

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:	Tiny Treasures	Date of Inspection:	5/2/25	Time of Arrival:	11:15
Address:	51 Shelton Rd	License Number:	16323	Expiration Date:	2/28/29
Town:	Monroe	Telephone Number:	(203) 521-9273	Summer Care:	Open
Operator:	Tiny Treasures LLC	# of Staff Present:	8	# over 3 Present:	20
Email:	tinytreasuresmonroe@yahoo.com	# under 3 Present:	16	Total Under 3 capacity:	22
Designated Director:	Tiffany Wood	Total Capacity:	47	Ages Served:	4wks to 12
		Hours/Days of Operation:	M-F 7:30-5:45		

Instruction Codes:  = Regulation in Compliance    O = 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: 10/23/23

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

- 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
- 29.
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 30. (e)(1) Designated director-training
- 31. (f)(1) CPR certified program staff
- 32. (f)(2) First aid certified program staff
- 33. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 34. 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
- 35. CONSULTANTS
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health
  - (II)(i)-(I)(i)
 

	Contracts	Logs	Visits
Education			
Health			
Soc. Serv.			
Dietitian			

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

PROGRAM NAME	TINY TREASURES	LICENSE NUMBER	16323	DATE OF INSPECTION	5/2/25
<b>RECORD KEEPING 19a-79-5a</b>			<b>PHYSICAL PLANT 19a-79-7a cont.</b>		
<p><input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information</p> <p><input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission</p> <p><input checked="" type="checkbox"/> 38. (a)(2)(A-B) Transportation permission</p> <p><input checked="" type="checkbox"/> 39. (a)(2)(C) Child Health Records</p> <p><input checked="" type="checkbox"/> 40. (a)(2)(E) Immunization records</p> <p><input checked="" type="checkbox"/> 41. (a)(3)(A) Individual care plan-signed by parents/staff</p> <p><input checked="" type="checkbox"/> 42. (a)(3)(B) Injury, Illness, Incident, Accident reports</p> <p><input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Parent notification of illness or injury</p> <p><input checked="" type="checkbox"/> 44. (a)(3)(D) Notify OEC of serious injuries, fatality</p> <p><input checked="" type="checkbox"/> 45. (a)(4) Notify DPH, local health-reportable diseases</p> <p style="margin-left: 20px;">Video recordings- keep 30 days</p>	<p><input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access</p> <p><input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained</p> <p><input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls</p> <p><input checked="" type="checkbox"/> 74. (d)(3) Window screens</p> <p><input checked="" type="checkbox"/> 75. (d)(4) Glass/mirrors protected- 36"</p> <p><input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)</p> <p><input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed</p> <p><input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing and bedding</p> <p><input checked="" type="checkbox"/> 79. (d)(8) <b>SMOKING</b></p> <p style="margin-left: 20px;">Smoking, vaping or other electronic nicotine device prohibited on premises/grounds</p> <p><input checked="" type="checkbox"/> (d)(8) Matches/lighters inaccessible</p> <p><input checked="" type="checkbox"/> 81. (d)(9) Electrical safety - outlets inaccessible - covered or protected</p> <p><input checked="" type="checkbox"/> 82. (d)(10)(A) <b>TOILETING</b></p> <p style="margin-left: 20px;">Shared toilets/sinks-supervision plan</p> <p style="margin-left: 20px;">Toileting needs met</p> <p style="margin-left: 20px;">(d)(10)(B) Potty chairs-nonporous, emptied, disinfected</p> <p style="margin-left: 20px;">(d)(10)(C) Required toilets/sinks-1:16</p> <p style="margin-left: 20px;">(d)(10)(C) Toileting Supplies-Hand drying-Garbage</p> <p style="margin-left: 20px;">(d)(10)(E) Handwashing staff/children</p> <p style="margin-left: 20px;">(d)(10)(F) Toilets/sinks located at the facility</p> <p style="margin-left: 20px;">(d)(10)(G) Well lighted/ventilated toilet rooms</p> <p style="margin-left: 20px;">(d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)</p> <p><input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible</p> <p><input checked="" type="checkbox"/> 84. (e)(1) <b>AIR TEMPERATURE</b></p> <p style="margin-left: 20px;">Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall</p> <p style="margin-left: 20px;">(e)(2) Air temp &gt; 80 °F - ↑ fluids/ventilation</p> <p style="margin-left: 20px;">(e)(3) Water temperature 60°F-120°F</p> <p style="margin-left: 20px;">(e)(4) Portable space heaters prohibited</p> <p><input checked="" type="checkbox"/> 86. (e)(5) <b>WALLS/CEILINGS/FLOORS/RUGS</b></p> <p style="margin-left: 20px;">Walls/ceilings/floors/rugs-clean/good repair</p> <p style="margin-left: 20px;">(e)(5) Rugs- not a tripping/slipping hazard</p> <p style="margin-left: 20px;">(e)(6) Hot water/Steam pipes protected</p> <p><input checked="" type="checkbox"/> 87. (e)(7) <b>TELEPHONE/TELEPHONE NUMBERS</b></p> <p style="margin-left: 20px;">Working phone on each level</p> <p style="margin-left: 20px;">(e)(7) Emergency numbers posted-adjacent to phones</p> <p style="margin-left: 20px;">(e)(7) Parents provided direct on site phone number</p> <p><input checked="" type="checkbox"/> 88. (e)(8) <b>LIGHTING</b></p> <p style="margin-left: 20px;">All areas min. 1 foot candle of lighting</p> <p style="margin-left: 20px;">(e)(9) Adequate lighting-30/50 candle feet- sufficient lighting to be visible</p> <p style="margin-left: 20px;">(e)(9) Enough lighting for comfort</p> <p style="margin-left: 20px;">(e)(10) Light fixtures shielded/shatter proof</p> <p style="margin-left: 20px;">(e)(10) Potentially hazardous substances, materials labeled, inaccessible</p> <p style="margin-left: 20px;">(e)(11) Garbage/rubbish-disposed of daily, containers in good repair</p> <p style="margin-left: 20px;">(e)(12) Stairs-protected/good repair-handrails</p> <p style="margin-left: 20px;">(e)(13) Toxic plants/materials inaccessible</p> <p style="margin-left: 20px;">(e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p style="margin-left: 20px;">(e)(16) Measures to prevent vermin</p> <p style="margin-left: 20px;">(e)(17) Radon test- Results: 1.6 (Schls-N/A)</p> <p style="margin-left: 20px;">(e)(18) Carbon monoxide detector-each level N/A</p> <p style="margin-left: 20px;">(f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p style="margin-left: 20px;">(g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust</p> <p style="margin-left: 20px;">(g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)</p> <p style="margin-left: 20px;">(g)(3) Air conditioners/water heaters/fuse boxes inaccessible</p> <p style="margin-left: 20px;">(g)(4) Developmentally app equipment, materials</p>				
<b>HEALTH and SAFETY 19a-79-6a</b>					
<p><input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)</p> <p><input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks</p> <p><input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees</p> <p><input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths</p> <p><input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A)</p> <p><input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)</p> <p><input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities</p> <p><input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils</p> <p><input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (N/A)</p> <p><input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep</p> <p><input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children</p> <p><input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms</p> <p><input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area</p> <p><input checked="" type="checkbox"/> 59. (c) <b>FIRST AID KITS</b>-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips</p> <p style="margin-left: 20px;">(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</p> <p style="margin-left: 20px;">(d) <b>FIRST AID SUPPLIES</b>-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)</p>	<p><input checked="" type="checkbox"/> 85. (d)(10)(A) Shared toilets/sinks-supervision plan</p> <p><input checked="" type="checkbox"/> 86. (d)(10)(B) Toileting needs met</p> <p><input checked="" type="checkbox"/> 87. (d)(10)(C) Potty chairs-nonporous, emptied, disinfected</p> <p><input checked="" type="checkbox"/> 88. (d)(10)(C) Required toilets/sinks-1:16</p> <p><input checked="" type="checkbox"/> 89. (d)(10)(E) Handwashing staff/children</p> <p><input checked="" type="checkbox"/> 90. (d)(10)(F) Toilets/sinks located at the facility</p> <p><input checked="" type="checkbox"/> 91. (d)(10)(G) Well lighted/ventilated toilet rooms</p> <p><input checked="" type="checkbox"/> 92. (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)</p> <p><input checked="" type="checkbox"/> 93. (d)(11) Staff personal articles inaccessible</p> <p><input checked="" type="checkbox"/> 94. 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<b>PHYSICAL PLANT 19a-79-7a</b>					
<p><input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 2126124</p> <p><input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved</p> <p><input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion</p> <p><input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission</p> <p><input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program</p> <p><input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)</p> <p><input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals</p> <p><input checked="" type="checkbox"/> 69. <b>WATER SUPPLY</b> - Public/Well (Schools-N/A)</p> <p style="margin-left: 20px;">Lead Water Test - Date: 10/5/23</p> <p style="margin-left: 20px;">Bact./Chem Test-Date: n/a (N/A)</p> <p style="margin-left: 20px;">(c)(5)(A) Drinking water available/accessible</p> <p style="margin-left: 20px;">(c)(5)(B) <b>LEAD PAINT</b> -</p> <p style="margin-left: 20px;">(c)(5)(C) Building Pre-78: Y/N Lead Test: Y/N</p> <p style="margin-left: 20px;">Results: no lead</p> <p style="margin-left: 20px;">(c)(6)(A) Lead Management Plan n/a</p> <p style="margin-left: 20px;">(c)(6)(B-D)</p> <p style="margin-left: 20px;">Peeling Paint - Y/N Inside/Outside</p>	<p><input checked="" type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible</p> <p><input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair</p> <p><input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails</p> <p><input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible</p> <p><input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children</p> <p><input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin</p> <p><input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: 1.6 (Schls-N/A)</p> <p><input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level N/A</p> <p><input checked="" type="checkbox"/> 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child</p> <p><input checked="" type="checkbox"/> 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust</p> <p><input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)</p> <p><input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible</p> <p><input checked="" type="checkbox"/> 107. (g)(4) Developmentally app equipment, materials</p>				

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

<b>PROGRAM NAME</b>	Tiny Treasures	<b>LICENSE NUMBER</b>	16323	<b>DATE OF INSPECTION</b>	5/2/25
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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 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 play. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

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

	128.		<b>DIAPERING cont.</b>
		<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>	129.		<b>LINENS/CLOTHING</b>
		<input checked="" type="checkbox"/> (f)(1)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(2)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(3)	Linens/clothing stored individually
		<input checked="" type="checkbox"/> (f)(4)	Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>	130.		<b>SAFE SLEEP</b>
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-snug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(1)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(2)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(3)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(4)	No unapproved sleeping car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(5)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(6)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(7)	Teething necklaces/bracelets, jewelry inaccessible
		<input checked="" type="checkbox"/> (g)(8)	Safe sleep policies - parents informed
<input checked="" type="checkbox"/>	131.		<b>TOYS AND OTHER OBJECTS</b>
		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/> (h)(1)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
		<input checked="" type="checkbox"/> (h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		<input checked="" type="checkbox"/> (i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	135.		<b>FEEDING</b>
<input checked="" type="checkbox"/>	136.		<b>FEEDING</b>
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" 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 checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		<b>SCHEDULE - ACTIVITIES</b>
		<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule-available to staff/parents
		<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
		<input checked="" type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(c)	Group size- max. 30

CONNECTICUT OFFICE OF EARLY CHILDHOOD

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Tiny Treasures</i>		LICENSE NUMBER <i>16323</i>	DATE OF INSPECTION <i>5/2/25</i>
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<input checked="" 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 <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"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input checked="" type="checkbox"/> 173. (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3)	
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 174. (d)(1)	
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 175. (d)(2)	
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 177. (e)(1)	
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 178. (e)(2)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding		
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled		
<input type="checkbox"/> (b)(6)(C)	Required bedding		
<input type="checkbox"/> (b)(6)(D)	Required toiletries		
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly		
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants		
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft		
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		
ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> policy review checklist provided during inspection highlighting changes to the child care regulatory center regulations effective Oct 10, 2024. Programs must ensure policies updated to reflect new regulations  all items ✓ were either in compliance or discussed at visit  Manufactures guidelines discussed in regards to pack+play and little tykes climbing equipment.  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	
<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>		
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors		
<input checked="" 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"/> (b)(3)(C)	Training outline on file		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)		
Signature of OEC staff <i>Jame Fortin</i>	Signature of person in charge <i>Cheryl Iannucci</i>		
Printed Name <i>Jame Fortin</i>	Printed Name <i>Cheryl Iannucci</i>		
OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>		Inspection shall be posted or available for review upon request.	
		Written Corrective Action Plan Due by: <i>5/14/25</i>	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>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tiny Treasures License # 16323 Date: 5/2/25

Observations/Corrections needed:

Discussed: currently no infants enrolled. Discussed pizza lunches sometimes - need kitchen inspection/food handlers certificate and insure 5 food groups.

33(h)(1): Health and Safety training not completed for all staff

35(i)(1)(2)(A-H): Consultant Agreements not updated with required services

101(b)(3)(A-B): 1 medication form list 2 medications on 1 form and no start/end date observed OICAM JT

111(h)(2): 8 inches impact material not observed on upper playground at bottom of slides and climbing equipment.

111(h)(3): Upper playground - large gaps in between turf causing uneven ground/tripping hazard. small basketball hoop lower playground not secured.

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: Jaime Fortin

Print Name: Jaime Fortin (OEC Representative)

Signature: Cheryl Lamucca

Print Name: Cheryl Lamucca (Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/16/25