> 175.	(d)(1)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 176.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 177.	(d)(3)	Authorized prescriber written order
<input checked="" type="checkbox"/> 178.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 179.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	(e)(3)	

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 checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(2)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Unused/expired meds destroyed/returned
	<input checked="" type="checkbox"/> (a)(3)(C)	MEDICATION TRAINING
<input checked="" type="checkbox"/> 160.	<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 checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" 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)

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

DISCUSSIONS/COMMENTS.

1) New Regulations
 2) Policy checklist available on our website. Policies must reflect new regulations
 3) Items checked off were either observed or discussed
 4) no children enrolled with medication
 5) back corner fence bent making fence ↓ 4ft (46 inches)
 6) consultants new agreements signed March 2025 need logs for each to reflect review of specific duties for Education, social service + health to reflect new duties
 7) 1 out 10 children files without documentation of flu shot.

Signature of OEC staff	<i>Fil Montanye</i>
Printed Name	Fil Montanye

Signature of person in charge	<i>Janelle Nelson</i>
Printed Name	Janelle Nelson

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: 4/23/25
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Auntie Stacy's Learning & Development Center License # 80035 Date: 4/9/28

Observations/Corrections needed:

discussion continued

- #8) 1 staff physical not current (staff is currently not working)
- #9) oversight policy to be posted.
- #10) weekly cycle menu needs to be dated 1 week in advance. week 1 and 2 is posted thru week 5

violations: Program not in compliance with:

- # 7 Documentation that parents were informed of behavior management techniques for 1 out of 10 children when enrollment form was incomplete and missing parent signature to agreement
- # 37(a)(1)(D)(i) emergency medical permission when 1 out 10 children's files had an incomplete enrollment form missing emergency medical permission
- 37(a)(1)(D)(ii) Authorized release when 1 out 10 children's files had an incomplete enrollment form missing authorized release

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: Al Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/23/05

Print Name: Janel Nelson