

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

Around the clock 4 tots	5/5/25	905 AM
41 West Hartford Rd	06802	12/3/28
Newington, CT 06111	8608976344	open
Around the clock 4 Tots LLC	# of Staff Present: 3	# over 3 Present: 1
at C4Tots@gmail.com	Total Capacity: 46	Total Under 3 capacity: 36
Tiffany West		# under 3 Present: 0
		Ages Served: 6w-8yrs
		MT 6am-6:30pm

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

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

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

CHILD CARE CENTER / GROUP CHILD CARE HOME INSPECTION FORM

Around the Clock 4 TCS

70802

5/5/25

RECORDS AND INFORMATION

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/> (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

HEALTH AND SAFETY 10-29-26

<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
<input checked="" type="checkbox"/> (c)		<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" roller gauze, tape, <del>clippers</del> tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<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)

PHYSICAL PLANT 10-29-26

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate 9/26/24
<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.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: 10/20/23
<input checked="" type="checkbox"/> (c)(5)(A)		Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/> (c)(5)(B)		Drinking water available/accessible
<input checked="" type="checkbox"/> (c)(5)(C)		<b>LEAD PAINT</b> - Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results _____
<input checked="" type="checkbox"/> 70.	(c)(6)(A)	Lead Management Plan _____
<input checked="" type="checkbox"/> (c)(6)(B-D)		Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT

<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.		<b>SMOKING</b>
<input checked="" type="checkbox"/> (d)(8)		Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<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.		<b>TOILETING</b>
<input checked="" type="checkbox"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(E)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)		Toilets/sinks located at the facility
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> (e)(1)		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> (e)(2)		Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> (e)(3)		Water temperature 60°F-120°F
<input checked="" type="checkbox"/> (e)(4)		Portable space heaters prohibited
<input checked="" type="checkbox"/> (e)(5)		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<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)(7)		Hot water/Steam pipes protected
<input checked="" type="checkbox"/> (e)(7)		<b>TELEPHONE/TELEPHONE NUMBERS</b>
<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)(8)		Parents provided direct on site phone number
<input checked="" type="checkbox"/> (e)(8)		<b>LIGHTING</b>
<input checked="" type="checkbox"/> (e)(9)		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: 1.6 (Schls-N/A)
<input checked="" type="checkbox"/> (f)(1)(A)		Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 100.	(g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 101.		Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 102.		Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 103.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 104.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 105.	(g)(4)	
<input checked="" type="checkbox"/> 106.		
<input checked="" type="checkbox"/> 107.		

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

**PROGRAM NAME**

*Around The Clock 4TODS*

**LICENSE NUMBER**

*70802*

**INSPECTION DATE**

*5/5/25*

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

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

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

- 128.  (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(6-9)
- (e)(7)
- (e)(8)
- (e)(10)(A-C)
- 129.  (f)(1)
- (f)(2)
- (f)(3)
- (f)(4)
- 130.  (g)(1)
- (g)(1)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)
- (g)(5)
- (g)(6)
- (g)(7)
- (g)(8)
- 131.  (h)(1)
- (h)(1)
- (h)(2)
- (h)(2)
- 135. (i)(1)(2A-C)
- 136.  (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

- 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
- 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

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

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) **EDUCATIONAL REQUIREMENTS**  
 (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
- (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

- 135. (i)(1)(2A-C)
- 136.  (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

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

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

**SCHOOL AGE ENDORSEMENT 19a-79-11**

- 140. (b) Approved Schl Age Endorsement
- 141.  (c) **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
- (c)(1)
- (c)(2)
- (c)(3)
- 143. (d) Ratio- 1:15
- 144. (e) Group size- max. 30

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

**PROGRAM NAME:** Around The Clock 4 Tots      **ADDRESS:** 70802      **DATE:** 5/5/25

**SCHOOL AGE ENDORSEMENT 19a-19-11**  **MONITORING OF DIABETES 19a-19-13**

145. (f) 4 yr. olds enrolled in schl age-written authorization/permission from director/parent

146. (g) Designated Head teacher approved- 60%

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

172.  (b)(1)(A)  
 (b)(1)(B) (i)-(iii)  
 (b)(2)  
 (b)(3)  
 (c)(2)  
 173. (c)(3)  
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

174. (d)(1)  
 175. (d)(2)  
 176. (d)(3)  
 177. (e)(1)  
 178. (e)(2)  
 179. (e)(3)

**NIGHT CARE ENDORSEMENT 19a-19-12**

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

150. (b)(3) Written plan for supervision including cot placement and evacuation

151. (b)(4) Children in care no more than 12 hrs. in 24

152. (b)(5) Staff awake and available

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

154. (b)(8) Air temp 65 °F at 3 ft

155. (b)(9) Fire marshal approval-hours specified

156. (b)(10) Local health approval

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

**ADDITIONAL VIOLATION**

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159.  (a)(2) **NONPRESC. TOPICAL MEDICATION**  
 (a)(3)(A-B) Admin/Parent permission/report errors  
 (a)(3)(C) Labeling and Storage  
Unused/expired meds destroyed/returned

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  
 (b)(3)(A-B) Authorized prescriber/parent permission  
 161. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification

163. (b)(4)(A-B) Medication Administration Records (MAR)

164. (b)(5)(A-B) Labeling and Storage

165. (b)(5)(C) Emergency medication inaccessible

166. (b)(5)(D) Unused/Expired meds-destroyed/returned

167. (b)(5)(E) Auto-injector/inhalant equipment

168. (b)(6) Self-administration documentation

169. (b)(7)(A-B) Petition for special medication authorization

170. (d) Potassium Iodide (KI) emergency distribution-permission and storage  (N/A)

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

**DISCUSSIONS/COMMENTS**

All items discussed on checklist

Directors course within 1 year hire

Water stain in hallway

Program just opened 3 weeks ago. 1 child enrolled at this inspection.

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

**Signature of OEC staff:** Sha Kellerman

**Printed Name:** Kellerman

**Signature of parent in charge:** Stephanie West

**Printed Name:** Stephanie West

**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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 5/19/25

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Around the Clock 4 License # 76802 <sup>(KE)</sup> Date: 5/5/25  
TETS 76802

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #4 - 1 Employee orientation not available for 1 staff
  - #10 - Head teacher change to program. Notification to Agency not available/done
  - #18 - Administrative oversight, <sup>not</sup> posted
  - #19 - 3 staff health records not available
  - #24 - no head teacher observed at program
  - #33 - Health + safety training not done for 1 staff
  - #35 - Health visits not conducted every week / not observed.
  - #38 / #39 - 1 child's health record + immunizations not available
  - #59 - Tweezers, scissors and rolled gauze not available
  - #66 - dusty vents in kids(2) bathrooms. Microwave dirty in Genesis.
  - #111 - in under 3's playground, dip observed by building. Tripping hazard.
  - #128(e)(3). Diaper mat ripped in Promise room
  - #135 - health consultant visits not conducted / not observed (see #35)

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: Ma Miller  
(OEC Representative) Kellerman

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Tiffany West  
(Person in Charge)

OEC BY: 5/19/25

Tiffany West