



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

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

Program Name:	Cherished Children	Date of Inspection:	4/24/2025	Time of Arrival:	8:25AM
Address:	801 Pasquonack Rd.	License Number:	16318	Expiration Date:	12/31/2028
Town:	Croton, CT. 06240-4504	Telephone Number:	860-448-3174	Summer Care:	Open
Operator:	Cherished Children LLC	# of Staff Present:	7	# over 3 Present:	14
Email:	cherishedchildrenllc@gmail.com	Total Capacity:	45	Total Under 3 capacity:	24
Designated Director:	Teresa Frizzola	Hours/Days of Operation:	Monday-Friday 7-5 ³⁰		

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

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

LICENSURE PROCEDURES 19a-79-2a		STAFFING and CONSULTANTS 19a-79-4a cont.	
<input type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: _____	<input type="checkbox"/> 19.	(a)(1) Staff health records
ADMINISTRATION 19a-79-3a		<input type="checkbox"/> 20.	(a)(3) Disciplinary actions
<input type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input type="checkbox"/> 21.	(b) Comprehensive Background Checks
<input type="checkbox"/> 3.	(b) Overall management of program	<input type="checkbox"/> 22.	(b)(4) Evidence of compliance
<input type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input type="checkbox"/> 23.	(d) Adequate staffing
<input type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input type="checkbox"/> 24.	(d)(1) Designated head teacher-approved-60%
<input type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
<input type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
<input type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input type="checkbox"/> 27.	(d)(4)(A) RATIOS
<input type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input type="checkbox"/> 28.	(d)(4)(B) Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input type="checkbox"/> 29.	(d)(4)(B) Mixed age group-ratios
<input type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED	<input type="checkbox"/> 30.	(d)(6) Nap time ratio
<input type="checkbox"/>	(d)(2)(A) Discipline policy	<input type="checkbox"/> 31.	(d)(4)(D) Supervision-Indoors/Outdoors
<input type="checkbox"/>	(d)(2)(B-C) Child Protection policy	<input type="checkbox"/>	GROUP SIZE
<input type="checkbox"/>	(d)(3) Closing time policy	<input type="checkbox"/>	(d)(5) Group Size-Indoors/Outdoors
<input type="checkbox"/>	(d)(4)(A) Medical emergency policy	<input type="checkbox"/>	(d)(5)(A) Group Size-school age field trips/outdoors
<input type="checkbox"/>	(d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/>	(d)(5)(B) Mixed age group-group size
<input type="checkbox"/>	(d)(5) Supervision policy	<input type="checkbox"/>	(e)(1) Designated director-training
<input type="checkbox"/>	(d)(6) General Operating policies	<input type="checkbox"/>	(f)(1) CPR certified program staff
<input type="checkbox"/>	(d)(6)(C) Administrative Oversight policy	<input type="checkbox"/>	(f)(2) First aid certified program staff
<input type="checkbox"/>	(d)(7) Personnel policies	<input type="checkbox"/>	PROFESSIONAL DEVELOPMENT
<input type="checkbox"/> 12.	(d)(1) Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/>	(a)(2) Documentation
<input type="checkbox"/> 13.	ACCESS	<input type="checkbox"/>	(h)(1)(2) Health & Safety training
<input type="checkbox"/>	(f) Immediate access by parents	<input type="checkbox"/>	(h)(1)(2) 1% annual hours
<input type="checkbox"/>	(h) Immediate access by OEC-facility/records	<input type="checkbox"/>	SWIMMING ACTIVITIES - Y/N
<input type="checkbox"/> 14.	(l) 2.8 yr olds enrolled in preschool-authorization	<input type="checkbox"/>	(4)(C)(ii-v) Swimming-Ratios
<input type="checkbox"/> 15.	(m) Motor vehicle laws-transportation	<input type="checkbox"/>	(4)(C)(i) Non-swimmers identified
<input type="checkbox"/> 16.	(n) Capacity	<input type="checkbox"/>	(e)(6) CPR certified staff-age 20 or older
<input type="checkbox"/> 17.	(o) Respond to OEC-no false, misleading statements or documents	<input type="checkbox"/>	(e)(6) Lifeguard-certified-supervising
<input type="checkbox"/> 18.	POSTINGS	<input type="checkbox"/>	CONSULTANTS
<input type="checkbox"/>	(e)(1) License posted	<input type="checkbox"/>	(i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (N/A)
<input type="checkbox"/>	(e)(2) OEC Complaint Procedure posted	<input type="checkbox"/>	(i) Consultant agreements-signed annually
<input type="checkbox"/>	(e)(3) Menus posted	<input checked="" type="checkbox"/>	(j)(2)(A-H) Agreements complete w/required services
<input type="checkbox"/>	(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/>	(F) Consultant logs-documented activities, observations and required services
<input type="checkbox"/>	(e)(5) OEC Inspection report posted or available	<input type="checkbox"/>	(i)(2) Consultant visits- Education/Health
<input type="checkbox"/>	(e)(6) Developmental Milestones posted	<input type="checkbox"/>	(H)(i)-(I)(i)

	Contracts	Logs	Visits
Education		✓	
Health		✓	
Soc. Serv.		✓	
Dietitian		✓	

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

PROGRAM NAME	Cherished Children	LICENSE NUMBER	16378	DATE OF INSPECTION	4/24/2025
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RECORD KEEPING 19a-79-5	PHYSICAL PLANT 19a-79-7a cont.
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<input type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input type="checkbox"/> 38. <input type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input type="checkbox"/> 41. <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44. <input type="checkbox"/> 45.	(a)(1)(A-C) (a)(1)(D)(i) (a)(1)(D)(ii) (a)(1)(D)(iii) (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input type="checkbox"/> 72. <input type="checkbox"/> 73. <input type="checkbox"/> 74. <input type="checkbox"/> 75. <input type="checkbox"/> 76. <input type="checkbox"/> 77. <input type="checkbox"/> 78. <input type="checkbox"/> 79. <input type="checkbox"/> 80. <input type="checkbox"/> 81. <input type="checkbox"/> 82.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) (d)(8) (d)(8) (d)(9)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors N/A Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials - labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Prevention of vermin-openings screened Radon test- Results: _____ N/A Results posted-Date: _____ (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a	
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<input type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input type="checkbox"/> 48. <input type="checkbox"/> 49. <input type="checkbox"/> 50. <input type="checkbox"/> 51. <input type="checkbox"/> 52. <input type="checkbox"/> 53. <input type="checkbox"/> 54. <input type="checkbox"/> 55. <input type="checkbox"/> 56. <input type="checkbox"/> 57. <input type="checkbox"/> 58. <input type="checkbox"/> 59. <input type="checkbox"/> 60. <input type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) (c) (c)	Preparation, transportation of food-follow DPH Model Food Code N/A Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection _____ N/A Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -addtl for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input type="checkbox"/> 83. <input type="checkbox"/> 84. <input type="checkbox"/> 85. <input type="checkbox"/> 86. <input type="checkbox"/> 87. <input type="checkbox"/> 88. <input type="checkbox"/> 89. <input type="checkbox"/> 90. <input type="checkbox"/> 91. <input type="checkbox"/> 92. <input type="checkbox"/> 93. <input type="checkbox"/> 94. <input type="checkbox"/> 95. <input type="checkbox"/> 96. <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input type="checkbox"/> 99. <input type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input type="checkbox"/> 105. <input type="checkbox"/> 106. <input type="checkbox"/> 107.	(d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F) (d)(10)(G) (d)(10)(H) (d)(11) (e)(1) (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(8) (e)(9) (e)(9) (e)(9) (e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)
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PHYSICAL PLANT 19a-79-7a	
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<input type="checkbox"/> 62. <input type="checkbox"/> 63. <input type="checkbox"/> 64. <input type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input type="checkbox"/> 67. <input type="checkbox"/> 68. <input type="checkbox"/> 69. <input type="checkbox"/> 70. <input type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(5)(A) (c)(5)(B) (c)(5)(C) (c)(6)(A) (c)(6)(B-D) (d)(1)	Fire marshal codes/certificate _____ Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: _____ N/A Bact./Chem Test-Date: _____ N/A Drinking water available/accessible LEAD PAINT - Peeling Paint - Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Emergency vehicle access	<input type="checkbox"/> 95. <input type="checkbox"/> 96. <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input type="checkbox"/> 99. <input type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input type="checkbox"/> 105. <input type="checkbox"/> 106. <input type="checkbox"/> 107.	(e)(10) (e)(11) (e)(12) (e)(13) (e)(14-15) (e)(16) (e)(17) (e)(18) (f)(1)(A) (g)(1) (g)(2) (g)(3) (g)(4)
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	Christened Children	LICENSE NUMBER	16378	DATE OF INSPECTION	4/24/2025
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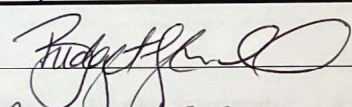
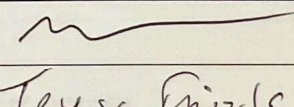
PHYSICAL PLANT 19a-79-7a cont. UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input type="checkbox"/> 108. (g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	<input checked="" type="checkbox"/> 129.	<input type="checkbox"/> (f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/> 109. (g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
<input type="checkbox"/> 110. (j)	No weapons/no facsimile of a firearm		<input type="checkbox"/> (f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/> 111. (j)	OUTDOOR SPACE	<input type="checkbox"/> 130.	<input type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input type="checkbox"/> (g)(1)	SAFE SLEEP
<input type="checkbox"/> (h)(3)	Playground free from hazards		<input type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input type="checkbox"/> (g)(2)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried		<input type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request	<input type="checkbox"/> 131.	<input type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
<input type="checkbox"/> (h)(8)	Drinking water available/accessible	<input type="checkbox"/> 132.	<input type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input type="checkbox"/> 133.	<input type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/> 112. (h)(7)	OUTDOOR PROTECTED/FENCING	<input type="checkbox"/> 134.	<input type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/> (h)(7)(A)	Playground protected from traffic, water, gullies or other hazards		<input type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/> (h)(7)(B)	Fences installed to protect from hazards-4 ft self closing and self latching devices or locks	<input type="checkbox"/> 131.	<input type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier N/A	<input type="checkbox"/> 132.	<input type="checkbox"/> (h)(1)	Safe sleep policies posted/parents informed
<input type="checkbox"/> 114. (i)	WATER HAZARDS	<input type="checkbox"/> 133.	<input type="checkbox"/> (h)(2)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A	<input type="checkbox"/> 134.	<input checked="" type="checkbox"/> 135.	Toddler toys-washed/sanitized weekly
<input type="checkbox"/> (i)	Wading pools prohibited		<input type="checkbox"/> 136.	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible N/A			Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
EDUCATIONAL REQUIREMENTS 19a-79-8a				Health consultant visits/documentation
<input type="checkbox"/> 115. (a)	Written daily/weekly educational plan-developmentally appropriate		<input type="checkbox"/> (j)	FEEDING
<input type="checkbox"/> 116. (a)	EDUCATIONAL REQUIREMENTS		<input type="checkbox"/> (k)(1)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity	<input type="checkbox"/> 137.	<input type="checkbox"/> (k)(2)	Written feeding schedule from parent-updated
<input type="checkbox"/> (b)	Limited access to screen time/video games	<input type="checkbox"/> 138.	<input type="checkbox"/> (k)(3)	Unused formula/milk discarded after feedings
		<input type="checkbox"/> 139.	<input type="checkbox"/> (k)(4)	Clean bottles/disposable bottles/appvd washing
			<input type="checkbox"/> (k)(5)	Baby food served from dish or whole jar
			<input type="checkbox"/> (l)(1)	Bottles labeled with child's name
			<input type="checkbox"/> (l)(2)	Outdoor spaced fenced-4 ft lic. after 1/1/25
			<input type="checkbox"/> (l)(3)	Outdoor equipment-developmentally appropriate for ages of the children
				Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

UNDER THREE ENDORSEMENT 19a-79-10 Y/N SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/> 117. (b)	Approved Under 3 Endorsement	<input type="checkbox"/> 140. (b)	Approved Schl Age Endorsement
<input type="checkbox"/> 118. (c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input type="checkbox"/> 141. (c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/> 119. (c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)	<input type="checkbox"/> 142. (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 120. (c)(4)	Physical barriers- indoors/outdoors	<input type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 121. (d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep	<input type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/> 122. (d)(2)(A-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)		Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/> 123. (d)(2)(B)	Washable cots	<input type="checkbox"/> 143. (d)	Ratio- 1:15
<input type="checkbox"/> 124. (d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input type="checkbox"/> 144. (e)	Group size- max. 30
<input type="checkbox"/> 125. (d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/> 126. (d)(2)(E)	Refrigerator and food prep facilities		Head teacher approved- 60%
<input type="checkbox"/> 127. (d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input type="checkbox"/> 146. (g)	
<input type="checkbox"/> 128. (e)(1)	DIAPERING		
<input type="checkbox"/> (e)(2)	Diaper area: elevated/sturdy/safety rail		
<input type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area		
<input type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair		
<input type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use		
<input type="checkbox"/> (e)(6)(9)	Diaper area: disposable paper sheets		
<input type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily		
<input type="checkbox"/> (e)(8)	Handwashing-staff/children		
<input type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed		
	Cloth diapers-written plan developed		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME <i>Cherished Children</i>		LICENSE NUMBER <i>116378</i>	DATE OF INSPECTION <i>4/24/2025</i>
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N		MONITORING OF DIABETES 19a-79-13 Y/N	
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153.	SLEEP PROVISIONS	<input type="checkbox"/> 173. (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> 174. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 175. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 176. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 177. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 178. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 179. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N		ADDITIONAL VIOLATION	
<input type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions N/A
<input type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS - COMMENTS	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	<p><i>Items discussed</i></p> <ul style="list-style-type: none"> - Renaming "Breakfast" to "snack" if only serving 2 food groups - Moving castle slide to corner of playground and placing mats in "L" around the slide - Health logged preprinted and partially filled out. 	
<input type="checkbox"/> (a)(3)(C)	Labeling and Storage		
<input type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned		
<input type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING		
<input type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant		
<input type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication		
<input type="checkbox"/> (b)(2)(A-B)	Rectal medication		
<input type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector		
<input type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates		
<input type="checkbox"/> 162. (b)(3)(D)	Training outline on file		
<input type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission		
<input type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification		
<input type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)		
<input type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage		
<input type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible		
<input type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned		
<input type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment		
<input type="checkbox"/> 170. (d)	Self-administration documentation		
	Petition for special medication authorization		
	Potassium Iodide (KI) emergency distribution-permission and storage N/A		
SIGNATURE OF OEC STAFF			SIGNATURE OF PERSON IN CHARGE
PRINTED NAME	<i>Bridget C. McKenna</i>	<i>Teresa Frizic</i>	PRINTED NAME
OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov		Inspection shall be posted or available for review upon request.	
		Written Corrective Action Plan Due by: <i>5/8/2025</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cherished Children License # 110318 Date: 4/24/2025

Observations/Corrections needed:

#159(a)(2): observed 2 Butt Paste and 1 Desitin cream without written parent permission and 1 Desitin missing end date of administration in Waddler Room

Multiple horizontal lines for additional notes or observations.

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: DEDEE L. HEERM

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 5/8/2025

Print Name: Teresa Frizula