

**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:	St Paul's Child Development Center	Date of Inspection:	5-15-25	Time of Arrival:	930am
Address:	1475 Noble Ave	License Number:	16808	Expiration Date:	8/31/26
Town:	Bridgewater	Telephone Number:	203 384-6023	Summer Care:	Open
Operator:	St Paul's Child Development Center Inc	# of Staff Present:	10	# over 3 Present:	47
Email:	directar@spcdc@gmail.com	Total Capacity:	69	Total Under 3 capacity:	0
Designated Director:	Karen Williams	Hours/Days of Operation:	M-F 730am - 430pm		

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

1. (c)(8) Local Health Inspection-Date: 10-1-24

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. (c)(1-4) **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 (Schls-N/A)
 - 10(g)(8) Safe Sleep policy posted

STAFFING and CONSULTANTS 19a-79-4a

- 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 - 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
- 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)

	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"/>
- 33. 34. 35.

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	St Paul's CDC	LICENSE NUMBER	16808	DATE OF INSPECTION	5-15-25
---------------------	---------------	-----------------------	-------	---------------------------	---------

RECORD KEEPING 19a-79-5a		
<input checked="" type="checkbox"/>	36.	(a)(1)(A-C) Children's Enrollment information
<input checked="" type="checkbox"/>	37.	<u>PARENT PERMISSIONS</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B) Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C) Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E) Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A) Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B) Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D) Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4) Video recordings- keep 30 days

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) <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 (N/A)

PHYSICAL PLANT 19a-79-7a		
<input checked="" type="checkbox"/>	62.	(a)(2) Fire marshal codes/certificate 10-1229
<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) <u>WATER SUPPLY</u> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(B) Lead Water Test - Date: 7-3-024
<input checked="" type="checkbox"/>		(c)(5)(C) Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>	70.	(c)(6)(A) <u>LEAD PAINT</u> - Building Pre-78: Y/N Lead Test: Y/N Results: no lead
<input checked="" type="checkbox"/>		(c)(6)(B-D) Lead Management Plan
<input checked="" type="checkbox"/>		Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.		
<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) <u>SMOKING</u>
<input checked="" type="checkbox"/>	81.	(d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	82.	(d)(9) Matches/lighters inaccessible
<input checked="" type="checkbox"/>		(d)(10)(A) Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>		(d)(10)(B) <u>TOILETING</u>
<input checked="" type="checkbox"/>		(d)(10)(C) Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(d)(10)(C) Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(E) Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(E) 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"/>	83.	(d)(11) Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(1) <u>AIR TEMPERATURE</u>
<input checked="" type="checkbox"/>		(e)(2) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>		(e)(3) Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(e)(4) Water temperature 60°F-120°F
<input checked="" type="checkbox"/>		(e)(5) Portable space heaters prohibited
<input checked="" type="checkbox"/>		(e)(5) <u>WALLS/CEILINGS/FLOORS/RUGS</u>
<input checked="" type="checkbox"/>		(e)(6) Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>		(e)(7) Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		(e)(7) Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		(e)(7) <u>TELEPHONE/TELEPHONE NUMBERS</u>
<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) <u>LIGHTING</u>
<input checked="" type="checkbox"/>		(e)(9) 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: 3.2 (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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	St Paul's CDC	LICENSE NUMBER	16808	DATE OF INSPECTION	5/15/25
---------------------	---------------	-----------------------	-------	---------------------------	---------

PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
---------------------------------------	--

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<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.		OUTDOOR PROTECTED/FENCED
<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.		WATER HAZARDS
<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)	EDUCATIONAL REQUIREMENTS
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

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

<input type="checkbox"/>	128.	(e)(2)	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
<input type="checkbox"/>		(e)(3)	
<input type="checkbox"/>		(e)(4)	
<input type="checkbox"/>		(e)(5)	
<input type="checkbox"/>		(e)(6-9)	
<input type="checkbox"/>		(e)(7)	
<input type="checkbox"/>		(e)(8)	
<input type="checkbox"/>		(e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
<input type="checkbox"/>		(f)(2)	
<input type="checkbox"/>		(f)(3)	
<input type="checkbox"/>		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	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-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 - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation 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)
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(1)	
<input type="checkbox"/>		(g)(2)	
<input type="checkbox"/>		(g)(3)	
<input type="checkbox"/>		(g)(4)	
<input type="checkbox"/>		(g)(5)	
<input type="checkbox"/>		(g)(6)	
<input type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
<input type="checkbox"/>		(h)(1)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.		
<input type="checkbox"/>		(j)	
<input type="checkbox"/>		(k)(1)	
<input type="checkbox"/>		(k)(2)	
<input type="checkbox"/>		(k)(3)	
<input type="checkbox"/>		(k)(4)	
<input type="checkbox"/>		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input type="checkbox"/>	140.	(b)	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
<input type="checkbox"/>	141.	(c)	
<input type="checkbox"/>		(c)(1)	
<input type="checkbox"/>		(c)(2)	
<input type="checkbox"/>		(c)(3)	
<input type="checkbox"/>	143.	(d)	
<input type="checkbox"/>	144.	(e)	

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

PROGRAM NAME	St Paul's CDC	LICENSE NUMBER	16808	DATE OF INSPECTION	5-15-25
--------------	---------------	----------------	-------	--------------------	---------

SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 Y/N
----------------------------------	--------------------------------------

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	(c)	Written daily program plan-flexible schedule- available to staff/parents
	(c)(1)	Activities not a duplication of child's day
	(c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	(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.	(e)	Group size- max. 30
<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

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

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

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	(a)(2)	Admin/Parent permission/report errors
	(a)(3)(A-B)	Labeling and Storage
	(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	(b)(1)(A/C)	Medication training-general-oral/top/inhalant
	(b)(1)(D)	Injectable premeasured autoinjector medication
	(b)(1)(E)	Rectal medication
	(b)(1)(F)	Injectable other than premeasured auto-injector
	(b)(2)(A-B)	Training approval documents/certificates
	(b)(2)(C)	Training outline on file
<input checked="" 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

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
--	---	--

DISCUSSIONS/COMMENTS

New regulations
 Provided Policy Checklist (highlighting changes that need updates)

Signature of OEC staff	Cathy Anderson
Printed Name	Cathy Anderson

Signature of person in charge	K. Williams
Printed Name	Karen Williams

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: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 5/29/25
CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St Paul's Child Development Center License # 16808 Date: 5/5/25

Observations/Corrections needed:

Regulation not in compliance where:

35 (i)-(i)(2)(A-H) - Educator and Health consultant agreements are not complete with services and Educator agreement is expired.

38-2 out of 10 Child health records are not complete (Part 2 - bottom question)

90 - hot water pipes exposed in large room

109 - large wooden climber (has a rock wall, ladder and slide) does not have shock absorbing materials under or around. It is surrounded by a carpet.

111 - Swings - 4-5 hooks not closed, metal stair case is chipping large pieces of rust and it is on the ground where children play and door on top of stairs is warped and splitting and the ball chute has rust on pipe and is split at child's level.

161 - 2 forms have parent section not complete (boxes are not checked)

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: Cathy Anderson
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Karen Williams
(Person in Charge)

OEC BY: 5/29/25

Print Name: Karen Williams