

**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:	CIFC/HSNFC Head Start	Date of Inspection:	5/15/25	Time of Arrival:	9:00
Address:	37 Foster St.	License Number:	166641	Expiration Date:	11/30/28
Town:	Danbury, CT 06810	Telephone Number:	203-743-3993	Summer Care:	Open
Operator:	Connecticut Institute for Communities	# of Staff Present:	29	# over 3 Present:	123
Email:	SCOTTR@cifc.org	Total Capacity:	240	Total Under 3 capacity:	40
Designated Director:	Robin Scott	Hours/Days of Operation:	M-F 7:30 - 5:30	# under 3 Present:	18
				Ages Served:	6wks - 4y

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: 9/29/23

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMLETE/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff-keep 1 yr.
<input type="checkbox"/> 13.	<b>ACCESS</b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Sehls-N/A)
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted

<input checked="" type="checkbox"/> 19.	(a)(1)
<input checked="" type="checkbox"/> 20.	(a)(3)
<input checked="" type="checkbox"/> 21.	(b)
<input checked="" type="checkbox"/> 21a.	(b)(2)
<input checked="" type="checkbox"/> 22.	(b)(4)
<input checked="" type="checkbox"/> 23.	(d)
<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)
<input checked="" type="checkbox"/> 25.	(d)(2)
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)
<input checked="" type="checkbox"/> 27.	
<input checked="" type="checkbox"/> (d)(4)(A)	
<input checked="" type="checkbox"/> (d)(4)(B)	
<input checked="" type="checkbox"/> (d)(6)	
<input checked="" type="checkbox"/> 28.	(d)(4)(D)
<input checked="" type="checkbox"/> 29.	
<input checked="" type="checkbox"/> (d)(5)	
<input checked="" type="checkbox"/> (d)(5)(A)	
<input checked="" type="checkbox"/> (d)(5)(B)	
<input checked="" type="checkbox"/> (e)(1)	
<input checked="" type="checkbox"/> 30.	(f)(1)
<input checked="" type="checkbox"/> 31.	(f)(2)
<input checked="" type="checkbox"/> 32.	
<input checked="" type="checkbox"/> 33.	
<input checked="" type="checkbox"/> (a)(2)	
<input checked="" type="checkbox"/> (h)(1)	
<input checked="" type="checkbox"/> (h)(2)	
<input checked="" type="checkbox"/> (4)(C)(ii-v)	
<input checked="" type="checkbox"/> (4)(C)(i)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (e)(6)	
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	
<input checked="" type="checkbox"/> (i) -	
<input checked="" type="checkbox"/> (i)(2)(A-H)	
<input checked="" type="checkbox"/> (F)	
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Past employment history  
Evidence of compliance with bknd cks/history  
Adequate staffing  
Designated head teacher-approved-60%  
Two staff present-age 18 or older  
Personal qualities of staff

**RATIOS**  
Ratio 1:10 - Indoors/Outdoors  
Mixed age group  
Nap time ratio  
Supervision-Indoors/Outdoors

**GROUP SIZE**  
Group Size-Indoors/Outdoors  
Group Size-school age field trips/outdoors  
Mixed age group-group size  
Designated director-training  
CPR certified program staff  
First aid certified program staff

**PROFESSIONAL DEVELOPMENT**  
Documentation of prof. dev/trainings  
Health & Safety training  
1% annual hours

**SWIMMING ACTIVITIES - Y/N**  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

**CONSULTANTS**  
Consultants-Education, Health, Social Service, Dietitian (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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>PROGRAM NAME</b>	CITYHSNF Head Start	<b>LICENSE NUMBER</b>	16641	<b>DATE OF INSPECTION</b>	5/15/25
<b>RECORD KEEPING 19a-79-5a</b>			<b>PHYSICAL PLANT 19a-79-7a cont.</b>		
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) <input checked="" type="checkbox"/> 37. (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) <input checked="" type="checkbox"/> 38. (a)(2)(A-B) <input checked="" type="checkbox"/> 39. (a)(2)(C) <input checked="" type="checkbox"/> 40. (a)(2)(E) <input checked="" type="checkbox"/> 41. (a)(3)(A) <input checked="" type="checkbox"/> 42. (a)(3)(B) <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) <input checked="" type="checkbox"/> 44. (a)(3)(D) <input checked="" type="checkbox"/> 45. (a)(4)	Children's Enrollment information <b>PARENT PERMISSIONS</b> 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"/> 71. (d)(1) <input checked="" type="checkbox"/> 72. (d)(2) <input checked="" type="checkbox"/> 73. (d)(3) <input checked="" type="checkbox"/> 74. (d)(3) <input checked="" type="checkbox"/> 75. (d)(4) <input checked="" type="checkbox"/> 76. (d)(5) <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) <input checked="" type="checkbox"/> 78. (d)(7) <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9) <input type="checkbox"/> 82. (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) <input checked="" type="checkbox"/> 83. (d)(11) <input checked="" type="checkbox"/> 84. (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> 86. (e)(4) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6) <input checked="" type="checkbox"/> 90. (e)(7) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10) <input checked="" type="checkbox"/> 95. (e)(11) <input checked="" type="checkbox"/> 96. (e)(12) <input checked="" type="checkbox"/> 97. (e)(13) <input checked="" type="checkbox"/> 98. (e)(14-15) <input checked="" type="checkbox"/> 99. (e)(16) <input checked="" type="checkbox"/> 100. (e)(17) <input checked="" type="checkbox"/> 101. (e)(18) <input checked="" type="checkbox"/> 102. (f)(1)(A) <input checked="" type="checkbox"/> 103. (g)(1) <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. (g)(2) <input checked="" type="checkbox"/> 106. (g)(3) <input checked="" type="checkbox"/> 107. (g)(4)	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected <b>TOILETING</b> Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible <b>AIR TEMPERATURE</b> Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough 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 Measures to prevent vermin Radon test- Results: <u>.6 1/1/19</u> (Schts-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, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-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. (a)(1) <input checked="" type="checkbox"/> 47. (a)(2) <input checked="" type="checkbox"/> 48. (a)(3) <input checked="" type="checkbox"/> 49. (a)(4) <input checked="" type="checkbox"/> 50. (a)(5) <input checked="" type="checkbox"/> 51. (a)(6) <input checked="" type="checkbox"/> 52. (a)(7) <input checked="" type="checkbox"/> 53. (a)(8) <input checked="" type="checkbox"/> 54. (a)(9) <input checked="" type="checkbox"/> 55. (a)(10) <input checked="" type="checkbox"/> 56. (a)(11) <input checked="" type="checkbox"/> 57. (b)(1) <input checked="" type="checkbox"/> 58. (b)(2) <input type="checkbox"/> 59. (c) <input 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>4/7/25</u> (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier <b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.			
<b>PHYSICAL PLANT 19a-79-7a</b>					
<input checked="" type="checkbox"/> 62. (a)(2) <input checked="" type="checkbox"/> 63. (b) <input checked="" type="checkbox"/> 64. (b)(1)-(5) <input checked="" type="checkbox"/> 65. (b)(6) <input type="checkbox"/> 66. (c)(2) <input checked="" type="checkbox"/> 67. (c)(3) <input checked="" type="checkbox"/> 68. (c)(4) <input checked="" type="checkbox"/> 69. (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> 70. (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	Fire marshal codes/certificate <u>10/11/24</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 Building/Equipment/Furnishings-sanitary, hazard free <u>SA Only</u> (N/A) Testing of premises/grounds for chemicals <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: <u>4/22/23</u> Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____ Peeling Paint - Y/N Inside/Outside	<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**

<b>PROGRAM NAME</b>	CIFE/HSNF Head Start	<b>LICENSE NUMBER</b>	16641	<b>DATE OF INSPECTION</b>	5/15/25
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**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"/>	128.			<b>DIAPERING cont.</b>
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around	<input checked="" type="checkbox"/>		(e)(2)		Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm	<input checked="" type="checkbox"/>		(e)(3)		Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>	<input checked="" type="checkbox"/>		(e)(4)		Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child	<input checked="" type="checkbox"/>		(e)(5)		Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"	<input checked="" type="checkbox"/>		(e)(6-9)		Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards	<input checked="" type="checkbox"/>		(e)(7)		Handwashing-staff/children
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected	<input checked="" type="checkbox"/>		(e)(8)		Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/>		(e)(10)(A-C)		Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request	<input checked="" type="checkbox"/>	129.	(f)(1)		<b>LINENS/CLOTHING</b>
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible	<input checked="" type="checkbox"/>		(f)(2)		Linens/emergency clothing available
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous	<input checked="" type="checkbox"/>		(f)(3)		Linens washed weekly or as needed
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>	<input checked="" type="checkbox"/>	130.	(f)(4)		Linens/clothing stored individually
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards	<input checked="" type="checkbox"/>		(g)(1)		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft	<input checked="" type="checkbox"/>		(g)(1)		<b>SAFE SLEEP</b>
<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"/>		(g)(1)		Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)	<input checked="" type="checkbox"/>		(g)(2)		Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>	<input checked="" type="checkbox"/>		(g)(3)		Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61	<input checked="" type="checkbox"/>		(g)(4)		Infants allowed to adopt other sleep positions
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited	<input checked="" type="checkbox"/>		(g)(5)		No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/>		(g)(6)		No unapproved sleeping-car seats/swings/beds, etc.

**EDUCATIONAL REQUIREMENTS 19a-79-8a** **131.**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents	<input checked="" type="checkbox"/>	131.		
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>	<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors	<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/>		(h)(2)	

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


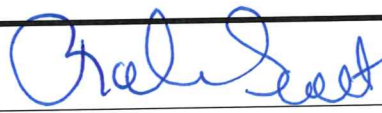
<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/>	137.		
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/>		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/>		(j)	

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

<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors	<input checked="" type="checkbox"/>	138.		
<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"/>		(l)(1)	
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input checked="" type="checkbox"/>		(l)(2)	
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots	<input checked="" type="checkbox"/>		(l)(3)	
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities	<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free	<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>	128.	(e)(1)	<b>DIAPERING</b>	<input checked="" type="checkbox"/>		(k)(5)	
			Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/>		(l)(1)	

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement	<input type="checkbox"/>	143.		
<input type="checkbox"/>	141.	(c)	<b>SCHEDULE - ACTIVITIES</b>	<input type="checkbox"/>		(d)	
			Written daily program plan-flexible schedule- available to staff/parents	<input type="checkbox"/>		(e)	
			Activities not a duplication of child's day	<input type="checkbox"/>			
			Activities include cognitive, physical, social, emotional needs of the children	<input type="checkbox"/>			
			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events	<input type="checkbox"/>			
			Ratio- 1:15	<input type="checkbox"/>			
			Group size- max. 30	<input type="checkbox"/>			

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<b>PROGRAM NAME</b>	CFC/HSPFC Head Start	<b>LICENSE NUMBER</b>	116641	<b>DATE OF INSPECTION</b>	5/15/25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y/N <input checked="" type="checkbox"/>		<b>MONITORING OF DIABETES 19a-79-13</b> Y/N <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)		Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily	
<input checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)			
		<input checked="" type="checkbox"/> (b)(1)(B)			
		<input checked="" type="checkbox"/> (i)-(iii)			
		<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 checked="" type="checkbox"/> 173. (d)(1)			
		<input checked="" type="checkbox"/> 174. (d)(2)			
		<input checked="" type="checkbox"/> 175. (d)(3)			
		<input checked="" type="checkbox"/> 176. (d)(3)			
		<input checked="" type="checkbox"/> 177. (e)(1)			
		<input checked="" type="checkbox"/> 178. (e)(2)			
		<input checked="" type="checkbox"/> 179. (e)(3)			
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> Y/N <input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> 147. (b)	Approved Night Care Endorsement				
<input checked="" type="checkbox"/> 148. (b)(1)	Person in charge-head teacher				
<input checked="" type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities				
<input checked="" type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation				
<input checked="" type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24				
<input checked="" type="checkbox"/> 152. (b)(5)	Staff awake and available				
<input checked="" type="checkbox"/> 153. (b)(6)	<b>SLEEP PROVISIONS</b>				
<input checked="" type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding				
<input checked="" type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled				
<input checked="" type="checkbox"/> (b)(6)(C)	Required bedding				
<input checked="" type="checkbox"/> (b)(6)(D)	Required toiletries				
<input checked="" type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly				
<input checked="" type="checkbox"/> (b)(7)	Sleep arrangements for infants				
<input checked="" type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft				
<input checked="" type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified				
<input checked="" type="checkbox"/> 156. (b)(10)	Local health approval				
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y/N <input checked="" type="checkbox"/>		<b>ADDITIONAL VIOLATION</b>			
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - NIA	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes				
<input checked="" type="checkbox"/> 159. (a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b>				
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors				
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/> (b)(1)(D)	<b>MEDICATION TRAINING</b>				
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication				
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file				
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation				
	Petition for special medication authorization				
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				
<b>Signature of OEC staff</b>				<b>Signature of person in charge</b>	
<b>Printed Name</b>		Krisi Morgan			
				Robin Scott	
<b>OEC DIVISION OF LICENSING</b>		Inspection shall be posted or available for review upon request.			
450 Columbus Blvd, Suite 302, Hartford, CT 06103		Written Corrective Action Plan		Due by: 5/29/25	
Help Desk: (800)282-6063 or (860)500-4450		CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/</a>			
Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>					

**DISCUSSIONS/COMMENTS**

- policies to be updated/created to reflect updated regulations adopted on 10/2024

- 1 child's file missing authorized release

- substitutes in room 125 did not know where emergency seizure medication was located.

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: CIFC/HSNFC Head Start License # 116641 Date: 5/15/25

Observations/Corrections needed:

- ~~72 - Staff attendance not available for review. OK (km)~~
- 40 - Observed 8 individual care plans not signed by at least 1 staff working in the classroom (5 - in room <sup>125</sup>; 1 in room 110; 1 in room 102; 1 in room 123).
- 59 - 1st Aid kit missing required items (thermometer in room 110; CPR barrier + thermometer in room 113).
- 46 - Observed light table tops unsecured in rooms 110 + 102; Chairs on top of cots in room 113; Clutter piled unsafely in room 100; Car carpet posing tripping hazard in room 1.
- 78 - Observed cots stacked in hallway with bedding touching.
- 82 - Mechanical ventilation in bathrooms does not appear to be working.
- 83 - Observed staff bags accessible in rooms 110, 113 + 1.

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: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]  
(Person in Charge)

OEC BY: 5/29/25

Print Name: [Signature] John Scott