

**CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING**



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

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

Address: 55 GYM & Methodists Child Development Center	Date of Inspection: 4/22/25	Time of Visit: 10:35 am
35 Gorton St	Inspection Number: 705BB	Expiration Date: 11/30/28
Town: Hartford Ct 06106	Telephone Number: 860-297-7810	Seasonal Care: Open
Operator: Catholic Charities Inc - Archdiocese of Hartford	# of Staff Present: 9	# over 3 Present: 43
Program: Dramas@ceach.org	Total Capacity: 57	Total Under 3 capacity: 0
Director: Destiny Ramos	Hours of Operation: M-F 7:30am - 5:30pm	# under 3 Present: -
		Ages Served: 3-5 yrs

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

**LICENSURE PROCEDURES 19a-79-2a**      **STAFFING and CONSULTANTS 19b-79-2a**

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

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

CHILD CARE CENTER AND/OR CHILD CARE HOME INSPECTION

SS E CYNTHIA MATHOCINUS  
Child Development Center

70588

DATE OF INSPECTION

4/22/25

REGULATIONS 19A-79-1.1

PHYSICAL PLANT 19A-79-1.4 cont.

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	<b>PARENT PERMISSIONS</b> Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input 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.	<input checked="" type="checkbox"/> (d)(8)	<b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<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)(C) <input checked="" type="checkbox"/> (d)(10)(E) <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"/> (d)(11)	<b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 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

HEALTH AND SAFETY 19A-79-1.2

<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 3/14/25 (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.	<input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/>	83.	(e)(1)	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.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number
<input checked="" type="checkbox"/>	94.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10)	<b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible

PHYSICAL PLANT 19A-79-1.4

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 3/11/25
<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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	<b>WATER SUPPLY</b> - Public Well (Schools-N/A) Lead Water Test - Date: 9/19/24 Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	<b>LEAD PAINT</b> - Building Pre-78 <input checked="" type="checkbox"/> Lead Test: <input checked="" type="checkbox"/> Results: No lead identified Lead Management Plan _____
<input checked="" type="checkbox"/>			Peeling Paint - <input checked="" type="checkbox"/> Inside/Outside

<input checked="" type="checkbox"/>	95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	96.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	97.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	99.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	100.	(e)(17)	Radon test- Results: 0.1 (Schls-N/A)
<input checked="" type="checkbox"/>	101.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	102.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	103.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	104.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	105.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	106.	(g)(4)	Developmentally app equipment, materials
<input checked="" type="checkbox"/>	107.		

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

<b>PROGRAM NAME</b> SS CYM I & MATHODIWS Child Development Center	<b>INSPECTION NUMBER</b> 70588	<b>DATE OF INSPECTION</b> 4/22/25
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**PHYSICAL PLANT 19a-79-7a cont.** **UNDER THREE ENDORSEMENT 19a-79-10 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.		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

	128.	(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 <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 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) 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
		(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)	

**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.	(g)	<b>EDUCATIONAL REQUIREMENTS</b>
		(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

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

	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.		<b>DIAPERING</b>
		(e)(1)	Diaper area: elevated/sturdy/safety rail

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

	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
	141.	(c)	
		(c)(1)	
		(c)(2)	
		(c)(3)	
	143.	(d)	
	144.	(e)	

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

NAME	SS CYRIL E. McFARLAND Child Development Center	LICENSE NUMBER	70588	DATE OF INSPECTION	4/22/25
SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N	MONITORING OF DIABETES 19a-79-13			

145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 172.	(b)(1)(A)	
	(b)(1)(B) (i)-(iii)	
	(b)(2)	
	(b)(3)	
<input checked="" type="checkbox"/> 173.	(c)(2)	
	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12)		
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.		<b>SLEEP PROVISIONS</b>
	(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		
157.	(9a)	Written medication policies/procedures
158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
159.		<b>NONPRESC. TOPICAL MEDICATION</b>
	(a)(2)	Admin/Parent permission/report errors
	(a)(3)(A-B)	Labeling and Storage
	(a)(3)(C)	Unused/expired meds destroyed/returned
160.		<b>MEDICATION TRAINING</b>
	(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)
<b>DISCUSSIONS/COMMENTS</b>	
"Policy review checklist provided during inspection highlighting changes to the child care regulations, effective October 1, 2024. Program must ensure policies are updated to reflect new requirements." - Complaint procedure provided	
NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	

Inspector	Johanne Dato
Director	Destiny Ramos
DIVISION OF LICENSING Columbus Blvd, Suite 302, Hartford, CT 06103 Desk: (800)282-6063 or (860)500-4450 Site: www.ctoec.org/licensing Email: oec.licensing@ct.gov	

Inspector	Destiny Ramos
Director	Destiny Ramos
Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 5/6/25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: SS Cymil e Methodius Child Development Center License # 70588 Date: 4/22/25

Observations/Corrections needed:

Regulation was not in compliance when:

#35 (i)(2)(A-H): Observed 4 consultant agreements without required services.

#40 (a)(2)(E): Observed 4 care plans without parent signature and 1 care plan does not match the medication ordered.

#161 (b)(3)(A-B): Observed 2 medication without prescriber's order.

#166 (b)(5)(D): Observed an expired albuterol.

#95 (e)(10): Observed 3 bottles without labels.

Discussion:

> 1 incomplete staff health record, statement of good health left blank.

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]

Print Name: Johanne Dalo  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/6/25

Signature: [Signature]

Print Name: Destiny Ramos  
(Person in Charge)