

**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: | Saan Group Daycare          | Date of Inspection:                | 4.21.25      | Time of Inspection:     | 10:04am               |
| Address:      | 61 N Taylor Ave Apt B       | License Number:                    | Pending      | Business Hours:         | Pending               |
| City:         | Norwalk                     | Telephone Number:                  | 203.919.9077 | Business Status:        | Open                  |
| Company:      | Saan Group Daycare LLC      | # of Staff Family Daycare Present: | 3            | # over 3 Present:       | 0                     |
| Contact:      | Saangroupplaycare@gmail.com | Total Capacity:                    | 11           | Total Under 3 capacity: | 11                    |
| Inspector:    | Andrea Valdez               |                                    |              |                         | Ages Served: 1-12 yrs |
|               |                             |                                    |              |                         | 7am-6pm M-F           |

Inspection Code:  1 - Program in Compliance  2 - Program with Complaints  3 - Program with Complaints

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-79-2b**

| <input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 1/14/25 | <input checked="" type="checkbox"/> 19. (a)(1)            | Staff health records                                                                                                                                                                                                                                                                                                                                                                          |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|------|--------|-----------|---|---|---|--------|---|---|---|------------|---|---|---|-----------|---|---|---|
|                                                                                     | <input checked="" type="checkbox"/> 20. (a)(3)            | Disciplinary actions                                                                                                                                                                                                                                                                                                                                                                          |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 21. (b)               | Comprehensive Background Checks                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 21a. (b)(2)           | Past employment history                                                                                                                                                                                                                                                                                                                                                                       |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 22. (b)(4)            | Evidence of compliance with bknd cks/history                                                                                                                                                                                                                                                                                                                                                  |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 23. (d)               | Adequate staffing                                                                                                                                                                                                                                                                                                                                                                             |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)     | Designated head teacher-approved-60%                                                                                                                                                                                                                                                                                                                                                          |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 25. (d)(2)            | Two staff present-age 18 or older                                                                                                                                                                                                                                                                                                                                                             |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 26. (d)(3)(A-C)       | Personal qualities of staff                                                                                                                                                                                                                                                                                                                                                                   |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 27. (d)(4)(A)         | <b>RATIOS</b>                                                                                                                                                                                                                                                                                                                                                                                 |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 27. (d)(4)(B)         | Ratio 1:10 - Indoors/Outdoors                                                                                                                                                                                                                                                                                                                                                                 |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 27. (d)(6)            | Mixed age group                                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 27. (d)(4)(D)         | Nap time ratio                                                                                                                                                                                                                                                                                                                                                                                |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 28. (d)(4)(D)         | Supervision-Indoors/Outdoors                                                                                                                                                                                                                                                                                                                                                                  |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 29. (d)(5)            | <b>GROUP SIZE</b>                                                                                                                                                                                                                                                                                                                                                                             |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 29. (d)(5)(A)         | Group Size-Indoors/Outdoors                                                                                                                                                                                                                                                                                                                                                                   |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 29. (d)(5)(B)         | Group Size-school age field trips/outdoors                                                                                                                                                                                                                                                                                                                                                    |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 30. (e)(1)            | Mixed age group-group size                                                                                                                                                                                                                                                                                                                                                                    |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 31. (f)(1)            | Designated director-training                                                                                                                                                                                                                                                                                                                                                                  |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 32. (f)(2)            | CPR certified program staff                                                                                                                                                                                                                                                                                                                                                                   |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 33. (a)(2)            | First aid certified program staff                                                                                                                                                                                                                                                                                                                                                             |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 34. (h)(1)            | <b>PROFESSIONAL DEVELOPMENT</b>                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 34. (h)(2)            | Documentation of prof. dev/trainings                                                                                                                                                                                                                                                                                                                                                          |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)     | Health & Safety training                                                                                                                                                                                                                                                                                                                                                                      |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 35. (i) - (i)(2)(A-H) | 1% annual hours                                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 35. (F)               | <b>SWIMMING ACTIVITIES - Y/N</b>                                                                                                                                                                                                                                                                                                                                                              |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 35. (i)(2)            | Swimming-Ratios                                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     | <input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)     | Non-swimmers identified                                                                                                                                                                                                                                                                                                                                                                       |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     |                                                           | CPR certified staff-age 20 or older                                                                                                                                                                                                                                                                                                                                                           |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     |                                                           | Lifeguard-certified-supervising                                                                                                                                                                                                                                                                                                                                                               |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     |                                                           | <b>CONSULTANTS</b>                                                                                                                                                                                                                                                                                                                                                                            |        |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
|                                                                                     |                                                           | 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>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Health</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Soc. Serv.</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>Dietitian</td> <td>/</td> <td>/</td> <td>/</td> </tr> </tbody> </table> |        | Contracts | Logs | Visits | Education | / | / | / | Health | / | / | / | Soc. Serv. | / | / | / | Dietitian | / | / | / |
|                                                                                     | Contracts                                                 | Logs                                                                                                                                                                                                                                                                                                                                                                                          | Visits |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
| Education                                                                           | /                                                         | /                                                                                                                                                                                                                                                                                                                                                                                             | /      |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
| Health                                                                              | /                                                         | /                                                                                                                                                                                                                                                                                                                                                                                             | /      |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
| Soc. Serv.                                                                          | /                                                         | /                                                                                                                                                                                                                                                                                                                                                                                             | /      |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |
| Dietitian                                                                           | /                                                         | /                                                                                                                                                                                                                                                                                                                                                                                             | /      |           |      |        |           |   |   |   |        |   |   |   |            |   |   |   |           |   |   |   |

**CHILD CARE CENTER / GROUP CHILD CARE HOME INSPECTION**

|                                            |                                  |                                   |
|--------------------------------------------|----------------------------------|-----------------------------------|
| <b>PROGRAM NAME</b><br>Sean Louise Duicare | <b>LICENSE NUMBER</b><br>Pending | <b>INSPECTION DATE</b><br>4.21.25 |
|--------------------------------------------|----------------------------------|-----------------------------------|

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <b>RECORD KEEPING 19a-79-5a</b> | <b>PHYSICAL PLANT 19a-79-7a cont.</b> |
|---------------------------------|---------------------------------------|

|                                         |                                                    |                                              |                                         |                                            |                                                                                    |
|-----------------------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 36. | (a)(1)(A-C)                                        | Children's Enrollment information            | <input checked="" type="checkbox"/> 71. | (d)(1)                                     | Emergency vehicle access                                                           |
| <input checked="" type="checkbox"/> 37. |                                                    | <b>PARENT PERMISSIONS</b>                    | <input checked="" type="checkbox"/> 72. | (d)(2)                                     | Walkways maintained                                                                |
|                                         | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 | <input checked="" type="checkbox"/> 73. | (d)(3)                                     | Windows protected to prevent falls                                                 |
|                                         | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                | <input checked="" type="checkbox"/> 74. | (d)(3)                                     | Window screens                                                                     |
|                                         | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        | <input checked="" type="checkbox"/> 75. | (d)(4)                                     | Glass/mirrors protected- 36"                                                       |
|                                         | <input checked="" type="checkbox"/> (a)(1)(D)(iv)  | Transportation 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)                                        | Child Health Records                         | <input checked="" type="checkbox"/> 77. | (d)(6), (f)(3)                             | Exits, stairs, hallways unobstructed                                               |
| <input checked="" type="checkbox"/> 39. | (a)(2)(C)                                          | Immunization records                         | <input checked="" type="checkbox"/> 78. | (d)(7)                                     | Individual storage of clothing and bedding                                         |
| <input checked="" type="checkbox"/> 40. | (a)(2)(E)                                          | Individual care plan-signed by parents/staff | <input checked="" type="checkbox"/> 79. |                                            | <b>SMOKING</b>                                                                     |
| <input checked="" type="checkbox"/> 41. | (a)(3)(A)                                          | Injury, Illness, Incident, Accident reports  |                                         | <input checked="" type="checkbox"/> (d)(8) | Smoking, vaping or other electronic nicotine device prohibited on premises/grounds |
| <input checked="" type="checkbox"/> 42. | (a)(3)(B)                                          | Parent notification of illness or injury     |                                         | <input checked="" type="checkbox"/> (d)(8) | Matches/lighters inaccessible                                                      |
| <input checked="" type="checkbox"/> 43. | (a)(3)(C)(i-ii)                                    | Notify OEC of serious injuries, fatality     |                                         | <input checked="" type="checkbox"/> (d)(9) | Electrical safety - outlets inaccessible - covered or protected                    |
| <input checked="" type="checkbox"/> 44. | (a)(3)(D)                                          | Notify DPH, local health-reportable diseases |                                         |                                            | <b>TOILETING</b>                                                                   |
| <input checked="" type="checkbox"/> 45. | (a)(4)                                             | Video recordings- keep 30 days               | <input checked="" type="checkbox"/> 81. |                                            | Shared toilets/sinks-supervision plan                                              |

**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"/> 82. | (d)(10)(A) | Toileting needs met                                                                                 |
| <input checked="" type="checkbox"/> 47. | (a)(2)  | Nutritious meals and snacks                                                                                                                                                    | <input checked="" type="checkbox"/> 83. | (d)(10)(B) | Potty chairs-nonporous, emptied, disinfected                                                        |
| <input checked="" type="checkbox"/> 48. | (a)(3)  | Proper refrigeration-41 degrees                                                                                                                                                | <input checked="" type="checkbox"/> 84. | (d)(10)(C) | Required toilets/sinks-1:16                                                                         |
| <input checked="" type="checkbox"/> 49. | (a)(4)  | Menus-1 wk in advance- keep 3 mths                                                                                                                                             |                                         | (d)(10)(C) | Toileting Supplies-Hand drying-Garbage                                                              |
| <input checked="" type="checkbox"/> 50. | (a)(5)  | Food Service Inspection (N/A)                                                                                                                                                  |                                         | (d)(10)(E) | Handwashing staff/children                                                                          |
| <input checked="" type="checkbox"/> 51. | (a)(6)  | Kitchen-clean/safe storage of food/supplies(N/A)                                                                                                                               |                                         | (d)(10)(E) | Toilets/sinks located at the facility                                                               |
| <input checked="" type="checkbox"/> 52. | (a)(7)  | Separate hand washing facilities                                                                                                                                               |                                         | (d)(10)(F) | Well lighted/ventilated toilet rooms                                                                |
| <input checked="" type="checkbox"/> 53. | (a)(8)  | Multi-use eating/drinking utensils                                                                                                                                             |                                         | (d)(10)(G) | Mechanical ventilation (after 1/1/94) (Grp Homes N/A)                                               |
| <input checked="" type="checkbox"/> 54. | (a)(9)  | Kitchen separated (N/A)                                                                                                                                                        |                                         | (d)(10)(H) | Staff personal articles inaccessible                                                                |
| <input checked="" type="checkbox"/> 55. | (a)(10) | Children supervised during meal prep                                                                                                                                           |                                         | (d)(11)    | <b>AIR TEMPERATURE</b>                                                                              |
| <input checked="" type="checkbox"/> 56. | (a)(11) | Handwashing-staff/children                                                                                                                                                     |                                         | (e)(1)     | Air temp 65°F at 3 ft -non-mercury thermometer affixed to wall                                      |
| <input checked="" type="checkbox"/> 57. | (b)(1)  | Illness procedures-staff knowledgeable, children observed for signs/symptoms                                                                                                   |                                         | (e)(2)     | Air temp > 80°F - ↑ fluids/ventilation                                                              |
| <input checked="" type="checkbox"/> 58. | (b)(2)  | Designated isolation area                                                                                                                                                      |                                         | (e)(3)     | Water temperature 60°F-120°F                                                                        |
| <input checked="" type="checkbox"/> 59. | (c)     | <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips                                                                              |                                         | (e)(4)     | Portable space heaters prohibited                                                                   |
|                                         | (c)     | <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier |                                         | (e)(5)     | <b>WALLS/CEILINGS/FLOORS/RUGS</b>                                                                   |
|                                         | (d)     | <b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)                                                       |                                         | (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair                                                        |
|                                         |         |                                                                                                                                                                                |                                         | (e)(6)     | Rugs- not a tripping/slipping hazard                                                                |
|                                         |         |                                                                                                                                                                                |                                         | (e)(7)     | Hot water/Steam pipes protected                                                                     |
|                                         |         |                                                                                                                                                                                |                                         | (e)(7)     | <b>TELEPHONE/TELEPHONE NUMBERS</b>                                                                  |
|                                         |         |                                                                                                                                                                                |                                         | (e)(7)     | Working phone on each level                                                                         |
|                                         |         |                                                                                                                                                                                |                                         | (e)(8)     | Emergency numbers posted-adjacent to phones                                                         |
|                                         |         |                                                                                                                                                                                |                                         | (e)(9)     | Parents provided direct on site phone number                                                        |
|                                         |         |                                                                                                                                                                                |                                         | (e)(9)     | <b>LIGHTING</b>                                                                                     |
|                                         |         |                                                                                                                                                                                |                                         | (e)(9)     | All areas min. 1 foot candle of lighting                                                            |
|                                         |         |                                                                                                                                                                                |                                         | (e)(10)    | Adequate lighting-30/50 candle feet-sufficient lighting to be visible                               |
|                                         |         |                                                                                                                                                                                |                                         | (e)(11)    | Enough lighting for comfort                                                                         |
|                                         |         |                                                                                                                                                                                |                                         | (e)(12)    | Light fixtures shielded/shatter proof                                                               |
|                                         |         |                                                                                                                                                                                |                                         | (e)(13)    | Potentially hazardous substances, materials labeled, inaccessible                                   |
|                                         |         |                                                                                                                                                                                |                                         | (e)(14-15) | Garbage/rubbish-disposed of daily, containers in good repair                                        |
|                                         |         |                                                                                                                                                                                |                                         | (e)(16)    | Stairs-protected/good repair-handrails                                                              |
|                                         |         |                                                                                                                                                                                |                                         | (e)(17)    | Toxic plants/materials inaccessible                                                                 |
|                                         |         |                                                                                                                                                                                |                                         | (e)(18)    | Pets or other animals-in good health, written care plan including access to children                |
|                                         |         |                                                                                                                                                                                |                                         | (f)(1)(A)  | Measures to prevent vermin                                                                          |
|                                         |         |                                                                                                                                                                                |                                         | (g)(1)     | Radon test- Results: 0.3 (Schls-N/A)                                                                |
|                                         |         |                                                                                                                                                                                |                                         | (g)(2)     | Carbon monoxide detector-each level N/A                                                             |
|                                         |         |                                                                                                                                                                                |                                         | (g)(3)     | Program space-adequate-35 sq. ft. per child                                                         |
|                                         |         |                                                                                                                                                                                |                                         | (g)(4)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
|                                         |         |                                                                                                                                                                                |                                         |            | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)                        |
|                                         |         |                                                                                                                                                                                |                                         |            | Air conditioners/water heaters/fuse boxes inaccessible                                              |
|                                         |         |                                                                                                                                                                                |                                         |            | Developmentally app equipment, materials                                                            |

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

|                                         |                                                 |                                                                                 |                                          |            |                                                                                                     |
|-----------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 62. | (a)(2)                                          | Fire marshal codes/certificate <u>6600</u>                                      | <input checked="" type="checkbox"/> 95.  |            |                                                                                                     |
| <input checked="" type="checkbox"/> 63. | (b)                                             | Indoor/Outdoor space inspected/approved                                         | <input checked="" type="checkbox"/> 96.  | (e)(11)    | Garbage/rubbish-disposed of daily, containers in good repair                                        |
| <input checked="" type="checkbox"/> 64. | (b)(1)-(5)                                      | Construction/expansion/renovation/conversion                                    | <input checked="" type="checkbox"/> 97.  | (e)(12)    | Stairs-protected/good repair-handrails                                                              |
| <input checked="" type="checkbox"/> 65. | (b)(6)                                          | Space not inspected/approved but used for field trips-written parent permission | <input checked="" type="checkbox"/> 98.  | (e)(13)    | Toxic plants/materials inaccessible                                                                 |
| <input checked="" type="checkbox"/> 66. | (c)(2)                                          | Licensed premises-clean, good repair, hazard free, maintenance program          | <input checked="" type="checkbox"/> 99.  | (e)(14-15) | Pets or other animals-in good health, written care plan including access to children                |
| <input checked="" type="checkbox"/> 67. | (c)(3)                                          | Building/Equipment/Furnishings-sanitary, hazard free (N/A)                      | <input checked="" type="checkbox"/> 100. | (e)(16)    | Measures to prevent vermin                                                                          |
| <input checked="" type="checkbox"/> 68. | (c)(4)                                          | Testing of premises/grounds for chemicals                                       | <input checked="" type="checkbox"/> 101. | (e)(17)    | Radon test- Results: 0.3 (Schls-N/A)                                                                |
| <input checked="" type="checkbox"/> 69. |                                                 | <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)                                 | <input checked="" type="checkbox"/> 102. | (e)(18)    | Carbon monoxide detector-each level N/A                                                             |
|                                         | <input checked="" type="checkbox"/> (c)(5)(A)   | Lead Water Test - Date: <u>10.2.24</u>                                          | <input checked="" type="checkbox"/> 103. | (f)(1)(A)  | Program space-adequate-35 sq. ft. per child                                                         |
|                                         | <input checked="" type="checkbox"/> (c)(5)(B)   | Bact./Chem Test-Date: _____ (N/A)                                               | <input checked="" type="checkbox"/> 104. | (g)(1)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust |
|                                         | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible                                             |                                          | (g)(2)     | Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)                        |
| <input checked="" type="checkbox"/> 70. |                                                 | <b>LEAD PAINT</b>                                                               |                                          | (g)(3)     | Air conditioners/water heaters/fuse boxes inaccessible                                              |
|                                         | <input checked="" type="checkbox"/> (c)(6)(A)   | Building Pre-78 <u>Y/N</u> Lead Test <u>Y/N</u> Results <u>Lead m. plan</u>     |                                          | (g)(4)     | Developmentally app equipment, materials                                                            |
|                                         | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan _____                                                      |                                          |            |                                                                                                     |
|                                         | <input checked="" type="checkbox"/>             | Peeling Paint - <u>Y/N</u> <u>Y/N</u> Inside/Outside                            |                                          |            |                                                                                                     |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          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| <b>PROGRAM NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Saar Grove Daycare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LICENSE NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DATE OF INSPECTION</b> | 11/21/25 |
| <b>PHYSICAL PLANT 19a-79-7a cont.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |          |
| <input checked="" type="checkbox"/> 108. (g)(5)<br><input checked="" type="checkbox"/> 109. (g)(6)<br><input checked="" type="checkbox"/> 110. (j)<br><input checked="" type="checkbox"/> 111. (h)(1)<br><input checked="" type="checkbox"/> (h)(2)<br><input checked="" type="checkbox"/> (h)(3)<br><input checked="" type="checkbox"/> (h)(4)<br><input checked="" type="checkbox"/> (h)(5)<br><input checked="" type="checkbox"/> (h)(6)<br><input checked="" type="checkbox"/> (h)(8)<br><input checked="" type="checkbox"/> (h)(9)<br><br><input checked="" type="checkbox"/> 112. (h)(7)<br><input checked="" type="checkbox"/> (h)(7)(A)<br><input checked="" type="checkbox"/> (h)(7)(B)<br><input checked="" type="checkbox"/> (h)(7)(C)<br><br><input checked="" type="checkbox"/> 114. (i)<br><input checked="" type="checkbox"/> (i)<br><input checked="" type="checkbox"/> (i) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls<br>Indoor climbing play equipment-shock absorbing materials under and around<br>No weapons/no facsimile of a firearm<br><b>OUTDOOR SPACE</b><br>Adequate space- 75 sq. ft. per child<br>Shock absorbing surfaces-minimum 8"<br>Playground free from hazards<br>Nuts, bolts, screws-tight, covered/protected<br>Outside equipment anchored-anchors buried<br>New equip- cert playg. Inspection upon request<br>Drinking water available/accessible<br>Equipment arranged for safety-equip/fences/structures not hazardous<br><b>OUTDOOR PROTECTED/FENCED</b><br>Playground protected from traffic, water, gullies or other hazards<br>Fences installed to protect from hazards-4 ft<br>Fences installed to protect from water-4 ft, self closing and self latching devices or locks<br>Rooftop play areas-6 ft. wall/barrier<br><b>WATER HAZARDS</b><br>Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61<br>Wading pools prohibited<br>Hot tubs/spas/saunas-locked/inaccessible | 128.<br><input checked="" type="checkbox"/> (e)(2)<br><input checked="" type="checkbox"/> (e)(3)<br><input checked="" type="checkbox"/> (e)(4)<br><input checked="" type="checkbox"/> (e)(5)<br><input checked="" type="checkbox"/> (e)(6-9)<br><input checked="" type="checkbox"/> (e)(7)<br><input checked="" type="checkbox"/> (e)(8)<br><input checked="" type="checkbox"/> (e)(10)(A-C)<br><br><input checked="" type="checkbox"/> 129. (f)(1)<br><input checked="" type="checkbox"/> (f)(2)<br><input checked="" type="checkbox"/> (f)(3)<br><input checked="" type="checkbox"/> (f)(4)<br><br><input checked="" type="checkbox"/> 130. (g)(1)<br><input checked="" type="checkbox"/> (g)(1)<br><input checked="" type="checkbox"/> (g)(1)<br><br><input checked="" type="checkbox"/> (g)(2)<br><input checked="" type="checkbox"/> (g)(3)<br><br><input checked="" type="checkbox"/> (g)(4)<br><input checked="" type="checkbox"/> (g)(5)<br><br><input checked="" type="checkbox"/> (g)(6)<br><input checked="" type="checkbox"/> (g)(7)<br><input checked="" type="checkbox"/> (g)(8)<br><br><input checked="" type="checkbox"/> 131. (h)(1)<br><input checked="" type="checkbox"/> (h)(1)<br><input checked="" type="checkbox"/> (h)(2)<br><input checked="" type="checkbox"/> (h)(2)<br><br><input checked="" type="checkbox"/> 135. (i)(1)(2A-C)<br><input checked="" type="checkbox"/> 136. (j)<br><br><input checked="" type="checkbox"/> (k)(1)<br><input checked="" type="checkbox"/> (k)(2)<br><input checked="" type="checkbox"/> (k)(3)<br><input checked="" type="checkbox"/> (k)(4)<br><input checked="" type="checkbox"/> (k)(5)<br><br><input checked="" type="checkbox"/> 137. (l)(1)<br><br><input checked="" type="checkbox"/> 138. (l)(2)<br><br><input checked="" type="checkbox"/> 139. (l)(3) | <b>DIAPERING cont.</b><br>Diaper area: used only for this purpose, located in the program area<br>Diaper area: non-porous surface/good repair<br>Diaper area: washed/disinfected after use<br>Diaper area: disposable paper sheets<br>Covered waste receptacle-removed daily<br>Handwashing-staff/children<br>Diapering-Handwashing policies-posted/followed<br>Cloth diapers-written plan developed<br><b>LINENS/CLOTHING</b><br>Linens/emergency clothing available<br>Linens washed weekly or as needed<br>Linens/clothing stored individually<br>Cribs/cots cleaned-linens changed when shared<br><b>SAFE SLEEP</b><br>Under 12 mths placed on back for sleeping<br>Crib-snug fitting mattress/tightly fitted sheet<br>Alternate sleep position/equipment-medical documentation for medical reason on file<br>Infants allowed to adopt other sleep positions<br>No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles<br>No unapproved sleeping-car seats/swings/beds, etc.<br>No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes<br>Observe/assess infants at least every 15 minutes<br>Teething necklaces/bracelets, jewelry inaccessible<br>Safe sleep policies - parents informed<br><b>TOYS AND OTHER OBJECTS</b><br>Infant toys-separate/washed/sanitized daily<br>Toddler toys-washed/sanitized weekly<br>No toys/objects less than 1 1/4" diameter<br>Plastic bags/balloons/styrofoam inaccessible unless under direct supervision<br>Health consultant visits/documentation<br><b>FEEDING</b><br>Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle<br>Written feeding schedule from parent-updated<br>Unused formula/milk discarded after feedings<br>Clean bottles/disposable bottles/appvd washing<br>Baby food served from dish or whole jar<br>Bottles labeled with child's name<br>Outdoor spaced fenced-4 ft (lic. after 1/1/25)<br><br>Outdoor equipment-developmentally appropriate for ages of the children<br>Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety |                           |          |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          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| <input checked="" type="checkbox"/> 115. (a)<br><br><input checked="" type="checkbox"/> 116. (a)<br><input checked="" type="checkbox"/> (1)-(11)<br><br><input checked="" type="checkbox"/> (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Written daily/weekly educational plan - developmentally appropriate- available to staff/parents<br><b>EDUCATIONAL REQUIREMENTS</b><br>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<br>Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> 131.<br><br><input checked="" type="checkbox"/> 135.<br><input checked="" type="checkbox"/> 136.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>UNDER THREE ENDORSEMENT 19a-79-10</b> <span style="float:right;">(YN)</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          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| <input checked="" type="checkbox"/> 117. (b)<br><input checked="" type="checkbox"/> 118. (c)(2)<br><input checked="" type="checkbox"/> 119. (c)(3)<br><br><input checked="" type="checkbox"/> 120. (c)(4)<br><br><input checked="" type="checkbox"/> 121. (d)(1)(A-C)<br><br><input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii)<br><input checked="" type="checkbox"/> 123. (d)(2)(B)<br><input checked="" type="checkbox"/> 124. (d)(2)(C)<br><br><input checked="" type="checkbox"/> 125. (d)(2)(D)<br><input checked="" type="checkbox"/> 126. (d)(2)(E)<br><input checked="" type="checkbox"/> 127. (d)(3)(A-C)<br><input checked="" type="checkbox"/> 128. (e)(1)                                                                                                                                                                                                                 | Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)<br>Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)<br>Physical barriers separating each group of children- indoors/outdoors<br>Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep<br>Cribs/Pack-n-Plays -in compliance w/CPSC<br>Washable cots<br>Chairs for feeding-stable base-safety straps-locking tray<br>Dev. appropriate tables/chairs/equipment<br>Refrigerator and food prep facilities<br>Optional furniture/equip-safe/hazard free<br><b>DIAPERING</b><br>Diaper area: elevated/sturdy/safety rail                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> 137.<br><br><input checked="" type="checkbox"/> 138.<br><br><input checked="" type="checkbox"/> 139.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right;">(YN)</span>                                                                                                                                                                                                                                                                          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| <input checked="" type="checkbox"/> 140. (b)<br><input checked="" type="checkbox"/> 141. (c)<br><br><input checked="" type="checkbox"/> (c)(1)<br><input checked="" type="checkbox"/> (c)(2)<br><br><input checked="" type="checkbox"/> (c)(3)<br><br><input checked="" type="checkbox"/> 143. (d)<br><input checked="" type="checkbox"/> 144. (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Approved Schl Age Endorsement<br><b>SCHEDULE - ACTIVITIES</b><br>Written daily program plan-flexible schedule- available to staff/parents<br>Activities not a duplication of child's day<br>Activities include cognitive, physical, social, emotional needs of the children<br>Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events<br>Ratio- 1:15<br>Group size- max. 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                      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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Saan Group Daycare License # pending Date: 4.21.25

Observations/Corrections needed:

Measurements <sup>60.48</sup> 46.6 5.8

Kitchen -  $11.2 \times 5.4 + 13.8 \times 7 + 2.9 \times 2 = 162.88 / 35 = (4 \text{ children}) \uparrow 3 \text{ or } \downarrow 3$

Front room (upon entrance)  $3.9 \times 3.6 + 11.8 \times 12.7 = 163.9 / 35 = (4 \text{ children}) \uparrow 3 \text{ or } \downarrow 3$

Back room near bathroom  $11.2 \times 11.4 - 1.5 \times 4 = 121.68 / 35 = (3 \text{ children}) \uparrow 3 \text{ or } \downarrow 3$

Personal storage ~~Area~~ - not in capacity Capacity 11/8

outdoor playground  $15 \times 25 = 375 / 75 = (5 \text{ children over or under } 3s)$

Regulation not in compliance when...

47(a)(2) - Menu includes lunch and breakfast and director stated program is not serving meals.

66(c)(2) Kitchen - barboard under window is not attached and has openings posing a hazard. Inspector can not determine if coils get hot when heat is on & coils accessible to children and white cord in corner is not secured. Small room near bathroom - All furniture not secured, bin shelving unit is very unstable, radiator has openings to coils and window sill has chipping paint throughout sill. Front room - Cubby, white storage unit and changing table are not secured. Radiator has openings to coils accessible to children.

70(c)(6)(B-D) - Lead management plan has not been updated to include all areas to manage. (Send copy)

75(d)(4) - Glass not protected up to 36" in kitchen (window), front room and back room. (Send photo of correction)

84(e)(1) Thermometer not affixed to wall in back room.

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: Lun Mangano Eileen Ruiz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)  
Print Name: Lindsay Laraza

OEC BY: prior to OEC approval

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Saan Group Daycare License # pending Date: 4.21.25

## Observations/Corrections needed:

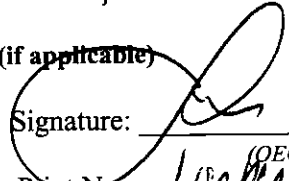
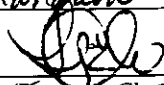
- (88)(e)(5) - Rug in back room is very soiled and stained.
- (94)(e)(9) Lighting in back room is at 30 candle feet in close work area.
- (11)(h)(2) - shock absorbing material is not equal to 8" and climbing equipment observed
- (11)(h)(3) Rock wall has sharp rock edges accessible at eye level to children.
- \* (16) continued - observed rusted black railing at entrance and exit to outside downstairs. Railing to basement is not secured on staircase and observed peeling gray paint on walls at exit downstairs outside door.

## Discussed

- Send local health approval letter for lead management plan and new management plan.
  - All items discussed or observed today.
  - empty and disinfect potty seats after each use.
  - Disposable paper towels for handwashing
  - Supervision/ Ratio/ group size.
  - Director stated fire marshal was fine with lattice blocking windows on lower floor. Lattice is observed in playground - as a result, those windows cannot be used as an exit in emergencies. Windows are for bedroom not used by children.
  - Director will close family daycare <sup>at this location</sup> once group home is licensed
  - Send photo of keyboard and window corrections and playground rock wall.
  - Send supervision plan for handwashing in bathroom when in kitchen of back room
- Back room licensed for preschool and kitchen for both ages. Kitchen will need changing table and has food prep sink.

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: Lin Mangano <sup>(OEC Representative)</sup> Eileen RuizSignature: Print Name: <sup>(Person in Charge)</sup> Lindsay Caraza

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: prior to OEC approval