

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONE INSPECTION FORM

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

Name: NECCI @ Elizabeth Green
Address: 30 Thomas St
City: Newington, CT 06111
Phone: NECCI
Email: Maggie@NNECCI.com
Inspector: Margaret Rubino
Date: 5/5/25
Lic. No.: 12819
Reg. No.: SUC0473139
Preschool: 2
Ages Served: 5yrs-14yrs
Days of Operation: MF
Time of Arrival: 7:00am
Expiration Date: 10/31/25
Status: Closed
Children Present: 18
Total Capacity: 80
Hours of Operation: 7:30am-5:30pm

Regulation in Compliance: O = Regulation not in Compliance N/A = Not applicable at this time

STAFFING and CONSULTANTS 19a-79-4a

- Local Health Inspection-Date: 4/11/24
- Ensuring health & safety of children
- Overall management of program
- Employee orientation for new program staff
- Annual policy training for program staff
- Child behavior management
- Documentation that parents were informed of behavior management techniques
- Child Protection
- Mandated Reporting
- Notification of Change
- POLICIES-COMplete/IMPLEMENTED**
- Discipline policy
- Child Protection policy
- Closing time policy
- Medical emergency policy
- Multi-Hazards policy-annual drill
- Supervision policy
- General Operating policies
- Administrative Oversight policy
- Personnel policies
- Daily attendance-children/staff- keep 1 yr.
- ACCESS**
- Immediate access by parents
- Immediate access by OEC-facility/records
- Motor vehicle laws-transportation
- Capacity
- Respond to OEC-no false, misleading statements or documents
- POSTINGS**
- License posted
- OEC Complaint Procedure posted
- Administrative Oversight Policy
- Menus posted
- No Smoking posted signs at entrances
- OEC Inspection report posted or available
- Radon test posted (Schls. N/A)

- 19. (a)(1)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 28. (d)(4)(D)
- 29. (d)(5)(A)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- 34. (h)(1)
- 34. (h)(2)
- 35. (4)(C)(ii-v)
- 35. (4)(C)(i)
- 35. (e)(6)
- 35. (e)(6)
- 35. (i)(1)(A)-(D)
- 35. (i) -
- 35. (i)(2)(A-H)
- 35. (F)
- 35. (i)(2)
- 35. (H)(i)-(I)(i)

- Staff health records
- Disciplinary actions
- Comprehensive Background Checks
- Past employment history
- Evidence of compliance -with bknd cks/history
- Adequate staffing
- Two staff present-age 18 or older
- Personal qualities of staff
- Supervision-Indoors/Outdoors
- Group Size-school age field trips/outdoors
- Designated director-training
- CPR certified program staff
- First aid certified program staff

- PROFESSIONAL DEVELOPMENT**
- Documentation
- Health & Safety training
- 1% annual hours

- SWIMMING ACTIVITIES -**
- Swimming-Ratios
- Non-swimmers identified
- CPR certified staff-age 20 or older
- Lifeguard-certified-supervising

- CONSULTANTS**
- Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
- Consultant agreements-signed annually-agreements complete w/required services
- Consultant logs-documented activities, observations and required services
- Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	8	✓	✓
Health	8	✓	✓
Soc. Serv.	8	✓	✓
Dietitian	—	—	—

NSIC 1 @ Elizabeth Green

12819

5/5/25

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

<input checked="" type="checkbox"/> 79.	<input checked="" type="checkbox"/> (d)(8)
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A)
	<input checked="" type="checkbox"/> (d)(10)(B)
	<input checked="" type="checkbox"/> (d)(10)(D)
	<input checked="" type="checkbox"/> (d)(10)(E)
	<input checked="" type="checkbox"/> (d)(10)(F)
	<input checked="" type="checkbox"/> (d)(10)(G)
	<input checked="" type="checkbox"/> (d)(10)(H)
<input checked="" type="checkbox"/> 83.	(d)(11)
<input checked="" type="checkbox"/> 84.	

SMOKING
Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
Matches/lighters inaccessible

TOILETING
Shared toilets/sinks-supervision plan
Toileting needs met
Required toilets/sinks-1:25
Toileting Supplies-Hand drying-Garbage
Handwashing staff/children
Toilets/sinks located at the facility
Well lighted/ventilated toilet rooms
Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
Staff personal articles inaccessible

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
47.	(a)(2)	Nutritious meals and snacks
48.	(a)(3)	Proper refrigeration-41 degrees
49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
50.	(a)(5)	Food Service Inspection (N/A)
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils
55.	(a)(10)	Children supervised during meal prep
56.	(a)(11)	Handwashing-staff/children
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58.	(b)(2)	Designated isolation area
59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" 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 checked="" 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"/> 86.	(e)(1)
<input checked="" type="checkbox"/> 90.	(e)(2)
<input checked="" type="checkbox"/> 91.	(e)(4)
	(e)(6)
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(7)
	<input checked="" type="checkbox"/> (e)(7)
	<input checked="" type="checkbox"/> (e)(7)
<input checked="" type="checkbox"/> 95.	<input checked="" type="checkbox"/> (e)(8)
	<input checked="" type="checkbox"/> (e)(9)
	<input checked="" type="checkbox"/> (e)(9)
<input checked="" type="checkbox"/> 96.	(e)(10)
<input checked="" type="checkbox"/> 97.	(e)(11)
<input checked="" type="checkbox"/> 98.	(e)(12)
<input checked="" type="checkbox"/> 99.	(e)(13)
<input checked="" type="checkbox"/> 101.	(e)(14-15)
<input checked="" type="checkbox"/> 102.	(e)(17)
<input checked="" type="checkbox"/> 103.	(e)(18)
<input checked="" type="checkbox"/> 104.	(f)(1)(A)
<input checked="" type="checkbox"/> 107.	(g)(1)
<input checked="" type="checkbox"/> 108.	(g)(4)
<input checked="" type="checkbox"/> 109.	(g)(5)
<input checked="" type="checkbox"/> 110.	(g)(6)
<input checked="" type="checkbox"/> 111.	(j)

AIR TEMPERATURE
Air temp < 65°F comfortable
Air temp > 80 °F - ↑ fluids/ventilation
Portable space heaters prohibited
Hot water/Steam pipes protected

TELEPHONE/NUMBERS
Working phone on each level
Emergency numbers posted-adjacent to phones
Parents provided direct on site phone number

LIGHTING
All areas min. 1 foot candle of lighting
Enough lighting for comfort
Light fixtures shielded/shatter proof
Potentially hazardous substances, materials
labeled, inaccessible
Garbage/rubbish-disposed of daily,
containers in good repair
Stairs-protected/good repair-handrails
Toxic plants/materials inaccessible
Pets or other animals-in good health, written
care plan including access to children
Radon test- Results: _____ (Schls-N/A)
Carbon monoxide detector-each level N/A
Program space-adequate-35 sq. ft. per child
Equipment-clean and safe, good repair, non-
toxic-sturdy, free from protruding nails, rust
Developmentally app equipment, materials
Manufacture guidelines followed-furniture,
equipment and toys-CPSC unsafe/recalls
Indoor climbing play equipment-shock
absorbing materials under and around
No weapons/no facsimile of a firearm

62.	(a)(2)	Fire marshal codes/certificate 8/20/24
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
68.	(c)(4)	Testing of premises/grounds for chemicals
69.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public Well (Schools N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: _____ (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: Y/N Lead Test: N/A Results _____ Lead Management Plan _____
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y/N Inside/Outside
71.	(d)(2)	Emergency vehicle access
72.	(d)(3)	Walkways maintained
73.	(d)(4)	Windows protected to prevent falls
76.	(d)(5)	Overhead doors-locks/spring protectors (N/A)
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/> 107.	(g)(4)
<input checked="" type="checkbox"/> 108.	(g)(5)
<input checked="" type="checkbox"/> 109.	(g)(6)
<input checked="" type="checkbox"/> 110.	(j)
<input checked="" type="checkbox"/> 111.	
<input checked="" type="checkbox"/> 112.	<input checked="" type="checkbox"/> (h)(1)
	<input checked="" type="checkbox"/> (h)(2)
	<input checked="" type="checkbox"/> (h)(3)
	<input checked="" type="checkbox"/> (h)(4)
	<input checked="" type="checkbox"/> (h)(5)
	<input checked="" type="checkbox"/> (h)(6)
	<input checked="" type="checkbox"/> (h)(8)
	<input checked="" type="checkbox"/> (h)(9)
<input checked="" type="checkbox"/> 114.	<input checked="" type="checkbox"/> (h)(7)
	<input checked="" type="checkbox"/> (h)(7)(B)
	<input checked="" type="checkbox"/> (h)(7)(C)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)
	<input checked="" type="checkbox"/> (i)

OUTDOOR SPACE
Adequate space- 75 sq. ft. per child
Shock absorbing surfaces-minimum 8"
Playground free from hazards
Nuts, bolts, screws-tight, covered/protected
Outside equipment anchored-anchors buried
New equip- cert play. Inspection upon request
Drinking water available/accessible
Equipment arranged for safety-
equip/fences/structures not hazardous

OUTDOOR PROTECTED/FENCED
Playground protected from traffic, water,
gullies or other hazards
Fences installed to protect from water-4 ft,
self closing and self latching devices or locks
Rooftop play areas-6 ft. wall/barrier (N/A)

WATER HAZARDS
Pools, swimming areas-conforms to DPH (N/A)
Wading pools prohibited
Hot tubs/spas/saunas-locked/inaccessible

CHILD CARE CENTER AND SCHOOL NURSERY HOME INSPECTION REPORT

PROGRAM NECCI @ Elizabeth Green **LICENSE NUMBER** 12819 **DATE** 5/5/25

SCHOOL AGE ENDORSEMENT 194-79-11 **MONITORING OF DIABETES 194-79-11**

140. (b) Approved Schl Age Endorsement
SCHEDULE - ACTIVITIES

141. (c) Written daily program plan-flexible schedule-
available to staff/parents

(c)(1) Activities not a duplication of child's day

(c)(2) Activities include cognitive, physical, social,
emotional needs of the children

(c)(3) Program includes free time, snacks,
creative/physical/small group/self-concept
activities, homework time, special events

143. (d) Ratio- 1:15

144. (e) Group size- max. 30

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

172. (b)(1)(A) Staff training – first aid
 (b)(1)(B) Staff training – use/storage/maintenance of
(i)-(iii) monitoring equipment, reading test
results, appropriate actions

(b)(2) Training updated at least every 3 years

(b)(3) Written documentation of training

(c)(2) Trained staff on site when child is present

173. (c)(3) Self-administration - written authorization
and under supervision of trained staff

174. (d)(1) Equipment provided by parents

175. (d)(2) Equipment labeled and inaccessible

176. (d)(3) Signed agreement with parent regarding
equipment, supplies, materials to be
discarded

177. (e)(1) Authorized prescriber written order

178. (e)(2) Written authorization from parent

179. (e)(3) Testing results and actions taken –
documented and kept on file, ensure
parents are notified daily

ADMINISTRATION OF MEDICATIONS 194-79-9a

157. (9a) Written medication policies/procedures

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

159. **NONPRESC. TOPICAL MEDICATION**
 (a)(2) Admin/Parent permission/report errors

(a)(3)(A-B) Labeling and Storage

(a)(3)(C) Unused/expired meds destroyed/returned

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

161. (b)(3)(A-B) Authorized prescriber/parent permission

162. (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)

ADDITIONAL VIOLATION

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

DISCUSSIONS/COMMENTS

- update policies/procedures per
new regulations. sample policies
sent to director.

- water stains in cafe

- Review new regulations (on website)

Signature of OEC Staff
Mia Keller
K Kellerman

Signature of Person in Charge
Maria Marques
maria Marques

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: NZCCIA Elizabeth Green License # 12819 Date: 5/5/25

Observations/Corrections needed:

- Regulations not in compliance when observed:
- #18: Administrative oversight Not posted
- #30 - Director's training course Not available, send Copy to Agency
- #33 (hx) Health + safety training Not observed for all Staff
- #35 (12)(4) All consultant agreements Not current with New regulations

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) [Signature]

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/19/25

Signature: [Signature]
(Person in Charge)