

**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

20 West Learning Center	Date of Inspection:	4.28.25	Time:	2:45pm
20 West Ave	License Number:	70519	Date:	10.31.27
Norwalk	Telephone Number:	203.852.1144	Status:	Open
Norwalk Housing Authority abivilsky@norwalk-ha.org Adam Bovilsky	# of Staff Present:	5	# over 3 Present:	12
	Total Capacity:	50	Total Under 3 capacity:	0
	Hours of Operation:	3:15pm-7:00pm M-F Sept to June E.D. 1-6:30pm July/Aug 9:30-2:45		

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

LICENSURE PROCEDURES 19a-29-2a **STAFFING and CONSULTANTS 19-29-2a**

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

	Contracts	Logs	Visits
Education	inc	/	/
Health	inc	/	/
Soc. Serv.	inc	/	/
Dietitian	inc	/	/

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM

20 West Learning Center

LICENSE NUMBER 70619

DATE OF INSPECTION 4/28/25

RECORD KEEPING 19a-79-7a

PHYSICAL PLANT 19a-79-7a cont.

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

<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/> 79.		SMOKING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		TOILETING

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 11/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>0.9</u> (Schls-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>4.29.25</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		WATER SUPPLY - Public/Well (Schols-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>10.4.24</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>NO LEAD</u>
<input type="checkbox"/>	<input type="checkbox"/> (c)(6)(B-D)	Lead Management Plan _____
<input checked="" type="checkbox"/>		Peeling Paint - <u>Y/N</u> Inside/Outside

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(11)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(14-15)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(16)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(2)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(3)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	20 West Learning Center	LICENSE NUMBER	70519	DATE OF INSPECTION	4.28.25
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (j)	Wading pools prohibited (N/A)
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

EDUCATIONAL REQUIREMENTS 19a-79-8a

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

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
		<input type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME 20 West Learning	LICENSE NUMBER 70519	DATE OF INSPECTION 4/28/25
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SCHOOL AGE ENDORSEMENT 19a-79-11 (Y) **MONITORING OF DIABETES 19a-79-13** (N)

<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	

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

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173.	(c)(3)	(b)(2) (b)(3) (c)(2) (c)(3) (d)(1) (d)(2) (d)(3) (e)(1) (e)(2) (e)(3)
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 174.	(d)(1)	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 175.	(d)(2)	
<input type="checkbox"/> 150.	(b)(3) N/A	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 176.	(d)(3)	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177.	(e)(1)	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 178.	(e)(2)	
<input type="checkbox"/> 153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/> 179.	(e)(3)	
<input type="checkbox"/> 154.	(b)(6)	Individual cot/crib with bedding			
<input type="checkbox"/> 155.	(b)(6)(A)	Sleeping apparel/toiletries labeled			
<input type="checkbox"/> 156.	(b)(6)(B)	Required bedding			
	(b)(6)(C)	Required toiletries			
	(b)(6)(D)	Bedding/sleeping apparel laundered weekly			
	(b)(7)	Sleep arrangements for infants			
	(b)(8)	Air temp 65 °F at 3 ft			
	(b)(9)	Fire marshal approval-hours specified			
	(b)(10)	Local health approval			

ADMINISTRATION OF MEDICATIONS 19a-79-9a (N) **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes			

<input checked="" type="checkbox"/> 159.	(a)(2)	Admin/Parent permission/report errors	DISCUSSIONS/COMMENTS Regulation not in compliance when... 35 (b)(1)(2)(A-H) - All contracts do not include all services required (send copies) 66 (b)(2) staff bathroom has 6 stained ceiling tiles and main room has 1 stained ceiling tile and water staining in light fixture. 66 (b)(15)(D) - Benadryl expired 3/25 DISCUSSION NEW REGULATIONS - checklist provided. NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
	(a)(3)(A-B)	Labeling and Storage			
	(a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.	(b)(1)(A/C)	MEDICATION TRAINING			
	(b)(1)(D)	Medication training-general-oral/top/inhalant			
	(b)(1)(E)	Injectable premeasured autoinjector medication			
	(b)(1)(F)	Rectal medication			
	(b)(2)(A-B)	Injectable other than premeasured auto-injector			
	(b)(2)(C)	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)			

Signature of OEC staff 	Signature of person in charge
Printed Name Lori Mangano	Printed Name Katrina Ellis

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request Written Corrective Action Plan Due by: 5-12-25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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