

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:	CCC Lockwood	Date of Inspection:	6.2.25	Time of Arrival:	9:10 am
Address:	93 Lockwood Ave	License Number:	70300	Expiration Date:	5.31.28
Town:	Stamford	Telephone Number:	203.653.1580	Summer Care:	Open
Operator:	CCC of Fairfield County, Inc	# of Staff Present:	1	# over 3 Present:	0
Email:	sarahmcmackin@cccstamford.org	Total Capacity:	80	Total Under 3 capacity:	0
Designated Director:	Sarah McMackin	Hours/Days of Operation:		# under 3 Present:	0
				Ages Served:	3-5yrs

Instruction Codes: \checkmark = Regulation in Compliance O = 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: 10.20.23

ADMINISTRATION 19a-79-3a

- 2. (a) Ensuring health & safety of children
- 3. (b) Overall management of program
- 4. (b)(6) Employee orientation for new program staff
- 5. (b)(6) Annual policy training for program staff
- 6. (b)(7)(A) Child behavior management
- 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- 8. (b)(7)(C) Child Protection
- 9. (b)(7)(E) Mandated Reporting
- 10. (c)(1-4) Notification of Change
- 11. 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) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
- 25. (d)(2) Two staff present-age 18 or older
- 26. (d)(3)(A-C) Personal qualities of staff
- 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
- 28. (d)(5) GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
- 29. (e)(1) Designated director-training
- 30. (f)(1) CPR certified program staff
- 31. (f)(2) First aid certified program staff
- 32. (f)(2) First aid certified program staff
- 33. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 34. (4)(C)(ii-v) SWIMMING ACTIVITIES - Y/N
 - (4)(C)(i) Swimming-Ratios
 - (e)(6) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
- 35. (i)(1)(A)-(D) CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (F) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	0	<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"/>	
Dietitian	NA	NA	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>CCC Lockwood</i>	LICENSE NUMBER <i>70300</i>	DATE OF INSPECTION <i>6.2.25</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.		PARENT PERMISSIONS
<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.		SMOKING
<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.		TOILETING
<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.		AIR TEMPERATURE
<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"/>		<input checked="" type="checkbox"/> (e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(5)	WALLS/CEILINGS/FLOORS/RUGS
<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)(6)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
<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)	LIGHTING
<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: _____ (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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		<input checked="" 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 checked="" type="checkbox"/>		<input checked="" 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 <i>47523</i>
<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)	WATER SUPPLY - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <i>3.15.24</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		LEAD PAINT
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results <i>Lead m plan</i>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <i>Soil</i>
<input type="checkbox"/>			Peeling Paint - Y/N Inside/Outside

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	C/C Lockwood	LICENSE NUMBER	70900	DATE OF INSPECTION	6-2-25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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.		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)
<input checked="" type="checkbox"/>	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"/>		(f)	Wading pools prohibited (N/A)
<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)	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

UNDER THREE ENDORSEMENT 19a-79-10	Y/N
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<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.		DIAPERING
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
<input type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>	129.		Cloth diapers-written plan developed
<input type="checkbox"/>		(f)(1)	LINENS/CLOTHING
<input type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>		(g)(1)	SAFE SLEEP
<input type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>		(g)(1)	Crib-slug fitting mattress/tightly fitted sheet
<input type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>	131.		Safe sleep policies - parents informed
<input type="checkbox"/>		(h)(1)	TOYS AND OTHER OBJECTS
<input type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>		(h)(2)	Toddler toys washed/sanitized weekly
<input type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4" diameter
<input type="checkbox"/>		(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	135.		Health consultant visits/documentation
<input type="checkbox"/>	136.		FEEDING
<input type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.	(l)(3)	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
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<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(e)	Ratio- 1:15
<input type="checkbox"/>	144.		Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Ccc Lockwood	LICENSE NUMBER	70300	DATE OF INSPECTION	6-2-25
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N		MONITORING OF DIABETES 19a-79-13 Y/N			
<input type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures		
<input type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input type="checkbox"/> 147. (b) Approved Night Care Endorsement <input type="checkbox"/> 148. (b)(1) Person in charge-head teacher <input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities <input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation <input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24 <input type="checkbox"/> 152. (b)(5) Staff awake and available <input type="checkbox"/> 153. SLEEP PROVISIONS <input type="checkbox"/> (b)(6) Individual cot/crib with bedding <input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled <input type="checkbox"/> (b)(6)(B) Required bedding <input type="checkbox"/> (b)(6)(C) Required toiletries <input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly <input type="checkbox"/> (b)(7) Sleep arrangements for infants <input type="checkbox"/> 154. (b)(8) Air temp 65 °F at 3 ft <input type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified <input type="checkbox"/> 156. (b)(10) Local health approval		<input checked="" type="checkbox"/> (b)(2)	Staff training – first aid		
		<input checked="" type="checkbox"/> (b)(3)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions		
		<input checked="" type="checkbox"/> 173. (c)(3)	Training updated at least every 3 years		
		<input checked="" type="checkbox"/> 174. (d)(1)	Written documentation of training		
		<input checked="" type="checkbox"/> 175. (d)(2)	Trained staff on site when child is present		
		<input checked="" type="checkbox"/> 176. (d)(3)	Self-administration - written authorization and under supervision of trained staff		
		<input checked="" type="checkbox"/> 177. (e)(1)	Equipment provided by parents		
		<input checked="" type="checkbox"/> 178. (e)(2)	Equipment labeled and inaccessible		
		<input checked="" type="checkbox"/> 179. (e)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
		ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N		ADDITIONAL VIOLATION	
<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions (N/A)		
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	DISCUSSIONS/COMMENTS Regulation not in compliance when: (18)(7a)(e)(17)- Radon test could not be located. send copy (35)(1)-(1)(2)(A+)- Ed contract is not for this location (send copy) (62)(a)(2)- Fire marshal inspection expired 4-25-24 (send copy) (70)(c)(6)(b)(D)- Lead soil has not been monitored since 3-6-18. Required yearly (101)(e)(17)- Radon test could not be located. Discussion - New Regulations/checklist provided * <u>NO children enrolled at this time!!</u> NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION				
<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)	MEDICATION TRAINING				
<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				
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage				
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible				
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation				
Petition for special medication authorization					
Potassium Iodide (KI) emergency distribution-permission and storage (N/A)					
Signature of OEC staff		Signature of person in charge			
Printed Name	Loni Mangano	Printed Name		Sarah McLackin	
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: oec.licensing@ct.gov		Inspection shall be posted or available for review upon request.			
		Written Corrective Action Plan Due by: 6-16-25		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/	