

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

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

<b>Program Name:</b>	The Goddard School	<b>Date of Inspection:</b>	4-16-25 <del>70704</del>	<b>Time of Arrival:</b>	7:15 am 4-16-25
<b>Address:</b>	538 Evergreen Way	<b>License Number:</b>	70704	<b>Expiration Date:</b>	5-31-27
<b>Town:</b>	South Windsor	<b>Telephone Number:</b>	860-783-4925	<b>Summer Care:</b>	Open
<b>Operator:</b>	Rosewood Holdings INC	<b># of Staff Present:</b>		<b># over 3 Present:</b>	
<b>Email:</b>	southwindsor@goddardschool.com	<b>Total Capacity:</b>	188	<b>Total Under 3 capacity:</b>	98
<b>Designated Director:</b>	Andrea Pearce	<b>Hours/Days of Operation:</b>			M-F 7-6pm

**Instruction Codes:**   N/A = Not applicable at this time   √ = Regulation in Compliance   O = Regulation not in Compliance

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 cont.**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 5-10-23	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	<b>RATIOS</b>
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 32. (d)(5)(A)	<b>GROUP SIZE</b>
	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
	<input checked="" type="checkbox"/> 37. (a)(2)	CPR certified program staff
	<input checked="" type="checkbox"/> 38. (h)(1)(2)	First aid certified program staff
	<input checked="" type="checkbox"/> 39. (h)(1)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation
	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
	<input checked="" type="checkbox"/> 43. (e)(6)	<b>SWIMMING ACTIVITIES - Y/N</b>
	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
	<input checked="" type="checkbox"/> 45. (i)	Non-swimmers identified
	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
	<input checked="" type="checkbox"/> 48. (i)(2)	<b>CONSULTANTS</b>
	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Soc. Serv. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Dietitian   N/A   N/A <input checked="" type="checkbox"/>

<b>PROGRAM NAME</b>	<u>The Goddard School</u>	<b>LICENSE NUMBER</b>	<u>70704</u>	<b>DATE OF INSPECTION</b>	<u>4-16-25</u>
<b>RECORD KEEPING 19a-79-5</b>			<b>PHYSICAL PLANT 19a-79-7a cont.</b>		
<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37.  <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C)  <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) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information <u>PARENT PERMISSIONS</u> Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79.  <input checked="" type="checkbox"/> 80. <input checked="" type="checkbox"/> 81.  <input checked="" type="checkbox"/> 82.  <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 85.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.  <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101.  <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105.  <input checked="" type="checkbox"/> 106.  <input checked="" type="checkbox"/> 107.	(d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7) (d)(8)  (d)(8) (d)(9)  (d)(10)(A) (d)(10)(B) (d)(10)(C) (d)(10)(C) (d)(10)(D) (d)(10)(E) (d)(10)(E) (d)(10)(F)  (d)(10)(G) (d)(10)(H)  (d)(11)  (e)(1)  (e)(1) (e)(2) (e)(3) (e)(4) (e)(5) (e)(5) (e)(6) (e)(7) (e)(7) (e)(7)  (e)(8) (e)(9)  (e)(9) (e)(9) (e)(10)  (e)(11)  (e)(12) (e)(13) (e)(14-15)  (e)(16) (e)(17)  (e)(18) (f)(1)(A) (g)(1)  (g)(2)  (g)(3)  (g)(4)	Walkways maintained Windows protected to prevent falls Window screens (Schl age only- N/A) Glass and mirrors protected to 36" Overhead doors-locking devices, spring protectors N/A Exits, stairs, hallways unobstructed Individual storage of clothing/bedding Smoking or vaping prohibited on premises/grounds Matches/lighters inaccessible Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) <u>TOILETING</u> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Required toilets/sinks-1:25 schl age only Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located-at the facility or licensed premises Well lighted/ventilated toilet rooms Mechanical ventilation (Grp Homes N/A) Staff personal articles inaccessible <u>AIR TEMPERATURE</u> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) Air temp <65°F comfortable (Schl age only-N/A) Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60 °F - 120 °F Portable space heaters prohibited Walls/ceilings/floors/rugs-clean/good repair Rugs- not tripping/slipping hazard Hot water/Steam pipes protected Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <u>LIGHTING</u> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible Schl age only-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 Prevention of vermin-openings screened Radon test- Results: <u>3</u> N/A Results posted-Date: <u>11-26-20</u> (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 Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) Air conditioners, water heaters, fuse boxes inaccessible Developmentally app equipment, materials
<b>HEALTH and SAFETY 19a-79-6a</b>					
<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57.  <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> 60.  <input checked="" type="checkbox"/> 61.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (c)  <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code N/A Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection <u>N/A</u> Kitchen-clean, safe storage of food/supplies Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (Schl age only N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <input checked="" type="checkbox"/> (c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (c) <u>FIRST AID SUPPLIES</u> -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) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 85.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 89. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 92. <input checked="" type="checkbox"/> 93. <input checked="" type="checkbox"/> 94.		
<b>PHYSICAL PLANT 19a-79-7a</b>					
<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66.  <input checked="" type="checkbox"/> 67.  <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69.  <input checked="" type="checkbox"/> 70.  <input checked="" type="checkbox"/> 71.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2)  (c)(3)  (c)(4) <input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)  <input checked="" type="checkbox"/> (c)(6)(A)  <input checked="" type="checkbox"/> (c)(6)(B-D)  (d)(1)	Fire marshal codes/certificate <u>8-6-24</u> Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program established Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) Testing of premises/grounds for chemicals <u>WATER SUPPLY</u> -Public/Well (Schools-N/A) Lead Water Test - Date: <u>4-26-23</u> Bact./Chem Test-Date: <u>N/A</u> Drinking water available/accessible <u>LEAD PAINT</u> - Peeling Paint - <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>NA</u> Lead Management Plan <u>NA</u>  Emergency vehicle access	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101.  <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105.  <input checked="" type="checkbox"/> 106.  <input checked="" type="checkbox"/> 107.		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3

PROGRAM NAME	The Goddard School	LICENSE NUMBER	70704	DATE OF INSPECTION	4-16-25
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<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/FENCING</b>
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	<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.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
		<input checked="" type="checkbox"/> (i)	<b>WATER HAZARDS</b>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>

<input checked="" type="checkbox"/>	129.	<input checked="" type="checkbox"/> (f)(1)	<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
		<input checked="" type="checkbox"/> (f)(2)	
		<input checked="" type="checkbox"/> (f)(3)	
		<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/>	130.	<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 ¼ " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(1)	
		<input checked="" type="checkbox"/> (g)(2)	
		<input checked="" type="checkbox"/> (g)(3)	<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 ¼ "-or measures in place to ensure their health & safety
		<input checked="" type="checkbox"/> (g)(4)	
		<input checked="" type="checkbox"/> (g)(5)	
		<input checked="" type="checkbox"/> (g)(6)	
		<input checked="" type="checkbox"/> (g)(7)	<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>
		<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/>	131.	(h)(1)	
<input checked="" type="checkbox"/>	132.	(h)(1)	
<input checked="" type="checkbox"/>	133.	(h)(2)	<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>
<input checked="" type="checkbox"/>	134.	(h)(2)	
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.	(j)	
		<input checked="" type="checkbox"/> (k)(1)	<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>
		<input checked="" type="checkbox"/> (k)(2)	
		<input checked="" type="checkbox"/> (k)(3)	
		<input checked="" type="checkbox"/> (k)(4)	
		<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/>	137.	(l)(1)	<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>	<b>SCHOOL AGE ENDORSEMENT 19a-79-11 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y/N</span></b>
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<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-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- 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-in compliance w/CPSC (manf. after 6/28/11)
<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 checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
		<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"/>	140.	(b)	<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 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>	142.	<input checked="" type="checkbox"/> (c)(1)	
		<input checked="" type="checkbox"/> (c)(2)	
		<input checked="" type="checkbox"/> (c)(3)	<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 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
<input checked="" type="checkbox"/>	143.	(d)	
<input checked="" type="checkbox"/>	144.	(e)	
<input checked="" type="checkbox"/>	145.	(f)	
<input checked="" type="checkbox"/>	146.	(g)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

<b>PROGRAM NAME</b>	<i>The Goddard School</i>	<b>LICENSE NUMBER</b>	70704	<b>DATE OF INSPECTION</b>	4-16-25
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<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b>	<b>MONITORING OF DIABETES 19a-79-13 Y/N</b>
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<input checked="" type="checkbox"/> 147. <input checked="" type="checkbox"/> 148. <input checked="" type="checkbox"/> 149.  <input checked="" type="checkbox"/> 150.  <input checked="" type="checkbox"/> 151. <input checked="" type="checkbox"/> 152. <input checked="" type="checkbox"/> 153.  <input checked="" type="checkbox"/> 154. <input checked="" type="checkbox"/> 155. <input checked="" type="checkbox"/> 156.	(b) (b)(1) (b)(2)  (b)(3)  (b)(4) (b)(5)  <input checked="" type="checkbox"/> (b)(6) <input checked="" type="checkbox"/> (b)(6)(A) <input checked="" type="checkbox"/> (b)(6)(B) <input checked="" type="checkbox"/> (b)(6)(C) <input checked="" type="checkbox"/> (b)(6)(D) <input checked="" type="checkbox"/> (b)(7) (b)(8) (b)(9) (b)(10)	Approved Night Care Endorsement Person in charge-head teacher Written plan for program activities- meet individual needs, sleep patterns, quiet activities Written plan for supervision including cot placement and evacuation Children in care no more than 12 hrs. in 24 Staff awake and available <b>SLEEP PROVISIONS</b> Individual cot/crib with bedding Sleeping apparel/toiletries labeled Required bedding Required toiletries Bedding/sleeping apparel laundered weekly Sleep arrangements for infants Air temp 65 °F at 3 ft Fire marshal approval-hours specified Local health approval	<input checked="" type="checkbox"/> 171. <input checked="" type="checkbox"/> 172.    <input checked="" type="checkbox"/> 173.  <input checked="" type="checkbox"/> 174. <input checked="" type="checkbox"/> 175. <input checked="" type="checkbox"/> 176. <input checked="" type="checkbox"/> 177. <input checked="" type="checkbox"/> 178. <input checked="" type="checkbox"/> 179.	(a)(1)  <input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)  <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) (c)(3)  (d)(1) (d)(2) (d)(3)  (e)(1) (e)(2) (e)(3)	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
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<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157. <input checked="" type="checkbox"/> 158.  <input checked="" type="checkbox"/> 159.  <input checked="" type="checkbox"/> 160.  <input checked="" type="checkbox"/> 161. <input checked="" type="checkbox"/> 162.  <input checked="" type="checkbox"/> 163. <input checked="" type="checkbox"/> 164. <input checked="" type="checkbox"/> 165. <input checked="" type="checkbox"/> 166. <input checked="" type="checkbox"/> 167. <input checked="" type="checkbox"/> 168. <input checked="" type="checkbox"/> 169. <input checked="" type="checkbox"/> 170.	(9a) (9a)  <input type="checkbox"/> (a)(2) <input type="checkbox"/> (a)(3)(A-B) <input type="checkbox"/> (a)(3)(C)  <input type="checkbox"/> (b)(1)(A/C) <input type="checkbox"/> (b)(1)(D) <input type="checkbox"/> (b)(1)(E) <input type="checkbox"/> (b)(1)(F) <input type="checkbox"/> (b)(2)(A-B) <input type="checkbox"/> (b)(2)(C) (b)(3)(A-B) (b)(3)(D)  (b)(4)(A-B) (b)(5)(A-B) (b)(5)(C) (b)(5)(D) (b)(5)(E) (b)(6) (b)(7)(A-B) (d)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes <b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned <b>MEDICATION TRAINING</b> Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution–permission and storage <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N/A</span>
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**DISCUSSIONS - COMMENTS**

*Left new policy checklist with program observed or discussed all items on inspection report in great detail.*

*Discussed:  
Diaper tables exclusive use only.*

<b>SIGNATURE OF OEC STAFF</b>	<i>D. Wassenhove</i>	<i>Andria LS Pearce</i>	<b>SIGNATURE OF PERSON IN CHARGE</b>
<b>PRINTED NAME</b>	<i>Dianna Wassenhove</i>	<i>Andria LS Pearce</i>	<b>PRINTED NAME</b>

<b>OEC DIVISION OF LICENSING</b> 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:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <span style="font-size: 1.5em;">NA</span>
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**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>