

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:	Torrington Child Care	Date of Inspection:	4/10/25	Time of Arrival:	11:50
Address:	338 Kennedy Drive	License Number:	14163	Expiration Date:	12/31/28
Town:	Torrington	Telephone Number:	(860) 482-2621	Summer Care:	Open
Operator:	Torrington child care	# of Staff Present:	11	# over 3 Present:	41
Email:	marye.torrington.childcare.org	Total Capacity:	48	Total Under 3 capacity:	0
Designated Director:	Mary Ceechinato	Hours/Days of Operation:	6:45 - 5:15		

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

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 cont.

1. (c)(8) Local Health Inspection-Date: _____

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 enrolled in preschool-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - (e)(1) License posted
 - (e)(2) OEC Complaint Procedure posted
 - (e)(3) Menus posted
 - (e)(4) No Smoking posted signs at entrances
 - (e)(5) OEC Inspection report posted or available
 - (e)(6) Developmental Milestones posted

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)
- 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)(2)
 - (h)(1)(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)-(1)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Evidence of compliance
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-ratios
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
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 (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	X	✓	✓
Health	X	✓	✓
Soc. Serv.	X	✓	✓
Dietitian	X	✓	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 2

PROGRAM NAME	Torrington childcare	LICENSE NUMBER	14163	DATE OF INSPECTION	4/10/25
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Transportation permission	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Child Health Records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Immunization records	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 82.	TOILETING
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 45. (a)(4)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected

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"/> (d)(10)(D)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(E)	Required toilets/sinks-1:25 schl age only
<input type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(F)	Toileting Supplies-Hand drying-Garbage
<input type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(G)	Handwashing staff/children
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection <u>7/10/24</u> N/A	<input checked="" type="checkbox"/> (d)(10)(H)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> 83. (d)(11)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/> 84.	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/> 85. (e)(1)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> (e)(2)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(3)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(4)	Air temp < 65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> (e)(5)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> (e)(6)	Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 59. (c)	FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> (e)(7)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 60. (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"/> (e)(8)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 61. (d)	FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> (e)(9)	Rugs- not tripping/slipping hazard

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>10/16/24</u>	<input checked="" type="checkbox"/> 95. (e)(10)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> 96. (e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)	<input checked="" type="checkbox"/> 97. (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> 98. (e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 99. (e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>10/9/24</u>	<input checked="" type="checkbox"/> 100. (e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ N/A	<input checked="" type="checkbox"/> 101. (e)(17)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 102. (e)(18)	Radon test- Results: <u>.9</u> N/A
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results <u>n/a</u>	<input checked="" type="checkbox"/> 103. (f)(1)(A)	Results posted-Date: <u>4/11/24</u> (Schls-N/A)
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>n/a</u>	<input checked="" type="checkbox"/> 104. (g)(1)	Carbon monoxide detector-each level N/A
	Emergency vehicle access	<input checked="" type="checkbox"/> 105. (g)(2)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 106. (g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 107. (g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)

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PROGRAM NAME	Tomnington childcare	LICENSE NUMBER	14163	DATE OF INSPECTION	
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		<u>OUTDOOR SPACE</u>
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		<u>OUTDOOR PROTECTED/FENCING</u>
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
	<input checked="" type="checkbox"/> (i)	<u>WATER HAZARDS</u>
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/> 129.		<u>LINENS/CLOTHING</u>
	<input type="checkbox"/> (f)(1)	Linens/emergency clothing available
	<input type="checkbox"/> (f)(2)	Linens washed weekly or as needed
	<input type="checkbox"/> (f)(3)	Linens/clothing stored individually
	<input type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/> 130.		<u>SAFE SLEEP</u>
	<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<input type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
	<input type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
	<input type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input type="checkbox"/> (g)(4)	No unapproved sleeping-car seats/swings/beds, etc.
	<input type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
	<input type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
	<input type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
	<input type="checkbox"/> (g)(8)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 131.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> 132.	(h)(1)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/> 133.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> 134.	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/> 135.	(i)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/> 136.		<u>FEEDING</u>
	<input type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
	<input type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
	<input type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
	<input type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
	<input type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
	<input type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input type="checkbox"/> 137.	(l)(1)	Outdoor spaced fenced-4 ft lic. after 1/1/25
<input type="checkbox"/> 138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/> 139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
	<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, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 (N)

<input type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/> 128.		<u>DIAPERING</u>
	<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

SCHOOL AGE ENDORSEMENT 19a-79-11 (N)

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (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
	<input checked="" type="checkbox"/> (c)(3)	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
<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)	Head teacher approved- 60%

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PROGRAM NAME	<u>Tomington childcare</u>	LICENSE NUMBER	<u>14163</u>	DATE OF INSPECTION	<u>4/10/25</u>
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

<input type="checkbox"/> 147. (b) <input type="checkbox"/> 148. (b)(1) <input type="checkbox"/> 149. (b)(2) <input type="checkbox"/> 150. (b)(3) <input type="checkbox"/> 151. (b)(4) <input type="checkbox"/> 152. (b)(5) <input type="checkbox"/> 153. (b)(6) <input type="checkbox"/> (b)(6)(A) <input type="checkbox"/> (b)(6)(B) <input type="checkbox"/> (b)(6)(C) <input type="checkbox"/> (b)(6)(D) <input type="checkbox"/> (b)(7) <input type="checkbox"/> 154. (b)(8) <input type="checkbox"/> 155. (b)(9) <input type="checkbox"/> 156. (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available SLEEP PROVISIONS Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. (a)(1) <input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (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)	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 and under supervision of trained staff Self-administration - written authorization 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
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ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a) <input checked="" type="checkbox"/> 158. (9a) <input checked="" type="checkbox"/> 159. (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C) <input checked="" type="checkbox"/> 160. (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C) <input checked="" type="checkbox"/> 161. (b)(3)(A-B) <input checked="" type="checkbox"/> 162. (b)(3)(D) <input checked="" type="checkbox"/> 163. (b)(4)(A-B) <input checked="" type="checkbox"/> 164. (b)(5)(A-B) <input checked="" type="checkbox"/> 165. (b)(5)(C) <input checked="" type="checkbox"/> 166. (b)(5)(D) <input checked="" type="checkbox"/> 167. (b)(5)(E) <input checked="" type="checkbox"/> 168. (b)(6) <input checked="" type="checkbox"/> 169. (b)(7)(A-B) <input checked="" type="checkbox"/> 170. (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage N/A	<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 childcare center regulations effective Oct 16, 24 programs must ensure policies updated to reflect new requirements

all items ✓ were either in compliance or discussed at visit.

SIGNATURE OF OEC STAFF	<u>Jame Fortin</u>	SIGNATURE OF PERSON IN CHARGE	<u>Mary Cecchinato</u>
PRINTED NAME	<u>Jame Fortin</u>	PRINTED NAME	<u>Mary Cecchinato</u>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: <u>4/24/25</u>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Torrington Childcare License # 14163 Date: 4/10/25

Observations/Corrections needed:

1. (c)(8): Local health inspection not current
35(1)(2)(A-H): Consultant Agreements not current with updated required services.

(b)(c)(2): 2 stained ceiling tiles and dusty bathroom vent in staff area and PreK bathroom.

discussed: 1 care plan not signed by staff (completed at visit)
items on playground stacked high and unsafe (picnic tables crates)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/24/25

Signature: Jaime Fortin
(OEC Representative)

Print Name: Jaime Fortin

Signature: Mary Cecchinato
(Person in Charge)

Print Name: Mary Cecchinato