

**CHILD CARE CENTER/GROUP CHILD CARE HOME
SCHOOL AGE ONLY INSPECTION FORM**

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

Program Name:	Porter's House	Date of Inspection:	5.22.25	Time of Arrival:	1:15 pm
Address:	541 Wolcott St.	License Number:	70688	Expiration Date:	11/31/27
Town:	Waterbury 06705	Telephone Number:	203-527-7813	Summer Care:	open
Operator:	Porter's House Inc.	# of Staff Present:	3	# children Present:	9
Email:	cheryl@portershouse.org	Ages Served:	5-12 years	Total Capacity:	25
Designated Director:	Cheryl Porter	Days of Operation:	M-F	Hours of Operation:	7-8:15 am 12-5:30 pm

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 12/19/22

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 1. (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. (a)	POLICIES-COMLETE/IMPLEMENTED
<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 checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13. (f)	ACCESS
<input checked="" type="checkbox"/> (h)	Immediate access by parents
<input checked="" type="checkbox"/> 15. (m)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 17. (o)	Capacity
<input checked="" type="checkbox"/> 18. (a)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 3a(e)(1)	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(2)	License posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(e)(3)	Administrative Oversight Policy ★
<input checked="" type="checkbox"/> 3a(e)(4)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(5)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 7a(e)(17)	OEC Inspection report posted or available
	Radon test posted (Schls-N/A)

19. (a)(1)

20. (a)(3)

21. (b)

21a. (b)(2)

22. (b)(4)

23. (d)

25. (d)(2)

26. (d)(3)(A-C)

28. (d)(4)(D)

29. (d)(5)(A)

30. (e)(1)

31. (f)(1)

32. (f)(2)

33. (a)(2)

(h)(1)

(h)(2)

34. (4)(C)(ii-v)

(4)(C)(i)

(e)(6)

(e)(6)

35. (i)(1)(A)-(D)

(i) - (i)(2)(A-H)

(F)

(i)(2)

(H)(i)-(I)(i)

Staff health records

Disciplinary actions

Comprehensive Background Checks

Past employment history

Evidence of compliance -with bknd cks/history

Adequate staffing

Two staff present-age 18 or older

Personal qualities of staff

Supervision-Indoors/Outdoors

Group Size-school age field trips/outdoors

Designated director-training

CPR certified program staff

First aid certified program staff

PROFESSIONAL DEVELOPMENT

Documentation

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	exp.	✓	✓
Health	✓	✓	✓
Soc. Serv.	exp.	✓	
Dietitian	n/a	✓	

PROGRAM NAME	Porter's House	LICENSE NUMBER	70688	DATE OF INSPECTION	5.22.25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input type="checkbox"/>	37.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		(a)(1)(D)(i)	Emergency medical permission
<input type="checkbox"/>		(a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		(a)(1)(D)(iii)	Field trip permission
<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 type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input 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"/>	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 type="checkbox"/>	59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input 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 type="checkbox"/> (d)	FIRST AID SUPPLIES -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 <u>718124</u>
<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"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input type="checkbox"/>	69.	<input type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>11/30/22</u>
		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
			LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y(N) Results _____
			Lead Management Plan <u>n/a</u>
<input checked="" type="checkbox"/>	71.	<input checked="" type="checkbox"/> (c)(6)(B-D)	Peeling Paint - Y(N) Inside/Outside
<input checked="" type="checkbox"/>	72.	(d)(2)	Emergency vehicle access
<input checked="" type="checkbox"/>	73.	(d)(3)	Walkways maintained
<input checked="" type="checkbox"/>	76.	(d)(5)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Overhead doors-locks/spring protectors (N/A)
			Exits, stairs, hallways unobstructed

<input checked="" type="checkbox"/>	79.	(d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
			TOILETING
<input checked="" type="checkbox"/>	82.	<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)(D)	Required toilets/sinks-1:25
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(F)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(G)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(H)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	83.	(d)(11)	Mechanical ventilation (after 1/1/94)(Grp Homes N/A)
<input checked="" type="checkbox"/>	84.		Staff personal articles inaccessible
		<input checked="" type="checkbox"/> (e)(1)	AIR TEMPERATURE
		<input checked="" type="checkbox"/> (e)(2)	Air temp < 65°F comfortable
		(e)(4)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>	86.	(e)(6)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	90.		Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.		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"/>	94.		LIGHTING
		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
<input type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: <u>.3</u> (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials
<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.	<input checked="" type="checkbox"/> (h)(7)	OUTDOOR PROTECTED/FENCED
			Playground protected from traffic, water, gullies or other hazards
		<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)
			WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to DPH (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

PROGRAM NAME	Porter's House	LICENSE NUMBER	70688	DATE OF INSPECTION	5.22.25
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SCHOOL AGE ENDORSEMENT 19a-79-11	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y/N
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<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
	<input checked="" type="checkbox"/> (c)(1)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
	<input checked="" type="checkbox"/> (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 type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING
<input type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
	<input type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	<input type="checkbox"/> (i)-(iii)	Training updated at least every 3 years
	<input type="checkbox"/> (b)(2)	Written documentation of training
	<input type="checkbox"/> (b)(3)	Trained staff on site when child is present
	<input type="checkbox"/> (c)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 173.	(c)(3)	Equipment provided by parents
<input type="checkbox"/> 174.	(d)(1)	Equipment labeled and inaccessible
<input type="checkbox"/> 175.	(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> 176.	(d)(3)	Authorized prescriber written order
<input type="checkbox"/> 177.	(e)(1)	Written authorization from parent
<input type="checkbox"/> 178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input 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
	<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 type="checkbox"/> 160.		MEDICATION TRAINING
	<input type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input 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 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 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 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 updated complaint procedure provided. policies to be updated to reflect new regulations.

Signature of OEC staff	Betty Mayer
Printed Name	Betty Mayer

Signature of person in charge	Cheryl Porter
Printed Name	Cheryl Porter

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: 6/5/25
CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Porter's House License # 70688 Date: 5.22.25

Observations/Corrections needed:

Program not in compliance when...#1 local health inspection expired.#19 one staff health record not observed.#35 Education and social service consultant contracts expired. Education, social service and health consultant contracts missing all required services.#21 ~~Three staff missing complete background check in BCIS.~~ OK ✓#36 Doctor's name and phone number missing from enrollment.#37 (a)(1)(D) Authorized release missing from children's enrollment form.#69 Lead water test expired.#95 observed cleaning supplies accessible under bathroom sink in children's bathroom.

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: u/5/25Signature: Cheyl Porter
(Person in Charge)Print Name: Cheyl Porter

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Porter's House License # 70688 Date: 5-22-25

Observations/Corrections needed:

#160(b)(1)(A)(C)(b)(1)(D) Medication and epi^{pen} trained staff not observed. Children with medication enrolled.

#166 observed two expired inhalers and one expired epipen.

#161 Observed four expired medication authorizations. One medication authorization for child with albuterol not observed.

#2 observed three children to have asthma as indicated on physical form. No medication or care plan observed.

#40 Care plans for three children not observed. Three care plans missing staff signatures.

#59 First aid kit incomplete. Missing all required items.

Discussed: ① observed carpet in classrooms and hallway to be frayed in some areas. ② observed children watching TV and one child playing on phone.

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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

Signature: Cheryl Porter
(Person in Charge)OEC BY: 6/5/25Print Name: Cheryl Porter
Cheryl Porter