

**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:	Town and Country Early Learning Center	Date of Inspection:	5.16.25	Time of Arrival:	9:50 am
Address:	1137 West St.	License Number:	10398	Expiration Date:	7/31/25
Town:	Southington 06489	Telephone Number:	800-428-7900	Summer Care:	open
Operator:	Pumpkin Patch child care of Southington	# of Staff Present:	15	# over 3 Present:	27
Email:	joe@townandcountryelc.com	Total Capacity:	155	Total Under 3 capacity:	80
Designated Director:	Valbona Mukollari	Hours/Days of Operation:	M-F 6:30 am to 6:00 pm		

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: 2/21/23

**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. (d)(2)(A) 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)

**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
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training \*
  - (h)(2) 1% annual hours
- 33. 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
- 34. CONSULTANTS \*
  - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
  - (i) - Consultant agreements-signed annually-agreements complete w/required services
  - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
  - (F) Consultant visits- Education/Health
- 35. (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	

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

<b>PROGRAM NAME</b>	Town and Country <u>Early Learning</u> Center	<b>LICENSE NUMBER</b>	16398	<b>DATE OF INSPECTION</b>	5-16-25
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**RECORD KEEPING 19a-79-5a**

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

**PHYSICAL PLANT 19a-79-7a cont.**

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. **SMOKING**
  - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
  - (d)(8) Matches/lighters inaccessible
  - (d)(9) Electrical safety - outlets inaccessible - covered or protected

**HEALTH and SAFETY 19a-79-6a**

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59.  (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) **FIRST AID SUPPLIES**-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

- 81. (d)(9)
- 82.
  - (d)(10)(A) Shared toilets/sinks-supervision plan
  - (d)(10)(B) Toileting needs met
  - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
  - (d)(10)(C) Required toilets/sinks-1:16
  - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
  - (d)(10)(E) Handwashing staff/children
  - (d)(10)(F) Toilets/sinks located at the facility
  - (d)(10)(G) Well lighted/ventilated toilet rooms
  - (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
  - (d)(11) Staff personal articles inaccessible
- 83. **AIR TEMPERATURE**
  - (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
  - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
  - (e)(3) Water temperature 60°F-120°F
  - (e)(4) Portable space heaters prohibited
- 84. **WALLS/CEILINGS/FLOORS/RUGS**
  - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
  - (e)(5) Rugs- not a tripping/slipping hazard
  - (e)(6) Hot water/Steam pipes protected
- 86. **TELEPHONE/TELEPHONE NUMBERS**
  - (e)(7) Working phone on each level
  - (e)(7) Emergency numbers posted-adjacent to phones
  - (e)(7) Parents provided direct on site phone number
- 87. **LIGHTING**
  - (e)(8) All areas min. 1 foot candle of lighting
  - (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
  - (e)(9) Enough lighting for comfort
  - (e)(9) Light fixtures shielded/shatter proof
  - (e)(10) Potentially hazardous substances, materials labeled, inaccessible
  - (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
  - (e)(12) Stairs-protected/good repair-handrails
  - (e)(13) Toxic plants/materials inaccessible
  - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 88. **MEASURES TO PREVENT VERMIN**
  - (e)(16) Radon test- Results: 23 (Schls-N/A)
  - (e)(17) Carbon monoxide detector-each level N/A
  - (e)(18) Program space-adequate-35 sq. ft. per child
  - (f)(1)(A) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- 90. Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 91. Air conditioners/water heaters/fuse boxes inaccessible
- 94. Developmentally app equipment, materials

**PHYSICAL PLANT 19a-79-7a**

- 62. (a)(2) Fire marshal codes/certificate 219124
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. **WATER SUPPLY** - Public/Well (Schools-N/A)
  - (c)(5)(A) Lead Water Test - Date: 5/23/24 \*
  - (c)(5)(B) Bact./Chem Test-Date: \_\_\_\_\_ (N/A)
  - (c)(5)(C) Drinking water available/accessible
- 70. **LEAD PAINT** -
  - (c)(6)(A) Building Pre-78: Y/N N Lead Test: Y/N N Results \_\_\_\_\_
  - (c)(6)(B-D) Lead Management Plan n/a
  - Peeling Paint - Y/N N Inside/Outside

- 95. (e)(10)
- 96. (e)(11)
- 97. (e)(12)
- 98. (e)(13)
- 99. (e)(14-15)
- 100. (e)(16)
- 101. (e)(17)
- 102. (e)(18)
- 103. (f)(1)(A)
- 104. (g)(1)
- 105. (g)(2)
- 106. (g)(3)
- 107. (g)(4)

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>			<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>		
<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls	128.	<input checked="" type="checkbox"/> (e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around		<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm		<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/> 111.		<b>OUTDOOR SPACE</b>		<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child		<input checked="" type="checkbox"/> (e)(6-9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"		<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards		<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected		<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried	<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	<b>LINENS/CLOTHING</b>
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/> 112.		<b>OUTDOOR PROTECTED/FENCED</b>	<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards		<input checked="" type="checkbox"/> (g)(1)	<b>SAFE SLEEP</b>
	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
	<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)(2)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)		<input checked="" type="checkbox"/> (g)(3)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/> 114.		<b>WATER HAZARDS</b>		<input checked="" type="checkbox"/> (g)(4)	Infants allowed to adopt other sleep positions
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)		<input checked="" type="checkbox"/> (g)(5)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited		<input checked="" type="checkbox"/> (g)(6)	No unapproved sleeping-car seats/swings/beds, etc.
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)		<input checked="" type="checkbox"/> (g)(7)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>			<input checked="" type="checkbox"/> 131.	<input checked="" type="checkbox"/> (g)(8)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents		<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/> 116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>	<input checked="" type="checkbox"/> 135.	<input checked="" type="checkbox"/> (h)(1)	Safe sleep policies - parents informed
	<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"/> 136.	<input checked="" type="checkbox"/> (h)(2)	<b>TOYS AND OTHER OBJECTS</b>
	<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)	Infant toys-separate/washed/sanitized daily
<b>UNDER THREE ENDORSEMENT 19a-79-10</b>			<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (i)(1)(2A-C)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement		<input checked="" type="checkbox"/> (j)	No toys/objects less than 1 ¼ " diameter
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)	<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(1)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)	<input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (k)(2)	Health consultant visits/documentation
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors		<input checked="" type="checkbox"/> (k)(3)	<b>FEEDING</b>
<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"/> (k)(4)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC	<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(5)	Written feeding schedule from parent-updated
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots		(l)(1)	Unused formula/milk discarded after feedings
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray	<input checked="" type="checkbox"/> 138.	(l)(2)	Clean bottles/disposable bottles/appvd washing
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment	<input checked="" type="checkbox"/> 139.	(l)(3)	Baby food served from dish or whole jar
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities			Bottles labeled with child's name
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free			Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/> 128.	<input checked="" type="checkbox"/> (e)(1)	<b>DIAPERING</b> Diaper area: elevated/sturdy/safety rail			Outdoor equipment-developmentally appropriate for ages of the children
<b>UNDER THREE ENDORSEMENT 19a-79-10</b>			<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>		
<input checked="" type="checkbox"/> 140.	(b)	Approved Under 3 Endorsement	<input checked="" type="checkbox"/> 140.	<input checked="" type="checkbox"/> (c)	<b>SCHEDULE - ACTIVITIES</b>
<input checked="" type="checkbox"/> 141.	(c)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)		<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/> 142.	(c)(2)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 143.	(d)	Physical barriers separating each group of children- indoors/outdoors	<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 144.	(e)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep			Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 145.	(e)(1)	Cribs/Pack-n-Plays -in compliance w/CPSC			Ratio- 1:15
<input checked="" type="checkbox"/> 146.	(e)(2)	Washable cots			Group size- max. 30
<input checked="" type="checkbox"/> 147.	(e)(3)	Chairs for feeding-stable base-safety straps-locking tray			
<input checked="" type="checkbox"/> 148.	(e)(4)	Dev. appropriate tables/chairs/equipment			
<input checked="" type="checkbox"/> 149.	(e)(5)	Refrigerator and food prep facilities			
<input checked="" type="checkbox"/> 150.	(e)(6)	Optional furniture/equip-safe/hazard free			
<input checked="" type="checkbox"/> 151.	(e)(7)	<b>DIAPERING</b>			
<input checked="" type="checkbox"/> 152.	(e)(8)	Diaper area: elevated/sturdy/safety rail			

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>	<b>MONITORING OF DIABETES 19a-79-13</b> <span style="float:right">Y/N <input checked="" type="checkbox"/></span>
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<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 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 type="checkbox"/>	172.	(b)(1)(A)	
		(b)(1)(B)	
		(i)-(iii)	
		(b)(2)	
		(b)(3)	
		(c)(2)	
<input type="checkbox"/>	173.	(c)(3)	
<input type="checkbox"/>	174.	(d)(1)	
<input type="checkbox"/>	175.	(d)(2)	
<input type="checkbox"/>	176.	(d)(3)	
<input type="checkbox"/>	177.	(e)(1)	
<input type="checkbox"/>	178.	(e)(2)	
<input type="checkbox"/>	179.	(e)(3)	

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

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
		<input type="checkbox"/>	(b)(6) Individual cot/crib with bedding
		<input type="checkbox"/>	(b)(6)(A) Sleeping apparel/toiletries labeled
		<input type="checkbox"/>	(b)(6)(B) Required bedding
		<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** 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.		<b>NONPRESC. TOPICAL MEDICATION</b>
		<input checked="" type="checkbox"/>	(a)(2) Admin/Parent permission/report errors
		<input checked="" type="checkbox"/>	(a)(3)(A-B) Labeling and Storage
		<input checked="" type="checkbox"/>	(a)(3)(C) Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		<input checked="" type="checkbox"/>	(b)(1)(A/C) Medication training-general-oral/top/inhalant
		<input checked="" type="checkbox"/>	(b)(1)(D) Injectable premeasured autoinjector medication
		<input checked="" type="checkbox"/>	(b)(1)(E) Rectal medication
		<input checked="" type="checkbox"/>	(b)(1)(F) Injectable other than premeasured auto-injector
		<input checked="" type="checkbox"/>	(b)(2)(A-B) Training approval documents/certificates
		<input checked="" type="checkbox"/>	(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 (N/A)

**ADDITIONAL VIOLATION**

<input type="checkbox"/>	180.	- n/a	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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**DISCUSSIONS/COMMENTS**

\* items new regulations / Discussed

-complaint procedure provided.

-policies to be updated to reflect new regulations

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

<b>Signature of OEC staff</b>	Betty mayer
<b>Printed Name</b>	Betty Mayer

<i>Valbona Mukollari</i>	<b>Signature of person in charge</b>
<i>Valbona Mukollari</i>	<b>Printed Name</b>

**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](http://www.ctoec.org/licensing) Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by:	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>
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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: TOWN and Country License # 16398 Date: 5.16.25  
Early Learning Center

Observations/Corrections needed:

Program not in compliance when...

#1 local health inspection expired.

#66 Observed unclean microwaves in Room 6, 7, 8 and 9B. Observed unclean refrigerators in Room 6 and 8.

#109 Observed indoor climbing equipment without impact absorbing material in or around in Room 5F and Gross motor room.

#130(g)(8) safe sleep policy posted in infant classrooms missing all required components. Parents to be informed.

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: Betty Mayer  
(OEC Representative)

Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 5.30.25

Signature: Valbona Mukollari  
(Person in Charge)

Print Name: Valbona Mukollari