

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

The Learning Barn	5/30/25	8:30am
980 Rubber Ave	70670	10/31/26
Naugatuck, CT 06770	203-489-027	Open
The Learning Barn LLC	# of Staff Present: 12	# over 3 Present: 24
thelearningbarnccc@gmail.com	Total Capacity: 75	Total Under 3 capacity: 38
Nelsa Medina - Nunes		# under 3 Present: 23 Ages Served: 6w-4yrs
		M-F 7am-4pm

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 8/9/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input checked="" type="checkbox"/> 37. (g)(2)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 38. (h)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 12. (d)(1) ACCESS	<input checked="" type="checkbox"/> 39. (h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (f) Immediate access by parents	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 16. (n) Capacity	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45. (i) -	Non-swimmers identified
<input checked="" type="checkbox"/> 18. POSTINGS	<input checked="" type="checkbox"/> 46. (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(1) License posted	<input checked="" type="checkbox"/> 47. (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted	<input checked="" type="checkbox"/> 48. (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 49. (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Contract <input checked="" type="checkbox"/> Logs <input checked="" type="checkbox"/> Visits <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Education <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Soc. Serv. <input checked="" type="checkbox"/> Dietitian <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 10(g)(8) Safe Sleep policy posted		

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission 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

<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) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips 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 FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate
<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.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Walk (Schools-N/A) Lead Water Test - Date: <u>4/4/24</u> Bact./Chem Test-Date: <u>4/7/24</u> (N/A) Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> Y/ <input checked="" type="checkbox"/> N Results _____ Lead Management Plan _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

<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.	<input checked="" type="checkbox"/> (d)(8)	SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 81.	<input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(9)	Matches/lighters inaccessible Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 82.	<input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H)	TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.	(d)(11)	AIR TEMPERATURE Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 86.	<input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6)	TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phone Parents provided direct on site phone number
<input checked="" type="checkbox"/> 87.	<input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(7)	LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(10)	Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin
<input checked="" type="checkbox"/> 89.	<input checked="" type="checkbox"/> (e)(11) <input checked="" type="checkbox"/> (e)(12) <input checked="" type="checkbox"/> (e)(13) <input checked="" type="checkbox"/> (e)(14-15)	Radon test- Results: <u>1.7</u> (Schl-1) Carbon monoxide detector-each level Program space-adequate-35 sq. ft. per c Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 90.	<input checked="" type="checkbox"/> (e)(16) <input checked="" type="checkbox"/> (e)(17) <input checked="" type="checkbox"/> (e)(18)	Adequate equipment for rest-cleaned-c (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (f)(1)(A) <input checked="" type="checkbox"/> (g)(1)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

CHILD CARE CENTER - CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: The Learning Barn LICENSE NUMBER: 7060 INSPECTION DATE: 5/30/25

PHYSICAL PLANT INSPECTION UNDER THREE ENDORSEMENT 19a-79-10

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
	<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 play. 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
112.		OUTDOOR PROTECTED/FENCED
	<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)
114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

128.	<input checked="" type="checkbox"/> (e)(2)	DIAPERING cont.
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/follow
129.	<input checked="" type="checkbox"/> (f)(1)	Cloth diapers-written plan developed
	<input checked="" type="checkbox"/> (f)(2)	LINENS/CLOTHING
	<input checked="" type="checkbox"/> (f)(3)	Linens/emergency clothing available
	<input checked="" type="checkbox"/> (f)(4)	Linens washed weekly or as needed
130.	<input checked="" type="checkbox"/> (g)(1)	Linens/clothing stored individually
	<input checked="" type="checkbox"/> (g)(1)	Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
	<input checked="" type="checkbox"/> (g)(2)	Under 12 mths placed on back for sleeping
	<input checked="" type="checkbox"/> (g)(3)	Crib-snug fitting mattress/tightly fitted sheet
	<input checked="" type="checkbox"/> (g)(4)	Alternate sleep position/equipment-medical documentation for medical reason on file
	<input checked="" type="checkbox"/> (g)(5)	Infants allowed to adopt other sleep position
	<input checked="" type="checkbox"/> (g)(6)	No items in/on cribs-blankets, toys, bump pillows, weighted blankets/sleepers/swaddlers
	<input checked="" type="checkbox"/> (g)(7)	No unapproved sleeping-car seats/swings/beds, No swaddling w/o written documentation
	<input checked="" type="checkbox"/> (g)(8)	MD/PA/APRN- instructions/timeframes
131.	<input checked="" type="checkbox"/> (h)(1)	Observe/assess infants at least every 15 min
	<input checked="" type="checkbox"/> (h)(1)	Teething necklaces/bracelets, jewelry inaccessible
	<input checked="" type="checkbox"/> (h)(2)	Safe sleep policies - parents informed
	<input checked="" type="checkbox"/> (h)(2)	TOYS AND OTHER OBJECTS
	<input checked="" type="checkbox"/> (i)(1)(2A-C)	Infant toys-separate/washed/sanitized daily
135.	<input checked="" type="checkbox"/> (j)	Toddler toys-washed/sanitized weekly
136.	<input checked="" type="checkbox"/> (k)(1)	No toys/objects less than 1 1/4" diameter
	<input checked="" type="checkbox"/> (k)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
	<input checked="" type="checkbox"/> (k)(3)	Health consultant visits/documentation
	<input checked="" type="checkbox"/> (k)(4)	FEEDING
	<input checked="" type="checkbox"/> (k)(5)	Infants held for bottles - chairs for feeding individual attention, tummy time, crawl/toilet
137.	<input checked="" type="checkbox"/> (l)(1)	Written feeding schedule from parent-up
138.	<input checked="" type="checkbox"/> (l)(2)	Unused formula/milk discarded after feeding
139.	<input checked="" type="checkbox"/> (l)(3)	Clean bottles/disposable bottles/approved baby food served from dish or whole jar

EDUCATIONAL REQUIREMENTS 19a-79-10

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

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

UNDER THREE ENDORSEMENT 19a-79-10

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.	<input checked="" type="checkbox"/> (e)(1)	DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

SCHOOL AGE ENDORSEMENT 19a-79-11

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

CHILD CARE CENTER OR GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: The Learning Barn **LICENSING NUMBER:** 70670 **DATE OF INSPECTION:** 5/30/25

SCHOOL AGE ENDORSEMENT 19a-79-11 **ON**

MONITORING OF DIABETES 19a-79-13 **ON**

NIGHT CARE ENDORSEMENT

147. (b) Approved Night Care Endorsement

148. (b)(1) Person in charge-head teacher

149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities

50. (h)(3) Written plan for supervision including cot placement and evacuation

51. (b)(4) Children in care no more than 12 hrs. in 24

52. (b)(5) Staff awake and available

53. **SLEEP PROVISIONS**

(b)(6) Individual cot/crib with bedding

(b)(6)(A) Sleeping apparel/toiletries labeled

(b)(6)(B) Required bedding

(b)(6)(C) Required toiletries

(b)(6)(D) Bedding/sleeping apparel laundered weekly

(b)(7) Sleep arrangements for infants

54. (b)(8) Air temp 65 °F at 3 ft

55. (b)(9) Fire marshal approval-hours specified

56. (b)(10) Local health approval

171. (a)(1) Written policies and procedures

172. (b)(1)(A) **STAFF TRAINING**

(b)(1)(B) Staff training - first aid

(i)-(iii) Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

(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

(c)(3) Self-administration - written authorization and under supervision of trained staff

(d)(1) Equipment provided by parents

(d)(2) Equipment labeled and inaccessible

(d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded

(e)(1) Authorized prescriber written order

(e)(2) Written authorization from parent

(e)(3) Testing results and actions taken - documented and kept on file, ensure parents are notified daily

ADMINISTRATION OF MEDICATIONS 19a-79-9a **ON**

157. (9a) Written medication policies/procedures

158. (9a) Permit enrollment of children with asthma, allergies, diabetes

159. (a)(2) **NONPRESC. TOPICAL MEDICATION**

(a)(3)(A-B) Admin/Parent permission/report errors

(a)(3)(C) Labeling and Storage

160. (b)(1)(A/C) Unused/expired meds destroyed/returned

(b)(1)(D) **MEDICATION TRAINING**

(b)(1)(E) Medication training-general-oral/top/inhalant

(b)(1)(F) Injectable premeasured autoinjector medication

(b)(2)(A-B) Rectal medication

(b)(2)(C) Injectable other than premeasured auto-injector

(b)(3)(A-B) Training approval documents/certificates

(b)(3)(D) 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

180. - Consent Order/Negotiated Corrective Action Plan conditions (N/A)

DISCUSSIONS/COMMENTS

- update policies/procedures per new regulations. shown checklist on OEC website

- 1 Dirty rug in preschool A by microwave/fridge.

- cleaners inaccessible in preschool A

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

Signature of OEC staff: Ana Mellen **Signature of person in charge:** Neisa Medina

Printed name: Kellerman **Printed name:** Neisa Medina

Written Corrective Action Plan Due by: 6/13/25

Inspection shall be posted or available for review upon request.

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Barn License # 70670 Date: 5/30/25

Observations/Corrections needed:

- Regulations not in compliance when observed.
- #18 - Administrative oversight not posted
- #33 - 2 staff not enough documented professional development of 17 hours
- #46 - Dusty vents observed preschool B Bathroom, preschool A bathroom, Tod A bathroom, water stair observed upstairs and preschool B and Tod A
- Ripped/disrepaired climber (foam) in Tod C
- #111 - Cracked, sharp to touch siding on bottom of building accessible to children in infant and preschool play grounds
- #128 - Diaper policy not observed posted in Tod B corrected at inspection in Tod D

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: Nia Miller
(OEC Representative) FA
Signature: [Signature]
(Person in Charge)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/13/25

Neisa Modica