

**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:	Elle Emin Oh Pre	Date of Inspection:	5-24-25	Time of Arrival:	11:30am
Address:	1944 Boston Rd	License Number:	70187	Expiration Date:	8-31-26
Town:	Bridgeport	Telephone Number:	333-9740	Summer Care:	Open
Operator:	Elle Emin Oh Pre LLC	# of Staff Present:	5	# over 3 Present:	7
Email:	elleeminohpre@gmail.com	Total Capacity:	57	Total Under 3 capacity:	21
Designated Director:	Shanta Blacuborn	Hours/Days of Operation:	M-F 7am - 4:30pm		

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: 1-1-24

**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. **POLICIES-COMplete/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)
  - 20. (a)(3)
  - 21. (b)
  - 21a. (b)(2)
  - 22. (b)(4)
  - 23. (d)
  - 24. (d)(1)-(e)(2)
  - 25. (d)(2)
  - 26. (d)(3)(A-C)
  - 27. (d)(4)(A)
  - (d)(4)(B)
  - (d)(6)
  - 28. (d)(4)(D)
  - 29. (d)(5)
  - (d)(5)(A)
  - (d)(5)(B)
  - 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  
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  | N/A                                 | N/A                                 |                                     |

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

<b>PROGRAM NAME</b> <i>Elle Em Indh Pm</i>	<b>LICENSE NUMBER</b> <i>70187</i>	<b>DATE OF INSPECTION</b> <i>5-29-25</i>
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**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<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

**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.		<b>SMOKING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>	<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.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 88.		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	<b>LIGHTING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(13)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(14-15)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(16)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(17)	Measures to prevent vermin
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(18)	Radon test- Results: <u>0.6</u> (Schls-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (f)(1)(A)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(1)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(2)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(3)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

**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.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	<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
	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -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>4-8-25</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"/> 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.		<b>WATER SUPPLY</b> -Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>2-21-24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>NA</u>
	<input checked="" type="checkbox"/>	Lead Management Plan <u>NA</u>
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/> 95.	(e)(10)	
<input checked="" type="checkbox"/> 96.	(e)(11)	
<input checked="" type="checkbox"/> 97.	(e)(12)	
<input checked="" type="checkbox"/> 98.	(e)(13)	
<input checked="" type="checkbox"/> 99.	(e)(14-15)	
<input checked="" type="checkbox"/> 100.	(e)(16)	
<input checked="" type="checkbox"/> 101.	(e)(17)	
<input checked="" type="checkbox"/> 102.	(e)(18)	
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	
<input checked="" type="checkbox"/> 104.	(g)(1)	
<input checked="" type="checkbox"/> 105.	(g)(2)	
<input checked="" type="checkbox"/> 106.	(g)(3)	
<input checked="" type="checkbox"/> 107.	(g)(4)	

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

PROGRAM NAME: Elle Em In oh Pre LICENSE NUMBER: 70187 DATE OF INSPECTION: 5-29-25

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

108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls

109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around

110. (j) No weapons/no facsimile of a firearm

111. OUTDOOR SPACE  
 (h)(1) Adequate space- 75 sq. ft. per child  
 (h)(2) Shock absorbing surfaces-minimum 8"  
 (h)(3) Playground free from hazards  
 (h)(4) Nuts, bolts, screws-tight, covered/protected  
 (h)(5) Outside equipment anchored-anchors buried  
 (h)(6) New equip- cert playg. Inspection upon request  
 (h)(8) Drinking water available/accessible  
 (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous

112. OUTDOOR PROTECTED/FENCED  
 (h)(7) Playground protected from traffic, water, gullies or other hazards  
 (h)(7)(A) Fences installed to protect from hazards-4 ft  
 (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks  
 (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)

114. WATER HAZARDS  
 (i) Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)  
 (i) Wading pools prohibited  
 (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

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

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

117. (b) Approved Under 3 Endorsement

118. (c)(2) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)

119. (c)(3) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)

120. (c)(4) Physical barriers separating each group of children- indoors/outdoors

121. (d)(1)(A-C) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep

122. (d)(2)(Ai-iii) Cribs/Pack-n-Plays -in compliance w/CPSC

123. (d)(2)(B) Washable cots

124. (d)(2)(C) Chairs for feeding-stable base-safety straps-locking tray

125. (d)(2)(D) Dev. appropriate tables/chairs/equipment

126. (d)(2)(E) Refrigerator and food prep facilities

127. (d)(3)(A-C) Optional furniture/equip-safe/hazard free

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

128.  (e)(2)  
 (e)(3)  
 (e)(4)  
 (e)(5)  
 (e)(6-9)  
 (e)(7)  
 (e)(8)  
 (e)(10)(A-C)

129.  (f)(1)  
 (f)(2)  
 (f)(3)  
 (f)(4)

130.  (g)(1)  
 (g)(1)  
 (g)(1)  
 (g)(2)  
 (g)(3)  
 (g)(4)  
 (g)(5)  
 (g)(6)  
 (g)(7)  
 (g)(8)

131.  (h)(1)  
 (h)(1)  
 (h)(2)  
 (h)(2)

135. (i)(1)(2A-C)

136.  (j)  
 (k)(1)  
 (k)(2)  
 (k)(3)  
 (k)(4)  
 (k)(5)

137. (l)(1)

138. (l)(2)

139. (l)(3)

DIAPERING cont.  
 Diaper area: used only for this purpose, located in the program area  
 Diaper area: non-porous surface/good repair  
 Diaper area: washed/disinfected after use  
 Diaper area: disposable paper sheets  
 Covered waste receptacle-removed daily  
 Handwashing-staff/children  
 Diapering-Handwashing policies-posted/followed  
 Cloth diapers-written plan developed

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

SAFE SLEEP  
 Under 12 mths placed on back for sleeping  
 Crib-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)

Outdoor equipment-developmentally appropriate for ages of the children  
 Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

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

140. (b)

141.  (c)  
 (c)(1)  
 (c)(2)  
 (c)(3)

143. (d)

144. (e)

Approved Schl Age Endorsement  
SCHEDULE - ACTIVITIES  
 Written daily program plan-flexible schedule- available to staff/parents  
 Activities not a duplication of child's day  
 Activities include cognitive, physical, social, emotional needs of the children  
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events  
 Ratio- 1:15  
 Group size- max. 30

# CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Elle Em In Oh Pre</i>	LICENSE NUMBER <i>70187</i>	DATE OF INSPECTION <i>5-29-25</i>	
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SCHOOL AGE ENDORSEMENT 19a-79-11 <i>Y/N</i>		MONITORING OF DIABETES 19a-79-13 <i>Y/N</i>	
<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)
<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) (i)-(iii)

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <i>Y/N</i>			
<input type="checkbox"/>	147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173. (c)(3)
<input type="checkbox"/>	148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 174. (d)(1)
<input type="checkbox"/>	149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 175. (d)(2)
<input type="checkbox"/>	150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 176. (d)(3)
<input type="checkbox"/>	151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177. (e)(1)
<input type="checkbox"/>	152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 178. (e)(2)
<input type="checkbox"/>	153. (b)(6)	<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/> 179. (e)(3)
<input type="checkbox"/>	(b)(6)(A)	Individual cot/crib with bedding	
<input type="checkbox"/>	(b)(6)(B)	Sleeping apparel/toiletries labeled	
<input type="checkbox"/>	(b)(6)(C)	Required bedding	
<input type="checkbox"/>	(b)(6)(D)	Required toiletries	
<input type="checkbox"/>	(b)(7)	Bedding/sleeping apparel laundered weekly	
<input type="checkbox"/>	154. (b)(8)	Sleep arrangements for infants	
<input type="checkbox"/>	155. (b)(9)	Air temp 65 °F at 3 ft	
<input type="checkbox"/>	156. (b)(10)	Fire marshal approval-hours specified	
		Local health approval	

ADMINISTRATION OF MEDICATIONS 19a-79-9a <i>Y/N</i>		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/>	157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>
<input checked="" type="checkbox"/>	158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	
<input checked="" type="checkbox"/>	159. (a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>	
	<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)	<u>MEDICATION TRAINING</u>	
	<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	
		Authorized prescriber/parent permission	
		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 <i>(N/A)</i>	

DISCUSSIONS/COMMENTS	
<p><i>New regulations highlighted</i></p> <p><i>Provided Policy Checklist with highlighted items to be updated.</i></p>	
NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	

Signature of OEC staff	<i>Cathy Anderson</i>	Signature of person in charge	<i>Shanta Valdez</i>
Printed Name	<i>Cathy Anderson</i>	Printed Name	<i>Shanta Valdez</i>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 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>	Inspection shall be posted or available for review upon request.	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>
	Written Corrective Action Plan Due by: <i>6-13-25</i>	

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Elle Emlon Pre License # 70187 Date: 5/29/25

Observations/Corrections needed:

Regulation not in compliance when:  
116(b) - Infants had large TV screen on with Barney playing  
128(c)(3) - Toddler room diaper mat has small tears.

Discussed

Outlet not protected in infant room  
Kitchen set not secured

**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 Ann  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Shanta Vaples  
(Person in Charge)

OEC BY: 6-13-25

Print Name: Shanta Vaples