

**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:	St. Rita School Early Learning	Date of Inspection:	4-28-25	Time of Arrival:	9:45
Address:	30 Gillies Rd	License Number:	70673	Expiration Date:	11-30-26
Town:	Hamden 06517	Telephone Number:	203-288-6828	Summer Care:	Open
Operator:	St. Paul VI Parish Corp	# of Staff Present:	11	# over 3 Present:	13
Email:	stritaetc@gmail.com	Total Capacity:	50	Total Under 3 capacity:	32
Designated Director:	Colleen Dacey	Hours/Days of Operation:	M-F 7-5:30		
# under 3 Present:	27	Ages Served:	6w-5y		

Instruction Codes:  = Regulation in Compliance     = 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: 8-6-24	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records
<b>ADMINISTRATION 19a-79-3a</b>		<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.	(d)(4)(A) <b>RATIOS</b>
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 28.	(d)(4)(B) Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMplete/IMPLEMENTED</b>	<input checked="" type="checkbox"/> 29.	(d)(4)(B) Mixed age group
<input checked="" type="checkbox"/> 12.	(d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 30.	(d)(6) Nap time ratio
<input checked="" type="checkbox"/> 13.	(d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 31.	(d)(4)(D) Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 14.	(d)(3) Closing time policy	<input checked="" type="checkbox"/> 32.	(d)(5) <b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 15.	(d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 33.	(d)(5) Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 16.	(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"/> 17.	(d)(5) Supervision policy	<input checked="" type="checkbox"/> 35.	(d)(5)(B) Mixed age group--group size
<input checked="" type="checkbox"/> 18.	(d)(6) General Operating policies	<input checked="" type="checkbox"/> (e)(1) Designated director--training	(f)(1) CPR certified program staff
<input checked="" type="checkbox"/> 19.	(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> (f)(2) First aid certified program staff	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 20.	(d)(7) Personnel policies	<input checked="" type="checkbox"/> (a)(2) Documentation of prof. dev/trainings	(h)(1) Health & Safety training
<input checked="" type="checkbox"/> 21.	(d)(7) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (h)(2) 1% annual hours	<b>SWIMMING ACTIVITIES - Y(N)</b>
<input checked="" type="checkbox"/> 22.	<b>ACCESS</b>	<input checked="" type="checkbox"/> (4)(C)(ii-v) Swimming-Ratios	(e)(6) Non-swimmers identified
<input checked="" type="checkbox"/> 23.	(f) Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(i) CPR certified staff--age 20 or older	(e)(6) Lifeguard--certified--supervising
<input checked="" type="checkbox"/> 24.	(h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (i)(1)(A)-(D) <b>CONSULTANTS</b>	(H)(i)-(I)(i) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 25.	(l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (i) - Consultant agreements--signed annually--agreements complete w/required services	(F) Consultant logs--documented activities, observations and required services
<input checked="" type="checkbox"/> 26.	(m) Motor vehicle laws--transportation	<input checked="" type="checkbox"/> (i)(2) Consultant visits- Education/Health	Contracts    Logs    Visits
<input checked="" type="checkbox"/> 27.	(n) Capacity	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 28.	(o) Respond to OEC-no false, misleading statements or documents		Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 29.	<b>POSTINGS</b>		Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 30.	3a(e)(1) License posted		Dietitian    na    no
<input checked="" type="checkbox"/> 31.	3a(e)(2) OEC Complaint Procedure posted		
<input checked="" type="checkbox"/> 32.	3a(d)(6)(C) Administrative Oversight policy		
<input checked="" type="checkbox"/> 33.	3a(e)(3) Menus posted		
<input checked="" type="checkbox"/> 34.	3a(e)(4) No Smoking posted signs at entrances		
<input checked="" type="checkbox"/> 35.	3a(e)(5) OEC Inspection report posted or available		
<input checked="" type="checkbox"/> 36.	3a(e)(6) Dev. Milestones posted		
<input checked="" type="checkbox"/> 37.	7a(e)(17) Radon Test posted (Schls-N/A)		
<input checked="" type="checkbox"/> 38.	10(g)(8) Safe Sleep policy posted		

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

<b>PROGRAM NAME</b>	St. Rita's Early Learning	<b>LICENSE NUMBER</b>	70673	<b>DATE OF INSPECTION</b>	4-28-25
<b>RECORD KEEPING 19a-79-5a</b>			<b>PHYSICAL PLANT 19a-79-7a cont.</b>		
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <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. (d)(8) <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds <input checked="" type="checkbox"/> 81. (d)(8) Matches/lighters inaccessible (d)(9) Electrical safety - outlets inaccessible - covered or protected <input checked="" type="checkbox"/> 82. (d)(10)(A) <b>TOILETING</b> Shared toilets/sinks-supervision plan (d)(10)(B) Toileting needs met (d)(10)(C) Potty chairs-nonporous, emptied, disinfected (d)(10)(C) Required toilets/sinks-1:16 (d)(10)(E) Toileting Supplies-Hand drying-Garbage (d)(10)(E) Handwashing staff/children (d)(10)(F) Toilets/sinks located at the facility (d)(10)(G) Well lighted/ventilated toilet rooms (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A) (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 83. (e)(1) <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall <input checked="" type="checkbox"/> 84. (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60°F-120°F <input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 88. (e)(5) <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 89. (e)(5) Rugs- not a tripping/slipping hazard <input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 91. (e)(6) <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level <input checked="" type="checkbox"/> 92. (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> 93. (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> 94. (e)(7) <b>LIGHTING</b> All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> 95. (e)(8) Adequate lighting-30/50 candle feet- sufficient lighting to be visible <input checked="" type="checkbox"/> 96. (e)(9) Enough lighting for comfort <input checked="" type="checkbox"/> 97. (e)(9) Light fixtures shielded/shatter proof <input checked="" type="checkbox"/> 98. (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 99. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 100. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 101. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 102. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 103. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 104. (e)(17) Radon test- Results: 0.5 (Schls-N/A) <input checked="" type="checkbox"/> 105. (e)(18) Carbon monoxide detector-each level N/A <input checked="" type="checkbox"/> 106. (f)(1)(A) Program space-adequate-35 sq. ft. per child <input checked="" type="checkbox"/> 107. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) (g)(3) Air conditioners/water heaters/fuse boxes inaccessible (g)(4) Developmentally app equipment, materials				
<b>HEALTH and SAFETY 19a-79-6a</b>					
<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 checked="" type="checkbox"/> 59. (c) <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips (c) <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier (d) <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 2-7-25 <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A) <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. (c)(5)(A) <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: 9-21-23 Bact./Chem Test-Date: (N/A) <input checked="" type="checkbox"/> 70. (c)(5)(B) Drinking water available/accessible (c)(5)(C) <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results: lead management plan every 6 months (c)(6)(A) Peeling Paint - Y/N Inside/Outside				

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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.		<b>OUTDOOR SPACE</b>
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
		<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.		<b>WATER HAZARDS</b>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

	128.	<input checked="" type="checkbox"/> (e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (e)(3)	
		<input checked="" type="checkbox"/> (e)(4)	
		<input checked="" type="checkbox"/> (e)(5)	
		<input checked="" type="checkbox"/> (e)(6-9)	
		<input checked="" type="checkbox"/> (e)(7)	
		<input checked="" type="checkbox"/> (e)(8)	
		<input checked="" type="checkbox"/> (e)(10)(A-C)	
<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	
		<input checked="" type="checkbox"/> (f)(2)	
		<input checked="" type="checkbox"/> (f)(3)	
		<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-slug 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 <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(2)	
		<input checked="" type="checkbox"/> (g)(3)	
		<input checked="" type="checkbox"/> (g)(4)	
		<input checked="" type="checkbox"/> (g)(5)	
		<input checked="" type="checkbox"/> (g)(6)	
		<input checked="" type="checkbox"/> (g)(7)	
		<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/>	131.	<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(1)	
		<input checked="" type="checkbox"/> (h)(2)	
		<input checked="" type="checkbox"/> (h)(2)	
		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	135.		
<input checked="" type="checkbox"/>	136.		
		<input checked="" type="checkbox"/> (j)	
		<input checked="" type="checkbox"/> (k)(1)	
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (1)-(11)	
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

<input checked="" type="checkbox"/>	117.	(b)	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)
<input checked="" type="checkbox"/>	118.	(c)(2)	
<input checked="" type="checkbox"/>	119.	(c)(3)	
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		<b>DIAPERING</b>
		<input checked="" 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 <b>SCHEDULE - ACTIVITIES</b> 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.	(c)	
		<input checked="" type="checkbox"/> (c)(1)	
		<input checked="" type="checkbox"/> (c)(2)	
		<input checked="" type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	

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

<b>PROGRAM NAME</b>	St. Rita's Early Learning Center	<b>LICENSE NUMBER</b>	70763	<b>DATE OF INSPECTION</b>	4-28-25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N	<b>MONITORING OF DIABETES 19a-79-13</b> Y/N
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<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%
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>			
<input checked="" type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input checked="" type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input checked="" type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input checked="" type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input checked="" type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input checked="" type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input checked="" type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
<input checked="" type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input checked="" type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input checked="" type="checkbox"/>		(b)(6)(C)	Required toiletries
<input checked="" type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input checked="" type="checkbox"/>		(b)(7)	Sleep arrangements for infants
<input checked="" type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input checked="" type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input checked="" type="checkbox"/>	156.	(b)(10)	Local health approval

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.		<b>STAFF TRAINING</b>
<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input checked="" type="checkbox"/>		(i)-(iii)	
<input checked="" type="checkbox"/>		(b)(2)	Training updated at least every 3 years
<input checked="" type="checkbox"/>		(b)(3)	Written documentation of training
<input checked="" type="checkbox"/>		(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
<input checked="" type="checkbox"/>	174.	(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)	Authorized prescriber written order
<input checked="" 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

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>			
<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 checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
<input checked="" type="checkbox"/>		(a)(2)	Admin/Parent permission/report errors
<input checked="" type="checkbox"/>		(a)(3)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/>		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
<input checked="" type="checkbox"/>		(b)(1)(D)	Injectable premeasured autoinjector medication
<input checked="" type="checkbox"/>		(b)(1)(E)	Rectal medication
<input checked="" type="checkbox"/>		(b)(1)(F)	Injectable other than premeasured auto-injector
<input checked="" type="checkbox"/>		(b)(2)(A-B)	Training approval documents/certificates
<input checked="" type="checkbox"/>		(b)(2)(C)	Training outline on file
<input 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)

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

<b>DISCUSSIONS/COMMENTS</b>
<p>all items checked were observed or discussed</p> <p>- policy review checklist provided during inspection highlighting changes to the child care center regs, effective 10-16-24</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>

<b>Signature of OEC staff</b>	Jennifer Schutz
<b>Printed Name</b>	Jen Schutz

<b>Signature of person in charge</b>	Colleen Dacey
<b>Printed Name</b>	Colleen Dacey

OEC DIVISION OF LICENSING  
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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/> \*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Rita's School ELC License # 70763 Date: 4-28-25

Observations/Corrections needed:

#35 (i)(1)(2)(A-H) observed current consultant agreements, missing required services in compliance with new center regs effective 10/16/24.

#40 observed care plan not signed by parent and all staff responsible for child's care.

#111 (h)(3) observed large green and red climber on preschool program to not have slide supports securely affixed to slide  
(h)(4) observed 5 bolt ends exposed, on red and green climber.

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: Jennifer Schultz Jen Schultz  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Colleen A. Dacey, Colleen Dacey  
(Person in Charge)

OEC BY: 5-12-25