

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:	The Ark Early Care + Education Center	Date of Inspection:	5/1/25	Time of Arrival:	8:30
Address:	222 West Main St.	License Number:	pending	Expiration Date:	pending
Town:	Waterbury, CT 06702	Telephone Number:	203-757-9917	Summer Care:	open
Operator:	The Ark Child Development Center Inc.	# of Staff Present:	10	# over 3 Present:	22
Email:	vasugavi@gmail.com	Total Capacity:	64	Total Under 3 capacity:	0
Designated Director:	Vatsala Kumar	Hours/Days of Operation:	M-F 7:30am - 5:30pm		

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

1. (c)(8) Local Health Inspection-Date: 4/2/25

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. POLICIES-COMplete/IMPLEMENTED
  - (d)(2)(A) Discipline policy
  - (d)(2)(B)(C) Child Protection policy
  - (d)(3) Closing time policy
  - (d)(4)(A) Medical emergency policy
  - (d)(4)(B) Multi-Hazards policy-annual drill
  - (d)(5) Supervision policy
  - (d)(6) General Operating policies
  - (d)(6)(C) Administrative Oversight policy
  - (d)(7) Personnel policies
- 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- 13. ACCESS
  - (f) Immediate access by parents
  - (h) Immediate access by OEC-facility/records
- 14. (l) 2.8 yr olds in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - 3a(e)(1) License posted
  - 3a(e)(2) OEC Complaint Procedure posted
  - 3a(d)(6)(C) Administrative Oversight policy
  - 3a(e)(3) Menus posted
  - 3a(e)(4) No Smoking posted signs at entrances
  - 3a(e)(5) OEC Inspection report posted or available
  - 3a(e)(6) Dev. Milestones posted
  - 7a(e)(17) Radon Test posted (Schls=N/A)
  - 10(g)(8) Safe Sleep policy posted (N/A)

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
  - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
  - (d)(4)(B) Mixed age group
  - (d)(6) Nap time ratio
  - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. GROUP SIZE
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 33. SWIMMING ACTIVITIES - Y/N
  - (4)(C)(ii-v) Swimming-Ratios
  - (4)(C)(i) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 34. CONSULTANTS
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
  - (F) Consultant visits- Education/Health
- 35. (H)(i)-(I)(i)

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

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

<b>PROGRAM NAME</b>	The Ark Early Care + Education	<b>LICENSE NUMBER</b>	Perkins	<b>DATE OF INSPECTION</b>	5/1/25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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36.	(a)(1)(A-C)	Children's Enrollment information	71.	(d)(1)	Emergency vehicle access
37.		<b>PARENT PERMISSIONS</b>	72.	(d)(2)	Walkways maintained
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission	73.	(d)(3)	Windows protected to prevent falls
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	74.	(d)(3)	Window screens
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	75.	(d)(4)	Glass/mirrors protected- 36"
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
38.	(a)(2)(A-B)	Child Health Records	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
39.	(a)(2)(C)	Immunization records	78.	(d)(7)	Individual storage of clothing and bedding
40.	(a)(2)(E)	Individual care plan-signed by parents/staff	79.		<b>SMOKING</b>
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
42.	(a)(3)(B)	Parent notification of illness or injury		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality		<input checked="" type="checkbox"/> (d)(9)	Electrical safety - outlets inaccessible - covered or protected
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases			<b>TOILETING</b>
45.	(a)(4)	Video recordings- keep 30 days	81.		Shared toilets/sinks-supervision plan

**HEALTH and SAFETY 19a-79-6a**

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)	82.		
47.	(a)(2)	Nutritious meals and snacks		<input checked="" type="checkbox"/> (d)(10)(A)	Toileting needs met
48.	(a)(3)	Proper refrigeration-41 degrees		<input checked="" type="checkbox"/> (d)(10)(B)	Potty chairs-nonporous, emptied, disinfected
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
50.	(a)(5)	Food Service Inspection <u>1/1/25</u> (N/A)		<input checked="" type="checkbox"/> (d)(10)(C)	Toileting Supplies-Hand drying-Garbage
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
52.	(a)(7)	Separate hand washing facilities		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
53.	(a)(8)	Multi-use eating/drinking utensils	83.	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
54.	(a)(9)	Kitchen separated (N/A)	84.	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
55.	(a)(10)	Children supervised during meal prep		(d)(11)	Staff personal articles inaccessible
56.	(a)(11)	Handwashing-staff/children		<input checked="" type="checkbox"/> (e)(1)	<b>AIR TEMPERATURE</b>
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	86.	<input checked="" type="checkbox"/> (e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
58.	(b)(2)	Designated isolation area	87.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	88.	(e)(4)	Water temperature 60°F-120°F
	<input checked="" type="checkbox"/> (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		<input checked="" type="checkbox"/> (e)(5)	Portable space heaters prohibited
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	90.	<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
			91.	(e)(6)	Walls/ceilings/floors/rugs-clean/good repair
			92.	<input checked="" type="checkbox"/> (e)(7)	Rugs- not a tripping/slipping hazard
			93.	<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
			94.	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
				<input checked="" type="checkbox"/> (e)(8)	Working phone on each level
				<input checked="" type="checkbox"/> (e)(9)	Emergency numbers posted-adjacent to phones
				<input checked="" type="checkbox"/> (e)(9)	Parents provided direct on site phone number

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

62.	(a)(2)	Fire marshal codes/certificate <u>9/16/24</u>	95.	(e)(10)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
63.	(b)	Indoor/Outdoor space inspected/approved		<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion	96.	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program	97.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (SP only) (N/A)	98.	(e)(12)	Stairs-protected/good repair-handrails
68.	(c)(4)	Testing of premises/grounds for chemicals	99.	(e)(13)	Toxic plants/materials inaccessible
69.	<input checked="" type="checkbox"/> (c)(5)(A)	<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)		(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>7/8/24</u>	100.	(e)(16)	Measures to prevent vermin <u>3/3/25</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>---</u> (N/A)	101.	(e)(17)	Radon test- Results: <u>.4 - 1.4</u> (Sebs-N/A)
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible	102.	(e)(18)	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78: <input checked="" type="checkbox"/> /N Lead Test: <input checked="" type="checkbox"/> /N Results <u>no lead identified</u>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
		Lead Management Plan <u>---</u>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		Peeling Paint - Y/ <input checked="" type="checkbox"/> Inside/Outside	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
			106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
			107.	(g)(4)	Developmentally app equipment, materials

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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"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>		(i)	<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)

**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>
<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.		<b>DIAPERING</b>
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

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

<input type="checkbox"/>	128.		(e)(2)	<b>DIAPERING cont.</b>
<input type="checkbox"/>			(e)(3)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>			(e)(4)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>			(e)(5)	Diaper area: washed/disinfected after use
<input type="checkbox"/>			(e)(6-9)	Diaper area: disposable paper sheets
<input type="checkbox"/>			(e)(7)	Covered waste receptacle-removed daily
<input type="checkbox"/>			(e)(8)	Handwashing-staff/children
<input type="checkbox"/>			(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>	129.		(f)(1)	Cloth diapers-written plan developed
<input type="checkbox"/>			(f)(2)	<b>LINENS/CLOTHING</b>
<input type="checkbox"/>			(f)(3)	Linens/emergency clothing available
<input type="checkbox"/>			(f)(4)	Linens washed weekly or as needed
<input type="checkbox"/>	130.		(f)(3)	Linens/clothing stored individually
<input type="checkbox"/>			(f)(4)	Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>			(g)(1)	<b>SAFE SLEEP</b>
<input type="checkbox"/>			(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>			(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/>			(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>			(g)(3)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>			(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>			(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>			(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>			(g)(7)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>			(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>	131.		(h)(1)	Safe sleep policies - parents informed
<input type="checkbox"/>			(h)(1)	<b>TOYS AND OTHER OBJECTS</b>
<input type="checkbox"/>			(h)(2)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>			(h)(2)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/>			(h)(2)	No toys/objects less than 1 1/4 " diameter
<input type="checkbox"/>			(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	135.		(f)(1)(2A-C)	Health consultant visits/documentation
<input type="checkbox"/>	136.			<b>FEEDING</b>
<input type="checkbox"/>			(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>			(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>			(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>			(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>			(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>			(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	137.		(l)(1)	Bottles spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>	138.		(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.		(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

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

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

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N		<b>MONITORING OF DIABETES 19a-79-13</b> Y/N			
<input 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		
<input type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	<b>STAFF TRAINING</b>		
		<input type="checkbox"/> (b)(1)(B)	Staff training – first aid		
		<input type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions		
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years		
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training		
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff		
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent		
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
<input type="checkbox"/> (b)(6)(C)	Required bedding				
<input type="checkbox"/> (b)(6)(D)	Required toiletries				
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants				
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified				
	Local health approval				
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y/N		<b>ADDITIONAL VIOLATION</b>			
<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)	<b>NONPRESC. TOPICAL MEDICATION</b>		<b>DISCUSSIONS/COMMENTS</b>		
<input type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors				
<input type="checkbox"/> (a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>				
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication				
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file				
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation				
	Petition for special medication authorization				
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				
<b>Signature of OEC staff</b>		<b>Signature of person in charge</b>			
Krishna Morgan		Vatsala Kumar			
<b>Printed Name</b>		<b>Printed Name</b>			
Krishna Morgan		Vatsala Kumar			
<b>OEC DIVISION OF LICENSING</b>		Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103		Written Corrective Action Plan		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>	
Help Desk: (800)282-6063 or (860)500-4450		Due by:			
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>		prior to license			

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Ark Early Care & Education Center License # pending Date: 5/1/25

Observations/Corrections needed:

11- policies incomplete.  
18- Administrative oversight policy not posted.

need:

- updated Application fee forms
- closure letters from current owners.

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: Krishna Morgan  
(OEC Representative)

Print Name: Krishna Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Vatsala Kumar  
(Person in Charge)

OEC BY: prior to license.

Print Name: Vatsala Kumar

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Ark Early Care + Education Center License # pending Date: 5/1/25

Observations/Corrections needed:

Measurements:

SR1 -  $11.106 \times 12.546 + (3.770 \times 5.025) + (20.157 \times 23.825) + (16.119 \times 2.954) - (2.954 \times 3.704) = 19.292 \times 75.22 \div 35 = 19.292$  OK 19

SR2

$20.410 \times 31.841 = 649.875 \div 35 = 18.567$  OK 18

SR3

$30.654 \times 21.054 - (2.1 \times 8.914) - (2.542 \times 2.523) - (2.103 \times 4.140) - (2.103 \times 2.618) = 606.094 \div 35 = 17.317$  OK 17

SR4

$22.782 \times 20.725 - (2.1 \times 8.901) = 453.465 = 12.956$  OK 12

total capacity: 66

Children's toilets: 5

Sinks: 9

Adult bathrooms: 1

playground:  $52.5 + 43.5 = 2283.75 \div 75 = 30.45$  OK 30

stem lab:  $18.655 \times 19.003 = 354.50 \div 35 = 10.129$  OK 10

\*not counted toward capacity.

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: Krisi Mogan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: prior to license.

Print Name: Vatsala Kumar  
(Person in Charge)