



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM

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

Program Name:	The Riverfront Children's Center	Date of Inspection:	4/14/2025	Time of Arrival:	8:20 AM
Address:	476 Thames St.	License Number:	14300	Expiration Date:	11/30/2025
Town:	Groton, CT 06240	Telephone Number:	860 445 8151	Summer Care:	Open
Operator:	Riverfront Children's Center Inc	# of Staff Present:	17+	# over 3 Present:	34
Email:	jennifer.zubek@riverfrontchildren.org	Total Capacity:	123	Total Under 3 capacity:	50
Designated Director:	Jennifer Zubek	Hours/Days of Operation:	Monday-Friday 6 AM - 5 PM		

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

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 4/3/2024	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
<b>ADMINISTRATION 19a-79-3a</b>	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27.	<b>RATIOS</b>																				
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28. (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(4)(B)	Mixed age group																				
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio																				
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> (d)(5)	<b>GROUP SIZE</b>																				
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)(A)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> (d)(5)(B)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> (e)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 30. (f)(1)	Designated director-training																				
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 31. (f)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 32. (f)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 13. (f) Immediate access by parents	<input checked="" type="checkbox"/> 33.	<b>PROFESSIONAL DEVELOPMENT</b>																				
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 34. (a)(2)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (h)(1)	Health & Safety training																				
<input checked="" type="checkbox"/> (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (h)(2)	1% annual hours																				
<input checked="" type="checkbox"/> (n) Capacity	<input type="checkbox"/> (4)(C)(ii-v)	<b>SWIMMING ACTIVITIES - Y/N</b>																				
<input checked="" type="checkbox"/> (o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/> (4)(C)(i)	Swimming-Ratios																				
<input checked="" type="checkbox"/> 18. (3a)(e)(1) License posted	<input type="checkbox"/> (e)(6)	Non-swimmers identified																				
<input checked="" type="checkbox"/> (3a)(e)(2) OEC Complaint Procedure posted	<input type="checkbox"/> (e)(6)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> (3a)(d)(6)(C) Administrative Oversight policy	<input type="checkbox"/> (H)(i)(1)-(D)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> (3a)(e)(3) Menus posted	<input type="checkbox"/> (i) -	<b>CONSULTANTS</b>																				
<input checked="" type="checkbox"/> (3a)(e)(4) No Smoking posted signs at entrances	<input type="checkbox"/> (i)(2)(A-H)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
<input checked="" type="checkbox"/> (3a)(e)(5) OEC Inspection report posted or available	<input type="checkbox"/> (F)	Consultant agreements-signed annually-agreements complete w/required services																				
<input checked="" type="checkbox"/> (3a)(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> (i)(2)	Consultant logs-documented activities, observations and required services																				
<input checked="" type="checkbox"/> (7a)(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultant visits- Education/Health																				
<input checked="" type="checkbox"/> (10)(g)(8) Safe Sleep policy posted		<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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	N/A	N/A	<input checked="" type="checkbox"/>
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Dietitian	N/A	N/A	<input checked="" type="checkbox"/>																			

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	The Riverfront Children's Center	<b>LICENSE NUMBER</b>	14300	<b>DATE OF INSPECTION</b>	4/14/2025
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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.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>		(a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		(a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iii)	Field trip permission
<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

**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.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		(c)	<b>FIRST AID SUPPLIES</b> -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)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 110/2025
<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.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(A)	Lead Water Test - Date: 3/25/2024
<input checked="" type="checkbox"/>		(c)(5)(B)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>		(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b>
<input checked="" type="checkbox"/>		(c)(6)(A)	Building Pre-78 (Y/N) Lead Test: (Y/N) Results Remediation
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan
<input checked="" type="checkbox"/>			Peeling Paint - Y/N Inside/Outside

**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.		<b>SMOKING</b>
<input checked="" type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>		(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<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)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>		(e)(1)	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
<input checked="" type="checkbox"/>	86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.		<b>TELEPHONE/TELEPHONE NUMBERS</b>
<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"/>			<b>LIGHTING</b>
<input checked="" type="checkbox"/>		(e)(8)	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
<input type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 2.8 (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b> <i>Tree Riverfront Children's Center</i>	<b>LICENSE NUMBER</b> <i>14300</i>	<b>DATE OF INSPECTION</b> <i>4/14/2025</i>
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**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.		<b>DIAPERING cont.</b>
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>	(h)(1)	<b>OUTDOOR SPACE</b>		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	(h)(2)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	(h)(3)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	(h)(4)	Playground free from hazards		<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/ followed
	(h)(5)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	(h)(4)	Outside equipment anchored-anchors buried	129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
	(h)(6)	New equip- cert playg. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	(h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
112.	(h)(7)	<b>OUTDOOR PROTECTED/FENCED</b>	130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	(h)(7)(B)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks		<input checked="" type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
114.	(i)	Rooftop play areas-6 ft. wall/barrier <i>(N/A)</i>		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
	(i)	<b>WATER HAZARDS</b>		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	(i)	Pools, swimming areas- <i>(N/A)</i>		<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	(i)	conforms to 19-13-B33b and 19a-36-B61		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	(i)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	(i)	Hot tubs/spas/saunas-locked/inaccessible <i>(N/A)</i>		<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	131.		
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> (h)(1)	<b>TOYS AND OTHER OBJECTS</b>
116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
	(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"/> (h)(2)	Toddler toys-washed/sanitized weekly
	(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		<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
				<input checked="" type="checkbox"/> (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
				<input checked="" type="checkbox"/> (j)	Health consultant visits/documentation
				<input checked="" type="checkbox"/> (k)(1)	<b>FEEDING</b>
				<input checked="" type="checkbox"/> (k)(2)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
				<input checked="" type="checkbox"/> (k)(3)	Written feeding schedule from parent-updated
				<input checked="" type="checkbox"/> (k)(4)	Unused formula/milk discarded after feedings
				<input checked="" type="checkbox"/> (k)(5)	Clean bottles/disposable bottles/appvd washing
				<input checked="" type="checkbox"/> (l)(1)	Baby food served from dish or whole jar
				<input checked="" type="checkbox"/> (l)(2)	Bottles labeled with child's name
				<input checked="" type="checkbox"/> (l)(3)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)

**UNDER THREE ENDORSEMENT 19a-79-10** *(YN)*

117.	(b)	Approved Under 3 Endorsement	137.		
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> (l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		<input checked="" type="checkbox"/> (l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			

**SCHOOL AGE ENDORSEMENT 19a-79-11** *(YN)*

120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>			141.	(c)	<b>SCHEDULE - ACTIVITIES</b>
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>				(c)(2)	Activities not a duplication of child's day
122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
123.	(d)(2)(B)	Washable cots			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray			Ratio- 1:15
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment			Group size- max. 30
126.	(d)(2)(E)	Refrigerator and food prep facilities			
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			
128.	(e)(1)	<b>DIAPERING</b>	143.	(d)	
		Diaper area: elevated/sturdy/safety rail	144.	(e)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	The Riverfront Children's Center	<b>LICENSE NUMBER</b>	14300	<b>DATE OF INSPECTION</b>	4/14/2025
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	Y(N)	<b>MONITORING OF DIABETES 19a-79-13</b>	Y(N)
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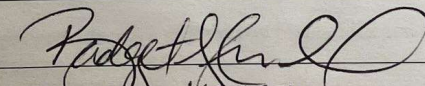
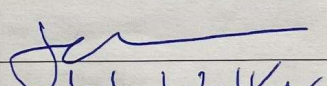
<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring 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 type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A) (b)(1)(B) (i)-(iii)	

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

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(b)(2)	(c)(3)  (d)(1) (d)(2) (d)(3)  (e)(1) (e)(2) (e)(3)
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		(b)(3)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		(c)(2)	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 177.	(e)(1)	
	(b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178.	(e)(2)	
	(b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179.	(e)(3)	
	(b)(6)(B)	Required bedding			

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>	Y(N)	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			<p><b>DISCUSSIONS/COMMENTS</b></p> <p>Discussed new regulations and provided information on updating program policies/procedures/plans to comply with October 2024 regulations.</p> <p>observed 1 dusty bathroom vent in Rabbits</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>
<input type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>			
	(a)(2)	Admin/Parent permission/report errors			
	(a)(3)(A-B)	Labeling and Storage			
	(a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>			
	(b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	(b)(1)(D)	Injectable premeasured autoinjector medication			
	(b)(1)(E)	Rectal medication			
	(b)(1)(F)	Injectable other than premeasured auto-injector			
	(b)(2)(A-B)	Training approval documents/certificates			
	(b)(2)(C)	Training outline on file			
<input 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)			

<b>Signature of OEC staff</b>		<b>Signature of person in charge</b>	
<b>Printed Name</b>	BUDGET L. HEURUM	<b>Printed Name</b>	Jodi Walker

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request. <b>Written Corrective Action Plan</b> Due by: 4/28/2025
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**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Riverfront Children's Center License # 14300 Date: 4/14/2025

Observations/Corrections needed:

- #135(i)(1)(2)(A-H): observed social service consultant agreement to be more than 1 year old and social service and Health agreements are missing wording as specified in October 2024 regulations
- #135(F): observed annual review/log for social service consultant to be more than 1 year old
- #140(a)(2)(E): observed 2 individual care plans missing staff signatures
- #104(a)(1): observed rust on outdoor fencing/posts of silver fencing and rust on rings behind toilets in Rabbits, Cardinals and turtles
- #109(a)(6): observed 2 indoor climbers/slides without adequate shock material
- #111(h)(4): observed exposed screw ends on all playground fencing
- #159(a)(2): observed diaper cream forms without written parent permission in Bears, expired written parent permission or incomplete dates of administration on written parent permission forms for diaper creams in Rabbits, Turtles, Kangaroos and Caterpillars
- #161(b)(3)(A-B): observed expired Ibuprofen authorization form in Bears

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: Bridget L. Meyer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/28/2025

Signature: [Signature]  
(Person in Charge)  
Print Name: Jodi Walker