

**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:	Creative starts learning center	Date of Inspection:	5/6/25	Time of Arrival:	9:58am
Address:	16 California St	License Number:	70297	Expiration Date:	4/20/28
Town:	Stratford 06615	Telephone Number:	203-690-1595	Summer Care:	open
Operator:	California Street Learning Center, LLC	# of Staff Present:	6	# over 3 Present:	19
Email:	creativestarts@hotmail.com	Total Capacity:	44	Total Under 3 capacity:	24
Designated Director:	Marta Saklawska	Hours/Days of Operation:	7:00am - 6:00pm		

Instruction Codes: = Regulation in Compliance = 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: 7/20/23

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-COMLETE/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
 - 10(g)(8) Safe Sleep policy posted (Schls-N/A)

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

	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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME

Creative Starts Learning Center

LICENSE NUMBER

70297

DATE OF INSPECTION

5/6/25

RECORD KEEPING 19a-79-5a

PHYSICAL PLANT 19a-79-7a cont.

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

<input checked="" type="checkbox"/>	(d)(10)(A)	Shared toilets/sinks--supervision plan
<input checked="" type="checkbox"/>	(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<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
<input checked="" type="checkbox"/>	(e)(1)	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
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<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 NUMBERS
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	(e)(8)	LIGHTING
<input checked="" type="checkbox"/>	(e)(8)	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)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish--disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs--protected/good repair--handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	(e)(14-15)	Pets or other animals--in good health, written care plan including access to children
<input checked="" type="checkbox"/>	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <i>1.4</i> (Schls-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector--each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space--adequate--35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment--clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest--cleaned--cots (Grp Homes only--mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62. (a)(2)	Fire marshal codes/certificate <i>6107124</i>
<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: <i>7/05/23</i>
<input checked="" type="checkbox"/>	(c)(5)(C)	Bact./Chem Test--Date: (N/A)
<input checked="" type="checkbox"/>	70. (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	(c)(6)(A)	LEAD PAINT - Building Pre-78, Y/N Lead Test Y/N Results <i>approved plan</i>
<input checked="" type="checkbox"/>	(c)(6)(B-D)	Lead Management Plan <i>3 months</i>
<input checked="" type="checkbox"/>		Peeling Paint -- Y/N Inside/Outside (FM)

<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 GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Creative Starts Learning Center	LICENSE NUMBER	70297	DATE OF INSPECTION	5/6/25
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PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. OUTDOOR SPACE
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. OUTDOOR PROTECTED/FENCED
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. WATER HAZARDS
 - (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 128.
 - (e)(2)
 - (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)

DIAPERING cont.
 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

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 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

TOYS AND OTHER OBJECTS
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1/4" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 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 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
- 116. (a) EDUCATIONAL REQUIREMENTS (I)-(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

- 131. (i)(1)(2A-C)
- 135. (i)(1)(2A-C)
- 136. (j)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

UNDER THREE ENDORSEMENT 19a-79-10 (N/A)

- 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. (e)(1) DIAPERING
Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11 (N/A)

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

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES
 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

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PROGRAM NAME		Creative Starts Learning Center		LICENSE NUMBER	70297	DATE OF INSPECTION	5/6/25
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	
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%		<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions	
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				<input checked="" type="checkbox"/> (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"/> 173.	(d)(1)	Training updated at least every 3 years	
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher		<input checked="" type="checkbox"/> 174.	(d)(2)	Written documentation of training	
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities		<input checked="" type="checkbox"/> 175.	(d)(3)	Trained staff on site when child is present	
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation		<input checked="" type="checkbox"/> 176.	(e)(1)	Self-administration - written authorization and under supervision of trained staff	
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24		<input checked="" type="checkbox"/> 177.	(e)(2)	Equipment provided by parents	
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available		<input checked="" type="checkbox"/> 178.	(e)(3)	Equipment labeled and inaccessible	
<input type="checkbox"/> 153.	SLEEP PROVISIONS			<input checked="" type="checkbox"/> 179.		Signed agreement with parent regarding equipment, supplies, materials to be discarded	
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding					Authorized prescriber written order	
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled					Written authorization from parent	
<input type="checkbox"/> (b)(6)(B)	Required bedding					Testing results and actions taken – documented and kept on file, ensure parents are notified daily	
<input type="checkbox"/> (b)(6)(C)	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				ADDITIONAL VIOLATION			
<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures		<input checked="" type="checkbox"/> 180.	- NA	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		DISCUSSIONS/COMMENTS 1) New Regs discussed at other location 2) Oversight policy must be posted along with new complaint procedure 3) Policies must reflect new regulatory policy checklist located on website with highlighted changes. 4) shared sink between infants + toddlers must be accessible from both sides 5) 1 microwave on floor in toddler room has rust along interior bottom edge NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/> 159.	<input checked="" type="checkbox"/> (a)(2) <input checked="" type="checkbox"/> (a)(3)(A-B) <input checked="" type="checkbox"/> (a)(3)(C)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned					
<input checked="" type="checkbox"/> 160.	<input checked="" type="checkbox"/> (b)(1)(A/C) <input checked="" type="checkbox"/> (b)(1)(D) <input checked="" type="checkbox"/> (b)(1)(E) <input checked="" type="checkbox"/> (b)(1)(F) <input checked="" type="checkbox"/> (b)(2)(A-B) <input checked="" type="checkbox"/> (b)(2)(C)	MEDICATION TRAINING 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					
<input type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission					
<input checked="" type="checkbox"/> 162.	(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 <input checked="" type="checkbox"/> (N/A)					
Signature of OEC staff		filmontanye		Signature of person in charge		M. a. j. k.	
Printed Name		filmontanye		Printed Name		Marta Szklawska Jan 11 R.	
OEC DIVISION OF LICENSING 450 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: Creative Start Learning Center License # 70297 Date: 5/6/25

Observations/Corrections needed:

Program not in compliance with:

#35(i)(i)(2)(A-H) Consultant agreements required services when health consultant agreement did not have updated services to reflect changes in regulations dated 10/2024

#37(a)(1)(D)(ii) authorized release permission when 1 out of 8 children's files did not have 1 other person outside parent for authorized release.

#111(h)(3) Playground hazards when peeling paint was observed on rails to ramp, trike observed to have broken plastic on handbars (sharp), debris observed by large boat (ziplock bags, paper plates and wrappers), yellow play house on first row of roof (accessible) has exposed nails + screws, peeling paint on yellow playhouse on trim, peeling paint on wall by lattice on playground with yellow playhouse.

#161 parent permission when 1 order for medication did not have parent signature indicating authorization to give medication

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:

Fil Montanye

(OEC Representative)

Print Name:

Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature:

M. Salkowski

(Person in Charge)

OEC BY:

5/20/25

Print Name:

Marta Salkowski Janell Ruscio