

**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:	Sankofa Learning Center	Date of Inspection:	5.28.25	Time of Arrival:	10:04 <del>5:28-25</del>
Address:	495 Blake St Suite 3	License Number:	70787	Expiration Date:	10.31.22
Town:	New Haven 06515	Telephone Number:	475-287-7133	Summer Care:	open
Operator:	Sankofa Learning Center Inc.	# of Staff Present:	2	# over 3 Present:	6
Email:	amelia@sankofalearningcenter.org	Total Capacity:	16	Total Under 3 capacity:	0
Designated Director:	Amelia Sherwood	Hours/Days of Operation:	M-F 8:30-5:00		

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**

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: <u>10-4-24</u>
<b>ADMINISTRATION 19a-79-3a</b>		
<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-COMplete/IMPLEMENTED</b>
<input checked="" type="checkbox"/> 12.	(d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> 13.	(d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> 14.	(d)(3)	Closing time policy
<input checked="" type="checkbox"/> 15.	(d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 22.	(f)	<b>ACCESS</b>
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 27.	(o)	Capacity
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 29.		<b>POSTINGS</b>
<input checked="" type="checkbox"/> 30.	3a(e)(1)	License posted
<input checked="" type="checkbox"/> 31.	3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 32.	3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 33.	3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 34.	3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 35.	3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 36.	3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 37.	7a(e)(17)	Radon Test posted (Schls-N/A)
<input checked="" type="checkbox"/> 38.	10(g)(8)	Safe Sleep policy posted

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		<b>RATIOS</b>
<input checked="" type="checkbox"/> 28.	(d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 29.	(d)(4)(B)	Mixed age group
<input checked="" type="checkbox"/> 30.	(d)(6)	Nap time ratio
<input checked="" type="checkbox"/> 31.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 32.		<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 33.	(d)(5)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 34.	(d)(5)(A)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 35.	(d)(5)(B)	Mixed age group-group size
<input checked="" type="checkbox"/> 36.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 37.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 38.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 39.		<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 40.	(a)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 41.	(h)(1)	Health & Safety training
<input checked="" type="checkbox"/> 42.	(h)(2)	1% annual hours
<input checked="" type="checkbox"/> 43.		<b>SWIMMING ACTIVITIES - Y<sup>N</sup></b>
<input checked="" type="checkbox"/> 44.	(4)(C)(ii-v)	Swimming-Ratios
<input checked="" type="checkbox"/> 45.	(4)(C)(i)	Non-swimmers identified
<input checked="" type="checkbox"/> 46.	(e)(6)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 47.	(e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 48.		<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> 49.	(i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 50.	(i) - (i)(2)(A-H)	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 51.	(F)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 52.	(i)(2)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> 53.	(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	na	na	<input checked="" type="checkbox"/>

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

<b>PROGRAM NAME</b>	Sankofa Learning Center	<b>LICENSE NUMBER</b>	70787	<b>DATE OF INSPECTION</b>	5.28.25
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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

**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>9-19-24</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>6-5-24</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: <u>Y/N</u> Lead Test: <u>Y/N</u>
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Results <u>no lead identified</u>
			Lead Management Plan _____
			Peeling Paint - <u>Y/N</u> Inside/Outside

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

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
		<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
		<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"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
		<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
		<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
		<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
		<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
		<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
		<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
		<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
		(d)(11)	Staff personal articles inaccessible
			<b>AIR TEMPERATURE</b>
		<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
		<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
		(e)(3)	Water temperature 60°F-120°F
		(e)(4)	Portable space heaters prohibited
			<b>WALLS/CEILINGS/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
		(e)(6)	Hot water/Steam pipes protected
			<b>TELEPHONE/TELEPHONE NUMBERS</b>
		<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
			<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
		<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
		<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
		<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
		(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> 95.	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> 96.	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> 97.	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> 98.	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> 99.	Measures to prevent vermin
		<input checked="" type="checkbox"/> 100.	Radon test- Results: <u>11-4-22</u> (Schls-N/A)
		<input checked="" type="checkbox"/> 101.	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 102.	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 103.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> 104.	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> 105.	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> 106.	Developmentally app equipment, materials
		<input checked="" type="checkbox"/> 107.	

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

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
		<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.		<b>OUTDOOR PROTECTED/FENCED</b>
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
		<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- (N/A)
		<input checked="" type="checkbox"/> (i)	conforms to 19-13-B33b and 19a-36-B61
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		<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"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

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

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

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input type="checkbox"/>	128.	(e)(2)	<b>DIAPERING cont.</b> 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/covered Cloth diapers-written plan developed
		<input type="checkbox"/> (e)(3)	
		<input type="checkbox"/> (e)(4)	
		<input type="checkbox"/> (e)(5)	
		<input type="checkbox"/> (e)(6-9)	
		<input type="checkbox"/> (e)(7)	
		<input type="checkbox"/> (e)(8)	
		<input type="checkbox"/> (e)(10)(A-C)	
<input type="checkbox"/>	129.	(f)(1)	
		(f)(2)	
		(f)(3)	
		(f)(4)	
<input type="checkbox"/>	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-slug 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 <b>TOYS AND OTHER OBJECTS</b> 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 <b>FEEDING</b> 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)
		(g)(1)	
		(g)(1)	
		(g)(1)	
		(g)(2)	
		(g)(3)	
		(g)(3)	
		(g)(4)	
		(g)(5)	
		(g)(6)	
		(g)(7)	
		(g)(8)	
<input type="checkbox"/>	131.	(h)(1)	
		(h)(1)	
		(h)(2)	
		(h)(2)	
<input type="checkbox"/>	135.	(i)(1)(2A-C)	
<input type="checkbox"/>	136.	(j)	
		(k)(1)	
		(k)(2)	
		(k)(3)	
		(k)(4)	
		(k)(5)	
<input type="checkbox"/>	137.	(l)(1)	
<input type="checkbox"/>	138.	(l)(2)	
<input type="checkbox"/>	139.	(l)(3)	

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

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.		<b>SCHEDULE - ACTIVITIES</b>
		<input type="checkbox"/> (c)	Written daily program plan-flexible schedule- available to staff/parents
		<input type="checkbox"/> (c)(1)	Activities not a duplication of child's day
		<input type="checkbox"/> (c)(2)	Activities include cognitive, physical, social, emotional needs of the children
		<input type="checkbox"/> (c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(d)	Ratio- 1:15
<input type="checkbox"/>	144.	(e)	Group size- max. 30

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

<b>PROGRAM NAME</b>	Sankofa Learning Center	<b>LICENSE NUMBER</b>	70787	<b>DATE OF INSPECTION</b>	5.28.25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>
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- 140. (b) **Approved Schl Age Endorsement SCHEDULE - ACTIVITIES**
- 141.  (c) **Written daily program plan-flexible schedule- available to staff/parents**
- NA  (c)(1) **Activities not a duplication of child's day**
- (c)(2) **Activities include cognitive, physical, social, emotional needs of the children**
- (c)(3) **Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events**
- 143. (d) **Ratio- 1:15**
- 144. (e) **Group size- max. 30**
- 145. (f) **4 yr. olds enrolled in schl age-written authorization/permission from director/parent**
- 146. (g) **Designated Head teacher approved- 60%**

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

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

- 157. (9a) **Written medication policies/procedures**
- 158. (9a) **Permit enrollment of children with asthma, allergies, diabetes**
- 159. **NONPRESC. TOPICAL MEDICATION**
- (a)(2) **Admin/Parent permission/report errors**
- (a)(3)(A-B) **Labeling and Storage**
- (a)(3)(C) **Unused/expired meds destroyed/returned**
- 160. **MEDICATION TRAINING**
- (b)(1)(A/C) **Medication training-general-oral/top/inhalant**
- (b)(1)(D) **Injectable premeasured autoinjector medication**
- (b)(1)(E) **Rectal medication**
- (b)(1)(F) **Injectable other than premeasured auto-injector**
- (b)(2)(A-B) **Training approval documents/certificates**
- (b)(2)(C) **Training outline on file**
- 161. (b)(3)(A-B) **Authorized prescriber/parent permission**
- 162. (b)(3)(D) **Medication errors- documentation, parent(s) and OEC notification**
- 163. (b)(4)(A-B) **Medication Administration Records (MAR)**
- 164. (b)(5)(A-B) **Labeling and Storage**
- 165. (b)(5)(C) **Emergency medication inaccessible**
- 166. (b)(5)(D) **Unused/Expired meds-destroyed/returned**
- 167. (b)(5)(E) **Auto-injector/inhalant equipment**
- 168. (b)(6) **Self-administration documentation**
- 169. (b)(7)(A-B) **Petition for special medication authorization**
- 170. (d) **Potassium Iodide (KI) emergency distribution–permission and storage (N/A)**

**ADDITIONAL VIOLATION**

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

- all items checked were observed or discussed  
 - reviewed new regulations  
 - Policy review checklist provided during inspection highlighting changes to the child care center regulations, effective 10/16/24  
 Program must ensure policies are updated to reflect new requirements.

<b>Signature of OEC staff</b>	Jennifer Schulte
<b>Printed Name</b>	Jan Schulte

<b>Signature of person in charge</b>	Amelia
<b>Printed Name</b>	Amelia Sherwood

**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: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.

Written Corrective Action Plan Due by: 6.11.25	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> <input checked="" type="checkbox"/>
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## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Sankofa Learning Center License # 70787 Date: 5.28.25

Observations/Corrections needed:

Regulation not in compliance when...

#33(h)(1) health and safety training documentation  
not observed for 1 staff

#35 (i)-(1)(2)(A-H) Consultant agreements observed to  
be current, for all consultants. Education and social  
service agreements do not include all required  
service

#35(F) Consultant logs documenting activities and  
services not observed for Education and Social Service consultants

#49 observed menus posted for 2 weeks, with out dates

Discussed

observed 1 out of 4 children's files missing complete  
enrollment record

Director to complete 3 credit course in admin of ECE programs

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: Jennifer Schus  
(OEC Representative)

Print Name: Jen Schus

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Amelia  
(Person in Charge)

OEC BY: June 11, 25

Print Name: Amelia Sherwood