

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

The Goddard School		5/6/25	11AM
208 Eastern Blvd		16723	8/31/25
Glastonbury, CT 06033		800 63381000	open
A+H School Holdings LLC		# of Staff Present: 22	# over 3 Present: 76
dglastonburyct@goddardschools		Total Capacity: 126	Total Under 3 capacity: 56
Christ, Peterson cam			# under 3 Present: 46
			Ages Served: low-levy
			Mf 7am-6pm

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

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

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

The Goddard school

16723

5/6/25

RECORD KEEPING 19a-79-6a

PHYSICAL PLANT 19a-79-7a

<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)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(A-B)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(C)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(2)(E)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(A)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(B)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(C)(i-ii)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(3)(D)	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.	(d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 82.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected

HEALTH and SAFETY 19a-79-6a

<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 (N/A)
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated
<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)	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"/> 83.	(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 84.	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfect
<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"/>	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	(e)(1)	AIR TEMPERATURE 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)	WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good rep:
<input checked="" type="checkbox"/>	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(7)	TELEPHONE/TELEPHONE NUMBER Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phone
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	(e)(8)	LIGHTING 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-handrail
<input checked="" type="checkbox"/>	(e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(16)	Pets or other animals-in good health, w care plan including access to child
<input checked="" type="checkbox"/>	(e)(17)	Measures to prevent vermin
<input checked="" type="checkbox"/>	(e)(18)	Radon test- Results: <u>0.2</u> (See)
<input checked="" type="checkbox"/>	(f)(1)(A)	Carbon monoxide detector-each level
<input checked="" type="checkbox"/>	(g)(1)	Program space-adequate-35 sq. ft. per
<input checked="" type="checkbox"/>	(g)(2)	Equipment-clean and safe, good repair
<input checked="" type="checkbox"/>	(g)(3)	non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	(g)(4)	Adequate equipment for rest-clean (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(4)	Air conditioners/water heaters/fuse inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, t

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate
<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.	(c)(5)(A)	WATER SUPPLY - Public Well (Schools-N/A)
<input checked="" type="checkbox"/>	(c)(5)(B)	Lead Water Test - Date: <u>10/11/24</u> (N/A)
<input checked="" type="checkbox"/>	(c)(5)(C)	Bact./Chem Test-Date: _____
<input checked="" type="checkbox"/>	(c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(c)(6)(B-D)	LEAD PAINT - Building Pre-78: <u>Y</u> Lead Test: <u>Y</u> Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/>		Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

CHILD CARE CENTER AND HOME CHILD CARE HOME INSPECTION FORM

PROGRAM NAME The Goddard School	INSPECTION NUMBER 16723	DATE OF INSPECTION 5/6/25
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PHYSICAL PLANT 19a-79-7b **UNDER THREE ENDORSEMENT 19a-79-10**

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls		128.	<input checked="" type="checkbox"/>	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around			<input checked="" type="checkbox"/>	(e)(3)	Diaper area: non-porous surface/good rep
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm			<input checked="" type="checkbox"/>	(e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE			<input checked="" type="checkbox"/>	(e)(5)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child			<input checked="" type="checkbox"/>	(e)(6-9)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"			<input checked="" type="checkbox"/>	(e)(7)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards			<input checked="" type="checkbox"/>	(e)(8)	Diapering-Handwashing policies-posted/folk
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected			<input checked="" type="checkbox"/>	(e)(10)(A-C)	Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried		<input checked="" type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request				(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible				(f)(3)	Linens washed weekly or as needed
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety- equip/fences/structures not hazardous				(f)(4)	Linens/clothing stored individually
	112.	(h)(7)	OUTDOOR PROTECTED/FENCED			<input checked="" type="checkbox"/>	130.	Cribs/cots cleaned-linens changed when sh
		(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards				(g)(1)	SAFE SLEEP
		(h)(7)(B)	Fences installed to protect from hazards-4 ft				(g)(1)	Under 12 mths placed on back for sleepi
		(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks				(g)(2)	Crib-snug fitting mattress/tightly fitted s
	114.	(i)	Rooftop play areas-6 ft. wall/barrier (N/A)				(g)(3)	Alternate sleep position/equipment-med documentation for medical reason on
		(j)	WATER HAZARDS (N/A)				(g)(4)	Infants allowed to adopt other sleep pos
		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61				(g)(5)	No items in/on cribs-blankets, toys, bur pillows, weighted blankets/sleepers/swa
		(i)	Wading pools prohibited				(g)(6)	No unapproved sleeping-car seats/swings/be
		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)				(g)(7)	No swaddling w/o written documentati

EDUCATIONAL REQUIREMENTS 19a-79-8a

	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents		131.	<input checked="" type="checkbox"/>	(h)(1)	TOYS AND OTHER OBJECTS
	116.	(a)	EDUCATIONAL REQUIREMENTS				(h)(1)	Infant toys-separate/washed/sanitized
		(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				(h)(2)	Toddler toys-washed/sanitized weekly
		(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				(h)(2)	No toys/objects less than 1 1/4" diame
						<input checked="" type="checkbox"/>	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inac unless under direct supervision
						<input checked="" type="checkbox"/>	(j)	Health consultant visits/documentat
						<input checked="" type="checkbox"/>	(k)(1)	FEEDING
						<input checked="" type="checkbox"/>	(k)(2)	Infants held for bottles - chairs for individual attn, tummy time, cra
						<input checked="" type="checkbox"/>	(k)(3)	Written feeding schedule from pare
						<input checked="" type="checkbox"/>	(k)(4)	Unused formula/milk discarded af
						<input checked="" type="checkbox"/>	(k)(5)	Clean bottles/disposable bottles/ap
						<input checked="" type="checkbox"/>	(l)(1)	Baby food served from dish or wh
						<input checked="" type="checkbox"/>	(l)(2)	Bottles labeled with child's name
						<input checked="" type="checkbox"/>	(l)(3)	Outdoor spaced fenced-4 ft (lic

UNDER THREE ENDORSEMENT 19a-79-10

	117.	(b)	Approved Under 3 Endorsement		140.	<input checked="" type="checkbox"/>	(b)	SCHOOL AGE ENDORSEMENT 19a-79-11
	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)				(c)	SCHEDULE - ACTIVITIES
	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)			<input checked="" type="checkbox"/>	(c)(1)	Written daily program plan-f available to staff/parents
	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors			<input checked="" type="checkbox"/>	(c)(2)	Activities not a duplication o
	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			<input checked="" type="checkbox"/>	(c)(3)	Activities include cognitive, e emotional needs of the chi
	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC			<input checked="" type="checkbox"/>	(d)	Program includes free time, c creative/physical/small gr
	123.	(d)(2)(B)	Washable cots			<input checked="" type="checkbox"/>	(e)	Ratio- 1:15
	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps- locking tray			<input checked="" type="checkbox"/>		Group size- max. 30
	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.	(e)(1)	DIAPERING			<input checked="" type="checkbox"/>		
			Diaper area: elevated/sturdy/safety rail			<input checked="" type="checkbox"/>		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

The Goddard School

SCHOOL AGE ENDORSEMENT 19a-79-11 *O/N*

License Number: **16723** Date of Inspection: **5/16/25**

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)
- 172. (b)(1)(A)
- (b)(1)(B) (i)-(iii)
- (b)(2)
- (b)(3)
- (c)(2)
- (c)(3)
- 173. (c)(3)
- 174. (d)(1)
- 175. (d)(2)
- 176. (d)(3)
- 177. (e)(1)
- 178. (e)(2)
- 179. (e)(3)

Written policies and procedures

STAFF TRAINING

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

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N

47. (b) Approved Night Care Endorsement

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

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

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

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

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

53. **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

54. (b)(8) Air temp 65 °F at 3 ft

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

56. (b)(10) Local health approval

ADDITIONAL VIOLATION

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

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

157. (9a) Written medication policies/procedures

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

NONPRESC. TOPICAL MEDICATION

159. (a)(2) Admin/Parent permission/report errors

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

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

MEDICATION TRAINING

160. (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) Injectible 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)

DISCUSSIONS/COMMENTS

- update policies per checklist

- spawn on cec website

- more detailed admin oversight

policy posted

wobbly science shelf in preschool

b

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

Inspector: *Ma Keller*

Child Care Director: *Kellerman*

Signature of Inspector: *[Signature]*

Signature of Child Care Director: *Christ Peterson*

CTEC DIVISION OF LICENSING
 50 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request

Written Corrective Action Plan Due by: *5/20/25*

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Goddard School License # 116723 Date: 5/6/25

Observations/Corrections needed:

Regulations not in compliance when observed:

#33(h)(1) - Health + Safety training for all staff not conducted. (2 observed completed course)

#62 - fire Marshal certificate not current. Send copy to Agency

#66 - vents dusty in preschool 6, preschool 7, pre-k 8, pre-k 9 (2 baths), Bridge 15 Bathroom, hallway

#95 - Bleach/water bottles not labeled with dilutions

#160 - only observed epi-pen training outline. No oral/topical/inhalant outline observed.

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:

Dha Miller
(OEC Representative) *K. J. Kellerman*

Signature:

[Signature]
(Person in Charge) *Christ. Peterson*

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5/20/25