

INSPECTION FORM

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

Southfield Children's Center	4/14/25	9:00am
84 fourth Rd	15726	3/31/26
Newington, CT 06111	860 666 88	open
Southfield Children's Center Inc	# of Staff Present: 13	# over 3 Present: 29
1kraft@southfields.org	Total Capacity: 70	# under 3 Present: 26
Laura Kraft		Ages Served: 6w-6yrs
		M-f 7:30am-5:30pm

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

STAFFING and COMPLIANCE

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 0/28/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
<input checked="" type="checkbox"/> 2. (a)	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
<input checked="" type="checkbox"/> 3. (b)	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
<input checked="" type="checkbox"/> 4. (b)(6)	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history																				
<input checked="" type="checkbox"/> 5. (b)(6)	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history																				
<input checked="" type="checkbox"/> 6. (b)(7)(A)	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
<input checked="" type="checkbox"/> 7. (b)(7)(B)	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 8. (b)(7)(C)	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 9. (b)(7)(E)	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
<input checked="" type="checkbox"/> 10. (c)(1-4)	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
<input checked="" type="checkbox"/> 12. (d)(1)	<input checked="" type="checkbox"/> 27. (d)(6)	Mixed age group																				
<input checked="" type="checkbox"/> 13. (f)	<input checked="" type="checkbox"/> 27. (d)(4)(D)	Nap time ratio																				
<input checked="" type="checkbox"/> 14. (l)	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 15. (m)	<input checked="" type="checkbox"/> 29. (d)(5)	GROUP SIZE																				
<input checked="" type="checkbox"/> 16. (n)	<input checked="" type="checkbox"/> 29. (d)(5)(A)	Group Size-Indoors/Outdoors																				
<input checked="" type="checkbox"/> 17. (o)	<input checked="" type="checkbox"/> 29. (d)(5)(B)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> 18. 3a(e)(1)	<input checked="" type="checkbox"/> 30. (e)(1)	Mixed age group-group size																				
<input checked="" type="checkbox"/> 3a(e)(2)	<input checked="" type="checkbox"/> 31. (f)(1)	Designated director-training																				
<input checked="" type="checkbox"/> 3a(d)(6)(C)	<input checked="" type="checkbox"/> 32. (f)(2)	CPR certified program staff																				
<input checked="" type="checkbox"/> 3a(e)(3)	<input checked="" type="checkbox"/> 33. (a)(2)	First aid certified program staff																				
<input checked="" type="checkbox"/> 3a(e)(4)	<input checked="" type="checkbox"/> 33. (b)(1)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 3a(e)(5)	<input checked="" type="checkbox"/> 33. (h)(2)	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> 3a(e)(6)	<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)	Health & Safety training																				
<input checked="" type="checkbox"/> 7a(e)(17)	<input checked="" type="checkbox"/> 34. (4)(C)(i)	1% annual hours																				
<input checked="" type="checkbox"/> 10(g)(8)	<input checked="" type="checkbox"/> 34. (e)(6)	SWIMMING ACTIVITIES - Y/N																				
	<input checked="" type="checkbox"/> 34. (e)(6)	Swimming-Ratios																				
	<input checked="" type="checkbox"/> 34. (i)(1)(A-D)	Non-swimmers identified																				
	<input checked="" type="checkbox"/> 34. (i)(2)	CPR certified staff-age 20 or older																				
	<input checked="" type="checkbox"/> 34. (H)(i)-(I)(i)	Lifeguard-certified-supervising																				
		CONSULTANTS																				
		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
		Consultant agreements-signed annually-agreements complete w/required services																				
		Consultant logs-documented activities, observations and required services																				
		Consultant visits- Education/Health																				
		<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 type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contracts	Logs	Visits																			
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Soc. Serv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			

PROGRAM NAME: Southfield Children's Center

LICENSE NUMBER: 15726

DATE: 4/14/25

RECORDS

PHYSICAL PLANT 196-79-A

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

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (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 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"/> 82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH AND SAFETY 196-79-C

PHYSICAL PLANT 196-79-A

<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 11/3/25 (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (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)

<input checked="" type="checkbox"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 85.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 86.	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 87.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 88.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 89.	(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 90.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 91.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 92.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 93.	(e)(1)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 94.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 95.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 96.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 97.	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 98.	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 99.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 100.	(e)(7)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level
<input checked="" type="checkbox"/> 101.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 102.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 103.	(e)(8)	LIGHTING All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 104.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 105.	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 106.	(e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 107.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 108.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 109.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 110.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 111.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 112.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 113.	(e)(17)	Radon test- Results: 0.3 (Schls-N/A)
<input checked="" type="checkbox"/> 114.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 115.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 116.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 117.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 118.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 119.	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 196-79-A

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<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 10/6/25
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY -Public Well (Schools-N/A) Lead Water Test - Date: 7/23/23 Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Drinking water available/accessibile LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(17)	Radon test- Results: 0.3 (Schls-N/A)
<input checked="" type="checkbox"/> 101.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 104.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Southfield Childrens center	LIC. NUMBER	15726	DATE OF INSPECTION	4/14/25
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PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input 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"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

	128.	<input checked="" type="checkbox"/> (e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (e)(3)	
		<input checked="" type="checkbox"/> (e)(4)	
		<input checked="" type="checkbox"/> (e)(5)	
		<input checked="" type="checkbox"/> (e)(6-9)	
		<input checked="" type="checkbox"/> (e)(7)	
		<input checked="" type="checkbox"/> (e)(8)	
		<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	
		<input checked="" type="checkbox"/> (f)(2)	
		<input checked="" type="checkbox"/> (f)(3)	
		<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(2)	
		<input checked="" type="checkbox"/> (g)(3)	
		<input checked="" type="checkbox"/> (g)(4)	
		<input checked="" type="checkbox"/> (g)(5)	
		<input checked="" type="checkbox"/> (g)(6)	
		<input checked="" type="checkbox"/> (g)(7)	
		<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/>	131.	<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(2)	
		<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	<input checked="" type="checkbox"/> (j)	
		<input checked="" type="checkbox"/> (k)(1)	
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS 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"/> (1)-(11)	
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 **CN**

<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
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 **CN**

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	<input checked="" type="checkbox"/> (c)	
		<input checked="" type="checkbox"/> (c)(1)	
		<input checked="" type="checkbox"/> (c)(2)	
		<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Southfield Childrens Center LICENSE NUMBER: 15726 DATE: 4/14/25

SCHOOL AGE ENDORSEMENT 19a-79-11 ON MONITORING OF DIABETES 19a-79-13 YES

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

171. (a)(1) Written policies and procedures

172. STAFF TRAINING
 Staff training – first aid
 Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

(b)(1)(A)
 (b)(1)(B)
 (i)-(iii)

(b)(2)
 (b)(3)
 (c)(2)

173. (c)(3) Training updated at least every 3 years
 Written documentation of training

174. (d)(1) Trained staff on site when child is present
 175. (d)(2) Self-administration - written authorization and under supervision of trained staff
 176. (d)(3) Equipment provided by parents
 Equipment labeled and inaccessible
 Signed agreement with parent regarding equipment, supplies, materials to be discarded

177. (e)(1) Authorized prescriber written order
 178. (e)(2) Written authorization from parent
 179. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily

NIGHT CARE ENDORSEMENT 19a-79-12 (1999-2004) YES

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

153. SLEEP PROVISIONS
 (b)(6) Individual cot/crib with bedding
 (b)(6)(A) Sleeping apparel/toiletries labeled
 (b)(6)(B) Required bedding
 (b)(6)(C) Required toiletries
 (b)(6)(D) Bedding/sleeping apparel laundered weekly
 (b)(7) Sleep arrangements for infants

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a ON

ADDITIONAL VIOLATION

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. NONPRESC. TOPICAL MEDICATION
 (a)(2) Admin/Parent permission/report errors
 (a)(3)(A-B) Labeling and Storage
 (a)(3)(C) Unused/expired meds destroyed/returned

160. MEDICATION TRAINING
 (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

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

- update policies per new regulations. checklist shown off CEC website and update educational requirements

- Staff articles inaccessible to children

- rolled gauze needed in first aid kit.

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff: K Kellerman
 Printed Name: K Kellerman

Signature of person in charge: Laura Houame
 Printed Name: Laura Houame

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: occl.licensing@ct.gov

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 4/28/25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southfield Childrens Center License # 15726 Date: 4/14/25

Observations/Corrections needed:

- Regulations Not in Compliance when observed:
- #5 - 2 staff annual policy review not available
- #18 - old compliant procedure posted, administrative oversight not posted. safe sleep policy not posted in infant room
- #21 - 2 staff need background checks in BCIS contact BCIS for guidance.
- #33 - Not sufficient documentation of professional dev. for all staff (a)(2)
- #35 - ~~(1)(2)(3)(4)~~ Health consultant contract not dated. Social service, dietitian contracts not observed current CFS logs not observed reviewing policies/procedures for social service and dietitian
- #40 - 3 care plans not signed 2 care plans not available
- #62 - fire Marshal certificate expired, send copy to Agency
- #66 - Dusty vents observed in Waddlers/Toddlers bathroom, Toddlers/cubs room and bathroom and staff bathroom wobbly art shelf in waddlers room
- #94 - measured CF at 19-41 in pre 3 room. Measured CF at 40-48 in pre 4. All were conduct close work
- #95 - Bleach/water bottles not labeled with dilutions

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: K Kullerman

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/28/25

Signature: [Signature]
(Person in Charge)
Print Name: Laura Houame

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Southfield children's center License # 15726 Date: 4/14/25

Observations/Corrections needed:

#122 observed 6 cribs in infant room dated January 2011. Discussed CPSC compliance

#136 (EX5) observed bottles not labeled in infant room/ fridge. (staff labeled 2 in room, 4 in fridge not labeled)

#161-1 authorization form not observed for child with Asthma in PIC 3

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: [Name]

Signature: [Signature]
(Person in Charge)

Print Name: Laura Kouame

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/28/25