



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:	4/3/2025	Time of Arrival:	8:50AM
Address:	301 Pazumock Rd.	License Number:	16318	Expiration Date:	12/31/2028
Town:	Groton, CT. 06340-4564	Telephone Number:	860-448-3174	Summer Care:	Open
Operator:	Cherished Children LLC	# of Staff Present:	8	# over 3 Present:	14
Email:	cherishedchildren19@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: = Regulation in Compliance 0 = Regulation not in Compliance N/A = Not applicable at this time

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	
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 3/12/2024	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records
ADMINISTRATION 19a-79-3a		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 21a.	(b)(2) Past employment history
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2) Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27.	RATIOS
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28.	(d)(4)(A) Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11.	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 29.	(d)(4)(B) Mixed age group
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30.	(d)(6) Nap time ratio
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 31.	(d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 32.	GROUP SIZE
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33.	(d)(5) Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 34.	(d)(5)(A) Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 35.	(d)(5)(B) Mixed age group-group size
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35.	(e)(1) Designated director-training
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35.	(f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 11.	<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 35.	(f)(2) First aid certified program staff
<input checked="" type="checkbox"/> 12.	(d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35.	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13.	ACCESS	<input checked="" type="checkbox"/> 35.	(a)(2) Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 35.	(h)(1) Health & Safety training
<input checked="" type="checkbox"/> 13.	<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 35.	(h)(2) 1% annual hours
<input checked="" type="checkbox"/> 14.	(l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 35.	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 15.	(m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 35.	Swimming-Ratios
<input checked="" type="checkbox"/> 16.	(n) Capacity	<input checked="" type="checkbox"/> 35.	Non-swimmers identified
<input checked="" type="checkbox"/> 17.	(o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 35.	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18.	POSTINGS	<input checked="" type="checkbox"/> 35.	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 35.	CONSULTANTS
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 35.	(i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35.	(i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(3) Menus posted	<input checked="" type="checkbox"/> 35.	(F) Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances	<input checked="" type="checkbox"/> 35.	(i)(2) Consultant visits- Education/Health
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available	<input checked="" type="checkbox"/> 35.	(H)(i)-(I)(i)
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)	<input checked="" type="checkbox"/> 35.	
<input checked="" type="checkbox"/> 18.	<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted	<input checked="" type="checkbox"/> 35.	

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Cherished Children	LICENSE NUMBER	16318	DATE OF INSPECTION	4/3/2025
---------------------	--------------------	-----------------------	-------	---------------------------	----------

RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
---------------------------------	---------------------------------------

<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.		PARENT PERMISSIONS	<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
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records				
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records	<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan--signed by parents/staff	<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/>	79.		SMOKING
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury			(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality			(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			(d)(9)	Electrical safety -- outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/>	81.		TOILETING

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)	Shared toilets/sinks--supervision plan
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/>		(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration--41 degrees	<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs--nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus--1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks--1:16
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection <u>01/12/2024</u> (N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies--Hand drying--Garbage
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)	<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities	<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils	<input checked="" type="checkbox"/>	83.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)	<input checked="" type="checkbox"/>	84.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep			(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing--staff/children	<input checked="" type="checkbox"/>		(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures--staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft --non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area	<input checked="" type="checkbox"/>	86.	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	59.	(c)	FIRST AID KITS --portable, accessible to staff, closed container--Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/>	87.	(e)(3)	Water temperature 60°F--120°F
		(c)	FIRST AID SUPPLIES --Indoor/Outdoor--adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/>	88.	(e)(4)	Portable space heaters prohibited
		(d)	FIRST AID SUPPLIES --add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/>		(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
				<input checked="" type="checkbox"/>		(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
				<input checked="" type="checkbox"/>		(e)(6)	Rugs- not a tripping/slipping hazard
				<input checked="" type="checkbox"/>		(e)(6)	Hot water/Steam pipes protected
				<input checked="" type="checkbox"/>		(e)(7)	TELEPHONE/TELEPHONE NUMBERS
				<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
				<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
				<input checked="" type="checkbox"/>			LIGHTING
				<input checked="" type="checkbox"/>		(e)(8)	All areas min. 1 foot candle of lighting
				<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting--30/50 candle feet--sufficient lighting to be visible
				<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
				<input checked="" type="checkbox"/>		(e)(10)	Light fixtures shielded/shatter proof
				<input checked="" type="checkbox"/>		(e)(11)	Potentially hazardous substances, materials labeled, inaccessible
				<input checked="" type="checkbox"/>		(e)(12)	Garbage/rubbish--disposed of daily, containers in good repair
				<input checked="" type="checkbox"/>		(e)(13)	Stairs--protected/good repair--handrails
				<input checked="" type="checkbox"/>		(e)(14-15)	Toxic plants/materials inaccessible
				<input checked="" type="checkbox"/>		(e)(16)	Pets or other animals--in good health, written care plan including access to children
				<input checked="" type="checkbox"/>		(e)(17)	Measures to prevent vermin
				<input checked="" type="checkbox"/>		(e)(18)	Radon test- Results: <u>1.2+1.5</u> (Schls-N/A)
				<input checked="" type="checkbox"/>		(f)(1)(A)	Carbon monoxide detector--each level (N/A)
				<input checked="" type="checkbox"/>		(g)(1)	Program space--adequate--35 sq. ft. per child
				<input checked="" type="checkbox"/>		(g)(2)	Equipment--clean and safe, good repair, non-toxic--sturdy, free from protruding nails, free from <u>rust</u>
				<input checked="" type="checkbox"/>		(g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only--mats/sleeping bags)
				<input checked="" type="checkbox"/>		(g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
				<input checked="" type="checkbox"/>			Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>8/11/2024</u>	<input checked="" type="checkbox"/>	95.	(e)(11)	Garbage/rubbish--disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/>		(e)(12)	Stairs--protected/good repair--handrails
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/>		(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips--written parent permission	<input checked="" type="checkbox"/>		(e)(14-15)	Pets or other animals--in good health, written care plan including access to children
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	<input checked="" type="checkbox"/>		(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings--sanitary, hazard free (N/A)	<input checked="" type="checkbox"/>		(e)(17)	Radon test- Results: <u>1.2+1.5</u> (Schls-N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/>		(e)(18)	Carbon monoxide detector--each level (N/A)
<input checked="" type="checkbox"/>	69.		WATER SUPPLY -- Public/Well (Schools-N/A)	<input checked="" type="checkbox"/>		(f)(1)(A)	Program space--adequate--35 sq. ft. per child
		<input checked="" type="checkbox"/>	Lead Water Test - Date: <u>5/23/2023</u>	<input checked="" type="checkbox"/>		(g)(1)	Equipment--clean and safe, good repair, non-toxic--sturdy, free from protruding nails, free from <u>rust</u>
		<input checked="" type="checkbox"/>	Bact./Chem Test-Date: _____ (N/A)	<input checked="" type="checkbox"/>		(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only--mats/sleeping bags)
		<input checked="" type="checkbox"/>	Drinking water available/accessibile	<input checked="" type="checkbox"/>		(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
			LEAD PAINT -	<input checked="" type="checkbox"/>			Developmentally app equipment, materials
		<input checked="" type="checkbox"/>	Building Pre-78: Y/ <input checked="" type="checkbox"/> Lead Test: Y/ <input checked="" type="checkbox"/>				
		<input checked="" type="checkbox"/>	Results <u>N/A</u>				
		<input checked="" type="checkbox"/>	Lead Management Plan <u>N/A</u>				
			Peeling Paint - Y/ <input checked="" type="checkbox"/> Inside/Outside				

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Cherished Children	LICENSE NUMBER	16378	DATE OF INSPECTION	4/3/2025
---------------------	--------------------	-----------------------	-------	---------------------------	----------

PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
---------------------------------------	--

<input checked="" type="checkbox"/> 108. <input type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input type="checkbox"/> 111. <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9) (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <u>WATER HAZARDS</u> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 128. <input type="checkbox"/> 129. <input checked="" type="checkbox"/> 130. <input checked="" type="checkbox"/> 131. <input type="checkbox"/> 135. <input type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	(e)(2) (e)(3) (e)(4) (e)(5) (e)(6-9) (e)(7) (e)(8) (e)(10)(A-C) (f)(1) (f)(2) (f)(3) (f)(4) (g)(1) (g)(1) (g)(1) (g)(2) (g)(3) (g)(4) (g)(5) (g)(6) (g)(7) (g)(8) (h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) 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
--	---	--	---	---	---

EDUCATIONAL REQUIREMENTS 19a-79-8a	
---	--

<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11) (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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 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. <input type="checkbox"/> 135. <input type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	(h)(1) (h)(1) (h)(2) (h)(2) (i)(1)(2A-C) (j) (k)(1) (k)(2) (k)(3) (k)(4) (k)(5) (l)(1) (l)(2) (l)(3)	Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) 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
--	-----

<input checked="" type="checkbox"/> 117. <input checked="" type="checkbox"/> 118. <input checked="" type="checkbox"/> 119. <input type="checkbox"/> 120. <input type="checkbox"/> 121. <input checked="" type="checkbox"/> 122. <input checked="" type="checkbox"/> 123. <input checked="" type="checkbox"/> 124. <input checked="" type="checkbox"/> 125. <input checked="" type="checkbox"/> 126. <input checked="" type="checkbox"/> 127. <input checked="" type="checkbox"/> 128.	(b) (c)(2) (c)(3) (c)(4) (d)(1)(A-C) (d)(2)(Ai-iii) (d)(2)(B) (d)(2)(C) (d)(2)(D) (d)(2)(E) (d)(3)(A-C) (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. N/A <input type="checkbox"/> 143. <input type="checkbox"/> 144.	(b) (c) (c)(1) (c)(2) (c)(3) (d) (e)	Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
--	---	--	---	--	--

SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N
---	-----

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Christened Children</i>	LICENSE NUMBER <i>16317</i>	DATE OF INSPECTION <i>4/3/2025</i>
--	------------------------------------	---

SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i>	MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>
--	--

<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%

<input type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		(b)(2)	Training updated at least every 3 years
		(b)(3)	Written documentation of training
		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		(d)(1)	Equipment provided by parents
		(d)(2)	Equipment labeled and inaccessible
		(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input type="checkbox"/>	178.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N *Y/N*

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		SLEEP PROVISIONS
		(b)(6)	Individual cot/crib with bedding
		(b)(6)(A)	Sleeping apparel/toiletries labeled
		(b)(6)(B)	Required bedding
		(b)(6)(C)	Required toiletries
		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<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 *Y/N*

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

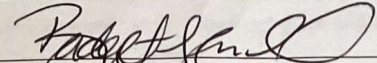
ADDITIONAL VIOLATION

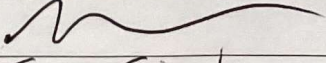
<input checked="" type="checkbox"/>	180.	- <i>N/A</i>	Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>
-------------------------------------	------	--------------	---

DISCUSSIONS/COMMENTS

Discussed new regulations and provided staff with information on where to find updated policies on OEC website including coordinating checklist to be used when updating policies/procedures/plans to be in compliance with October 2024 regulations

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

Signature of OEC staff	
Printed Name	<i>BRAD L. HOERN</i>

	Signature of person in charge
<i>Teresa Frizola</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>4/17/2025</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 # 16318 Date: 4/3/2025

Observations/Corrections needed:

- #35(i)(i)(2)(A-H): observed all consultant agreements missing wording/language as specified in October 2024 regulations
- #35(F): observed no documentation of annual review/logs by consultants
- #37(a)(1)(i)(ii): observed 1 child missing name and phone number of pick up person other than parents
- #40(a)(2)(E): observed no staff signatures on Diabetes care plan and 1 care plan is missing administration of Benadryl in Toddlers
- #47(a)(2): observed several days missing documentation of 3 food groups for breakfast and 5 food groups for lunch on menus
- #46(c)(2): observed lights out in Toddlers and Preschool and 2 exposed screw ends on tall white cabinet in Preschool
- #104(a)(1): observed rust on exterior playground doors of Preschool and Infant rooms
- #109(a)(6): observed no shock material under and around indoor climber in Toddlers
- #111(h)(2): observed less than 8 in of shock material under slide structure and yellow climber in Preschool playground and no documentation of 8 in shock material under slide in Infant/Toddler playground
- #120(c)(4): observed no physical barrier between preschool and lunch space when lunch space is used by Waddlers/Toddlers
- #121(d)(1)(A-C): Per Waddler/Toddler staff, trays are washed in hand wash sinks
- #129(f)(2): Per Waddler/Toddler staff, blankets are washed monthly
- #135(i)(i)(2)(A-C): observed no documentation of visits on weekly basis by health consultant - most months visits are 2 or 3 times not 4 as required

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: BRIAN C. MERRIN

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)
Print Name: TERESA WILSON

OEC BY: 4/17/2025

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cherished Children License # 16318 Date: 4/13/2025

Observations/Corrections needed:

#159(a)(2): observed expired written parent permission, no written parent permission and/or missing start and/or end dates of administration of diaper creams in Waddlers/Toddlers

#159(a)(3)(A-B): observed all diaper creams in Toddlers to be accessible to children and 1 diaper cream accessible to children in bin on low shelf in Waddlers. observed diaper rash spray not labeled with child's name

#171(a)(1): observed no written policies/procedure for monitoring Diabetes

#172(b)(1)(B)(i)-(iii) and #172(b)(3): observed no training document indicating staff were trained on use/storage/maintenance of monitoring equipment, reading results and appropriate action taken for monitoring Diabetes

#176(d)(3): observed no signed agreement with parents regarding equipment, supplies, materials to be discarded for monitoring Diabetes

#177(c)(1): observed no Authorized prescriber's written order for Diabetes

#178(e)(2): observed no written authorization from parent for Diabetes

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: BUDGET KEARN

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/17/2025

Signature: [Signature]
(Person in Charge)
Print Name: TERESA WIZOLG