

**CHILD CARE CENTER AND HOME CHILD CARE HOME
INSPECTION REPORT**

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

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|-----------------------|-----------------------|----------------------------|
| Mommy's Daycare | 4-15-25 | 8:25 AM |
| 45 Dry Hill Rd | 80023 | 9:30-25 |
| Norwalk | 203570-9734 | Open |
| Mommys Daycare, LLC | # of Staff Present: 2 | # over 3 Present: 0 |
| browndeneen@yahoo.com | Total Capacity: 12 | Total Under 3 capacity: 12 |
| Deneen Brown | | # under 3 Present: 5 |
| | | Ages Served: 0W-5yrs |
| | | 7:30-5:30 M-F |

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

ENSURING PROGRAM QUALITY

| | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> 1. (c)(8) | Local Health Inspection-Date: 4-15-24 | <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. (d)(2)(A) | POLICIES-COMLETE/IMPLEMENTED | <input checked="" type="checkbox"/> 27. (d)(4)(B) | Ratio 1:10 - Indoors/Outdoors |
| <input checked="" type="checkbox"/> 11. (d)(2)(B)(C) | Discipline policy | <input checked="" type="checkbox"/> 27. (d)(6) | Mixed age group |
| <input checked="" type="checkbox"/> 11. (d)(3) | Child Protection policy | <input checked="" type="checkbox"/> 27. (d)(4)(D) | Nap time ratio |
| <input checked="" type="checkbox"/> 11. (d)(4)(A) | Closing time policy | <input checked="" type="checkbox"/> 28. (e)(1) | Supervision-Indoors/Outdoors |
| <input checked="" type="checkbox"/> 11. (d)(4)(B) | Medical emergency policy | <input checked="" type="checkbox"/> 29. (d)(5) | GROUP SIZE |
| <input checked="" type="checkbox"/> 11. (d)(4)(B) | Multi-Hazards policy-annual drill | <input checked="" type="checkbox"/> 29. (d)(5)(A) | Group Size-Indoors/Outdoors |
| <input checked="" type="checkbox"/> 11. (d)(5) | Supervision policy | <input checked="" type="checkbox"/> 29. (d)(5)(B) | Group Size-school age field trips/outdoors |
| <input checked="" type="checkbox"/> 11. (d)(6) | General Operating policies | <input checked="" type="checkbox"/> 30. (e)(1) | Mixed age group-group size |
| <input checked="" type="checkbox"/> 11. (d)(6)(C) | Administrative Oversight policy | <input checked="" type="checkbox"/> 31. (f)(1) | Designated director-training |
| <input checked="" type="checkbox"/> 11. (d)(7) | Personnel policies | <input checked="" type="checkbox"/> 32. (f)(2) | CPR certified program staff |
| <input checked="" type="checkbox"/> 12. (d)(1) | Daily attendance-children/staff- keep 1 yr. | <input checked="" type="checkbox"/> 33. (a)(2) | First aid certified program staff |
| <input checked="" type="checkbox"/> 13. (f) | ACCESS | <input checked="" type="checkbox"/> 34. (h)(1) | PROFESSIONAL DEVELOPMENT |
| <input checked="" type="checkbox"/> 13. (h) | Immediate access by parents | <input checked="" type="checkbox"/> 34. (h)(2) | Documentation of prof. dev/trainings |
| <input checked="" type="checkbox"/> 14. (l) | Immediate access by OEC-facility/records | <input checked="" type="checkbox"/> 34. (4)(C)(ii-v) | Health & Safety training |
| <input checked="" type="checkbox"/> 15. (m) | 2.8 yr olds in prek-authorization | <input checked="" type="checkbox"/> 34. (4)(C)(i) | 1% annual hours |
| <input checked="" type="checkbox"/> 16. (n) | Motor vehicle laws-transportation | <input checked="" type="checkbox"/> 34. (e)(6) | SWIMMING ACTIVITIES - Y/N |
| <input checked="" type="checkbox"/> 17. (o) | Capacity | <input checked="" type="checkbox"/> 34. (e)(6) | Swimming-Ratios |
| <input checked="" type="checkbox"/> 17. (o) | Respond to OEC-no false, misleading statements or documents | <input checked="" type="checkbox"/> 34. (i)(1)(A)-(D) | Non-swimmers identified |
| <input checked="" type="checkbox"/> 18. 3a(e)(1) | POSTINGS | <input checked="" type="checkbox"/> 34. (i)(2)(A-H) | CPR certified staff-age 20 or older |
| <input checked="" type="checkbox"/> 18. 3a(e)(2) | License posted | <input checked="" type="checkbox"/> 34. (F) | Lifeguard-certified-supervising |
| <input checked="" type="checkbox"/> 18. 3a(d)(6)(C) | OEC Complaint Procedure posted | <input checked="" type="checkbox"/> 34. (i)(2) | CONSULTANTS |
| <input checked="" type="checkbox"/> 18. 3a(e)(3) | Administrative Oversight policy | <input checked="" type="checkbox"/> 34. (H)(i)-(I)(i) | Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A) |
| <input checked="" type="checkbox"/> 18. 3a(e)(4) | Menus posted | | Consultant agreements-signed annually-agreements complete w/required services |
| <input checked="" type="checkbox"/> 18. 3a(e)(5) | No Smoking posted signs at entrances | | Consultant logs-documented activities, observations and required services |
| <input checked="" type="checkbox"/> 18. 3a(e)(6) | OEC Inspection report posted or available | | Consultant visits- Education/Health |
| <input checked="" type="checkbox"/> 18. 3a(e)(6) | Dev. Milestones posted | | Contracts Logs Visits |
| <input checked="" type="checkbox"/> 18. 7a(e)(17) | Radon Test posted (Schls-N/A) | | Education inc ✓ ✓ |
| <input checked="" type="checkbox"/> 18. 10(g)(8) | Safe Sleep policy posted | | Health inc ✓ ✓ |
| | | | Soc. Serv. inc ✓ |
| | | | Dietitian 0 0 |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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|---------------------------------|------------------|--------------------------|---------------------------------------|-------------|---------|
| PROGRAM NAME | Mommie's Daycare | INSPECTION NUMBER | 80023 | DATE | 4.15.25 |
| RECORD KEEPING 19a-79-7a | | | 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"/> | 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 |

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| HEALTH and SAFETY 19a-79-7a | | | |
| <input checked="" type="checkbox"/> | 46. | (a)(1) | Preparation, transportation of food-follow DPH Model Food Code (N/A) |
| <input checked="" type="checkbox"/> | 47. | (a)(2) | Nutritious meals and snacks |
| <input checked="" type="checkbox"/> | 48. | (a)(3) | Proper refrigeration-41 degrees |
| <input checked="" type="checkbox"/> | 49. | (a)(4) | Menus-1 wk in advance- keep 3 mths |
| <input checked="" type="checkbox"/> | 50. | (a)(5) | Food Service Inspection (N/A) |
| <input checked="" type="checkbox"/> | 51. | (a)(6) | Kitchen-clean/safe storage of food/supplies (N/A) |
| <input checked="" type="checkbox"/> | 52. | (a)(7) | Separate hand washing facilities |
| <input checked="" type="checkbox"/> | 53. | (a)(8) | Multi-use eating/drinking utensils |
| <input checked="" type="checkbox"/> | 54. | (a)(9) | Kitchen separated (N/A) |
| <input checked="" type="checkbox"/> | 55. | (a)(10) | Children supervised during meal prep |
| <input checked="" type="checkbox"/> | 56. | (a)(11) | Handwashing-staff/children |
| <input checked="" type="checkbox"/> | 57. | (b)(1) | Illness procedures-staff knowledgeable, children observed for signs/symptoms |
| <input checked="" type="checkbox"/> | 58. | (b)(2) | Designated isolation area |
| <input checked="" type="checkbox"/> | 59. | <input checked="" type="checkbox"/> (c) | FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips |
| | | <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"/> (d) | FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A) |

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| PHYSICAL PLANT 19a-79-7a | | | |
| <input checked="" type="checkbox"/> | 62. | (a)(2) | Fire marshal codes/certificate 314125 |
| <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"/> (c)(5)(B) | Lead Water Test - Date: 1.23.25 |
| | | <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"/> (c)(6)(B-D) | LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results: No Lead |
| | | <input checked="" type="checkbox"/> | Lead Management Plan |
| | | <input checked="" type="checkbox"/> | Peeling Paint - Y/N Inside/Outside |

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| <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. | | SMOKING |
| | | <input checked="" type="checkbox"/> (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| | | <input checked="" type="checkbox"/> (d)(8) | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> | 81. | (d)(9) | Electrical safety - outlets inaccessible - covered or protected |
| <input checked="" type="checkbox"/> | 82. | | TOILETING |
| | | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| | | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| | | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |
| | | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16 |
| | | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| | | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children |
| | | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located at the facility |
| | | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms |
| | | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A) |
| | | (d)(11) | Staff personal articles inaccessible |
| | | <input checked="" type="checkbox"/> (e)(1) | AIR TEMPERATURE |
| | | <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 |
| | | (e)(3) | Water temperature 60°F-120°F |
| | | (e)(4) | Portable space heaters prohibited |
| | | <input checked="" type="checkbox"/> (e)(5) | WALLS/CEILINGS/FLOORS/RUGS |
| | | <input checked="" type="checkbox"/> (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| | | (e)(6) | Rugs- not a tripping/slipping hazard |
| | | <input checked="" type="checkbox"/> (e)(7) | Hot water/Steam pipes protected |
| | | <input checked="" type="checkbox"/> (e)(7) | TELEPHONE/TELEPHONE NUMBERS |
| | | <input checked="" type="checkbox"/> (e)(7) | Working phone on each level |
| | | <input checked="" type="checkbox"/> (e)(7) | Emergency numbers posted-adjacent to phones |
| | | <input checked="" type="checkbox"/> (e)(7) | Parents provided direct on site phone number |
| | | <input checked="" type="checkbox"/> (e)(8) | LIGHTING |
| | | <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 |
| | | (e)(10) | Potentially hazardous substances, materials labeled, inaccessible |
| | | (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| | | (e)(12) | Stairs-protected/good repair-handrails |
| | | (e)(13) | Toxic plants/materials inaccessible |
| | | (e)(14-15) | Pets or other animals-in good health, written care plan including access to children |
| | | (e)(16) | Measures to prevent vermin |
| | | (e)(17) | Radon test- Results: 2.4 (Schls-N/A) |
| | | (e)(18) | Carbon monoxide detector-each level N/A |
| | | (f)(1)(A) | Program space-adequate-35 sq. ft. per child |
| | | (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
| | | (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) |
| | | (g)(3) | Air conditioners/water heaters/fuse boxes inaccessible |
| | | (g)(4) | Developmentally app equipment, materials |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

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|--|--------------------------------|--------------------------------------|
| PROGRAM NAME Mommy's Daycare | LICENSE NUMBER 80023 | DATE OF INSPECTION 4.15.25 |
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PHYSICAL PLANT 19a-79-7a cont.

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| <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. | | OUTDOOR SPACE |
| <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 playg. 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. | | OUTDOOR PROTECTED/FENCED |
| <input checked="" type="checkbox"/> | | (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| <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"/> | | (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"/> | | (j) | Wading pools prohibited |
| <input checked="" type="checkbox"/> | | (i) | Hot tubs/spas/saunas-locked/inaccessible (N/A) |

EDUCATIONAL REQUIREMENTS 19a-79-8a

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| <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 |
| | | (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 |
| | | (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 YN

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

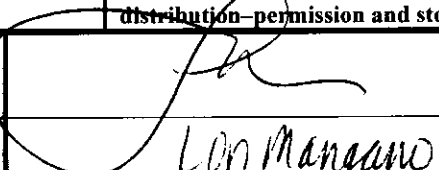
UNDER THREE ENDORSEMENT 19a-79-10 cont.

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| | 128. | <input checked="" type="checkbox"/> | (e)(2) | DIAPERING cont. |
| | | <input checked="" type="checkbox"/> | (e)(3) | Diaper area: used only for this purpose, located in the program area |
| | | <input checked="" type="checkbox"/> | (e)(4) | Diaper area: non-porous surface/good repair |
| | | <input checked="" type="checkbox"/> | (e)(5) | Diaper area: washed/disinfected after use |
| | | <input checked="" type="checkbox"/> | (e)(6-9) | Diaper area: disposable paper sheets |
| | | <input checked="" type="checkbox"/> | (e)(7) | Covered waste receptacle-removed daily |
| | | <input checked="" type="checkbox"/> | (e)(8) | Handwashing-staff/children |
| | | <input checked="" type="checkbox"/> | (e)(10)(A-C) | Diapering-Handwashing policies-posted/followed |
| <input checked="" type="checkbox"/> | 129. | | (f)(1) | Cloth diapers-written plan developed |
| | | <input checked="" type="checkbox"/> | (f)(2) | LINENS/CLOTHING |
| | | <input checked="" type="checkbox"/> | (f)(3) | Linens/emergency clothing available |
| | | <input checked="" type="checkbox"/> | (f)(4) | Linens washed weekly or as needed |
| | | <input checked="" type="checkbox"/> | (f)(4) | Linens/clothing stored individually |
| <input checked="" type="checkbox"/> | 130. | | (g)(1) | Cribs/cots cleaned-linens changed when shared |
| | | <input checked="" type="checkbox"/> | (g)(1) | SAFE SLEEP |
| | | <input checked="" type="checkbox"/> | (g)(1) | Under 12 mths placed on back for sleeping |
| | | <input checked="" type="checkbox"/> | (g)(2) | Crib-snug fitting mattress/tightly fitted sheet |
| | | <input checked="" type="checkbox"/> | (g)(3) | Alternate sleep position/equipment-medical documentation for medical reason on file |
| | | <input checked="" type="checkbox"/> | (g)(4) | Infants allowed to adopt other sleep positions |
| | | <input checked="" type="checkbox"/> | (g)(5) | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| | | <input checked="" type="checkbox"/> | (g)(6) | No unapproved sleeping-car seats/swings/beds, etc. |
| | | <input checked="" type="checkbox"/> | (g)(7) | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes |
| | | <input checked="" type="checkbox"/> | (g)(8) | Observe/assess infants at least every 15 minutes |
| | | <input checked="" type="checkbox"/> | (h)(1) | Teething necklaces/bracelets, jewelry inaccessible |
| | | <input checked="" type="checkbox"/> | (h)(2) | Safe sleep policies - parents informed |
| | | <input checked="" type="checkbox"/> | (h)(2) | TOYS AND OTHER OBJECTS |
| | | <input checked="" type="checkbox"/> | (h)(2) | Infant toys-separate/washed/sanitized daily |
| | | <input checked="" type="checkbox"/> | (h)(2) | Toddler toys-washed/sanitized weekly |
| | | <input checked="" type="checkbox"/> | (h)(2) | No toys/objects less than 1 1/4" diameter |
| | | <input checked="" type="checkbox"/> | (h)(2) | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision |
| | | <input checked="" type="checkbox"/> | (i)(1)(2A-C) | Health consultant visits/documentation |
| | | <input checked="" type="checkbox"/> | (j) | FEEDING |
| | | <input checked="" type="checkbox"/> | (k)(1) | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle |
| | | <input checked="" type="checkbox"/> | (k)(2) | Written feeding schedule from parent-updated |
| | | <input checked="" type="checkbox"/> | (k)(3) | Unused formula/milk discarded after feedings |
| | | <input checked="" type="checkbox"/> | (k)(4) | Clean bottles/disposable bottles/appvd washing |
| | | <input checked="" type="checkbox"/> | (k)(5) | Baby food served from dish or whole jar |
| | | <input checked="" type="checkbox"/> | (l)(1) | Bottles labeled with child's name |
| | | <input checked="" type="checkbox"/> | (l)(2) | Outdoor spaced fenced-4 ft (lic. after 1/1/25) |
| | | <input checked="" type="checkbox"/> | (l)(3) | Outdoor equipment-developmentally appropriate for ages of the children |
| | | <input checked="" type="checkbox"/> | (l)(3) | Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety |

SCHOOL AGE ENDORSEMENT 19a-79-11 YN

| | | | |
|--|------|--------|--|
| | 140. | (b) | Approved Schl Age Endorsement |
| | 141. | (c) | SCHEDULE - ACTIVITIES |
| | | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents |
| | | (c)(2) | Activities not a duplication of child's day |
| | | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children |
| | | (d) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| | | (e) | Ratio- 1:15 |
| | | | Group size- max. 30 |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

| | | | |
|---|--|---|---|
| PROGRAM NAME MOMMY'S DAYCARE | | LICENSE NUMBER 80023 | DATE OF INSPECTION 4.15.25 |
| SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N | | MONITORING OF DIABETES 19a-79-13 Y/N | |
| <input checked="" type="checkbox"/> 145. (f) N/A | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent | <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"/> 146. (g) N/A | Designated Head teacher approved- 60% | <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"/> (c)(3) | |
| | | <input checked="" type="checkbox"/> 173. (d)(1) | |
| | | <input checked="" type="checkbox"/> 174. (d)(2) | |
| | | <input checked="" type="checkbox"/> 175. (d)(3) | |
| | | <input checked="" type="checkbox"/> 176. (e)(1) | |
| | | <input checked="" type="checkbox"/> 177. (e)(2) | |
| | | <input checked="" type="checkbox"/> 178. (e)(3) | |
| | | <input checked="" type="checkbox"/> 179. (e)(3) | |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N | | | |
| <input checked="" type="checkbox"/> 147. (b) N/A | Approved Night Care Endorsement | | |
| <input checked="" type="checkbox"/> 148. (b)(1) N/A | Person in charge-head teacher | | |
| <input checked="" type="checkbox"/> 149. (b)(2) N/A | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | | |
| <input checked="" type="checkbox"/> 150. (b)(3) N/A | Written plan for supervision including cot placement and evacuation | | |
| <input checked="" type="checkbox"/> 151. (b)(4) N/A | Children in care no more than 12 hrs. in 24 | | |
| <input checked="" type="checkbox"/> 152. (b)(5) N/A | Staff awake and available | | |
| <input checked="" type="checkbox"/> 153. (b)(6) | SLEEP PROVISIONS | | |
| <input checked="" type="checkbox"/> (b)(6)(A) | Individual cot/crib with bedding | | |
| <input checked="" type="checkbox"/> (b)(6)(B) | Sleeping apparel/toiletries labeled | | |
| <input checked="" type="checkbox"/> (b)(6)(C) | Required bedding | | |
| <input checked="" type="checkbox"/> (b)(6)(D) | Required toiletries | | |
| <input checked="" type="checkbox"/> (b)(6)(D) | Bedding/sleeping apparel laundered weekly | | |
| <input checked="" type="checkbox"/> (b)(7) | Sleep arrangements for infants | | |
| <input checked="" type="checkbox"/> 154. (b)(8) | Air temp 65 °F at 3 ft | | |
| <input checked="" type="checkbox"/> 155. (b)(9) | Fire marshal approval-hours specified | | |
| <input checked="" type="checkbox"/> 156. (b)(10) | Local health approval | | |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N | | ADDITIONAL VIOLATION | |
| <input checked="" type="checkbox"/> 157. (9a) | Written medication policies/procedures | <input 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 | | |
| <input checked="" type="checkbox"/> 159. (a)(2) | NONPRESC. TOPICAL MEDICATION | | |
| <input checked="" type="checkbox"/> (a)(3)(A-B) | Admin/Parent permission/report errors | | |
| <input checked="" type="checkbox"/> (a)(3)(C) | Labeling and Storage | | |
| <input checked="" type="checkbox"/> 160. (b)(1)(A/C) | Unused/expired meds destroyed/returned | | |
| <input checked="" type="checkbox"/> (b)(1)(D) | MEDICATION TRAINING | | |
| <input checked="" type="checkbox"/> (b)(1)(E) | Medication training-general-oral/top/inhalant | | |
| <input checked="" type="checkbox"/> (b)(1)(F) | Injectable premeasured autoinjector medication | | |
| <input checked="" type="checkbox"/> (b)(2)(A-B) | Rectal medication | | |
| <input checked="" type="checkbox"/> (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) | | |
| Signature of OEC staff  | | Signature of person in Charge | |
| Printed Name Lon Mangano | | Printed Name | |
| OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov | | Inspection shall be posted or available for review upon request. | |
| | | Written Corrective Action Plan Due by: 4.20.25 | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/ |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mommy's Daycare License # 80023 Date: 4.15.25

Observations/Corrections needed:

to OEC

- 10 (c)(1-4) - no notification of change provided for new fence and wall installed in playground.
- 35 (i)-(1)(2)(A-H) - Education and Social Service contract incomplete with services required. NO dietitian contract. (send copies)
- 111 (h)(3) - 3 tree stumps rotted in center and have hole and weed with sharp edges.
- 119 (c)(3) - Group size is 11 under 3 as a result of physical barrier section missing near cubby.
- 120 (c)(4) - physical barrier missing near cubby separating each group of children.
- 130 (g)(1) - 8 month old using pack and play designed for 5 months and under.
- 41 (a)(3)(A) - Injury reports are not clear with action taken by staff. Ointments can not be used unless prescribed by physician for first aid.
- 69 (c)(5)(A) - only 1 location was tested for lead. 2 are required. (Send copy of test for another faucet / first draw)

DISCUSSION

- New regulations. Checklist provided at inspection
- Safe Sleep / Group Size / Ratio
- 1 staff needs CHK Health & Safety course. Staff took the wrong course to meet requirement.

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: _____

Print Name: _____ (OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: _____

OEC BY: 4.15.25

Print Name: _____ (Person in Charge)

