

**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:	Together We Can Learning Center	Date of Inspection:	7.2.25	Time of Arrival:	8:50 am
Address:	2457 E Main St. Unit 112	License Number:	pending	Expiration Date:	n/a
Town:	Waterbury 06705	Telephone Number:	203-982-8000	Summer Care:	open
Operator:	Together We Can Learning Cntr LLC	# of Staff Present:	1	# over 3 Present:	0
Email:	togetherwecan@togetherwecanlearningcenter.org	Total Capacity:	47	Total Under 3 capacity:	32
Designated Director:	Bianca Torres-Dozier	Hours/Days of Operation:	M-F 6:30am to 8:00pm		

Instruction Codes: √ = 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

STAFFING and CONSULTANTS 19a-79-4a

1. (c)(8) Local Health Inspection-Date: 4/9/25

ADMINISTRATION 19a-79-3a

<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.	POLICIES-COMLETE/IMPLEMENTED
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	ACCESS
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input type="checkbox"/> 18.	POSTINGS
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)
<input checked="" type="checkbox"/> 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.		RATIOS
<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group
<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		GROUP SIZE
<input checked="" type="checkbox"/> (d)(5)		Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)		Mixed age group-group size
<input checked="" type="checkbox"/> 30.	(e)(1)	Designated director-training
<input checked="" type="checkbox"/> 31.	(f)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 32.	(f)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 33.		PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (a)(2)		Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (h)(1)		Health & Safety training
<input checked="" type="checkbox"/> (h)(2)		1% annual hours
<input checked="" type="checkbox"/> 34.		SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> (4)(C)(ii-v)		Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(i)		Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35.		CONSULTANTS
<input checked="" type="checkbox"/> (i)(1)(A)-(D)		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> (i) - (i)(2)(A-H)		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (F)		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (i)(2)		Consultant visits- Education/Health
<input checked="" type="checkbox"/> (H)(i)-(I)(i)		

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Together We Can Learning Center	LICENSE NUMBER	pending	DATE OF INSPECTION	7.2.25
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RECORD KEEPING 19a-79-5a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. **PARENT PERMISSIONS**
 - (a)(1)(D)(i) Emergency medical permission
 - (a)(1)(D)(ii) Authorized release permission
 - (a)(1)(D)(iii) Field trip permission
 - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) **FIRST AID KITS**-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) **FIRST AID SUPPLIES**-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 3/17/25
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. **WATER SUPPLY** - Public/Well (Schools-N/A)
 - (c)(5)(A) Lead Water Test - Date: 5/6/25
 - (c)(5)(B) Bact./Chem Test-Date: (N/A)
 - (c)(5)(C) Drinking water available/accessible
- 70. **LEAD PAINT** -
 - (c)(6)(A) Building Pre-78: Y/N Lead Test: Y/N Results
 - (c)(6)(B-D) Lead Management Plan n/a
- Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. **SMOKING**
 - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 - (d)(8) Matches/lighters inaccessible
 - (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 81. **TOILETING**
 - (d)(10)(A) Shared toilets/sinks-supervision plan
 - (d)(10)(B) Toileting needs met
 - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 - (d)(10)(C) Required toilets/sinks-1:16
 - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 - (d)(10)(E) Handwashing staff/children
 - (d)(10)(F) Toilets/sinks located at the facility
 - (d)(10)(G) Well lighted/ventilated toilet rooms
 - (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
 - (d)(11) Staff personal articles inaccessible
- 82. **AIR TEMPERATURE**
 - (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 - (e)(3) Water temperature 60°F-120°F
 - (e)(4) Portable space heaters prohibited
- 83. **WALLS/CEILINGS/FLOORS/RUGS**
 - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 - (e)(5) Rugs- not a tripping/slipping hazard
 - (e)(6) Hot water/Steam pipes protected
- 84. **TELEPHONE/TELEPHONE NUMBERS**
 - (e)(7) Working phone on each level
 - (e)(7) Emergency numbers posted-adjacent to phones
 - (e)(7) Parents provided direct on site phone number
- 85. **LIGHTING**
 - (e)(8) All areas min. 1 foot candle of lighting
 - (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 - (e)(9) Enough lighting for comfort
 - (e)(9) Light fixtures shielded/shatter proof
 - (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 - (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 - (e)(12) Stairs-protected/good repair-handrails
 - (e)(13) Toxic plants/materials inaccessible
 - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 - (e)(16) Measures to prevent vermin
 - (e)(17) Radon test- Results: 1.0 (Schls-N/A)
 - (e)(18) Carbon monoxide detector-each level N/A
 - (f)(1)(A) Program space-adequate-35 sq. ft. per child
 - (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- 86. Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 87. Air conditioners/water heaters/fuse boxes inaccessible
- 88. Developmentally app equipment, materials
- 89. (g)(2)
- 90. (g)(3)
- 91. (g)(4)
- 92. (g)(4)
- 93. (g)(4)
- 94. (g)(4)
- 95. (g)(4)
- 96. (g)(4)
- 97. (g)(4)
- 98. (g)(4)
- 99. (g)(4)
- 100. (g)(4)
- 101. (g)(4)
- 102. (g)(4)
- 103. (g)(4)
- 104. (g)(4)
- 105. (g)(4)
- 106. (g)(4)
- 107. (g)(4)

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	together we can Learning Center		LICENSE NUMBER	pending	DATE OF INSPECTION	7.2.25
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.			
<input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9) <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <u>WATER HAZARDS</u> Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6-9) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(10)(A-C) <input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5) <input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (i)(1)(2A-C) <input checked="" type="checkbox"/> (j) <input checked="" type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5) <input type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)	129. 130. 131. 135. 136. 139.	<u>DIAPERING cont.</u> 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 <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> 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 <u>TOYS AND OTHER OBJECTS</u> 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 <u>FEEDING</u> 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		
EDUCATIONAL REQUIREMENTS 19a-79-8a						
<input checked="" type="checkbox"/> 115. (a) <input checked="" type="checkbox"/> 116. (a) <input checked="" type="checkbox"/> (1)-(11) <input checked="" type="checkbox"/> (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	131. 135. 136. 137. 138. 139.	(a) (1)-(11) (b)			
UNDER THREE ENDORSEMENT 19a-79-10			Y/N			
<input checked="" type="checkbox"/> 117. (b) <input checked="" type="checkbox"/> 118. (c)(2) <input checked="" type="checkbox"/> 119. (c)(3) <input checked="" type="checkbox"/> 120. (c)(4) <input checked="" type="checkbox"/> 121. (d)(1)(A-C) <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) <input checked="" type="checkbox"/> 123. (d)(2)(B) <input checked="" type="checkbox"/> 124. (d)(2)(C) <input checked="" type="checkbox"/> 125. (d)(2)(D) <input checked="" type="checkbox"/> 126. (d)(2)(E) <input checked="" type="checkbox"/> 127. (d)(3)(A-C) <input checked="" type="checkbox"/> 128. (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	137. 138. 139.				
			SCHOOL AGE ENDORSEMENT 19a-79-11			
<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141.	(b) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> (d) <input checked="" type="checkbox"/> (e)	143. 144.				
			Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> 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

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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N <input checked="" type="checkbox"/>	MONITORING OF DIABETES 19a-79-13 Y/N <input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input type="checkbox"/> 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

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N <input checked="" type="checkbox"/>	
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<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 173.	(c)(1)	Training updated at least every 3 years
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 173.	(c)(2)	Written documentation of training
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 173.	(c)(3)	Trained staff on site when child is present
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 174.	(d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 175.	(d)(2)	Equipment provided by parents
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 176.	(d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> 153.		SLEEP PROVISIONS	<input type="checkbox"/> 177.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> 178.	(e)(2)	Authorized prescriber written order
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> 179.	(e)(3)	Written authorization from parent
	<input type="checkbox"/> (b)(6)(B)	Required bedding			Testing results and actions taken – documented and kept on file, ensure parents are notified daily
	<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			

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N <input checked="" type="checkbox"/>	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input 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			

<input checked="" type="checkbox"/> 159.	(a)(2)	NONPRESC. TOPICAL MEDICATION	<p>DISCUSSIONS/COMMENTS</p> <p>* 1 light bulb burnt out in preschool room near counter.</p> <p>* All items checked discussed.</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>		
	<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.		Unused/expired meds destroyed/returned			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	MEDICATION TRAINING			
	<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication			
	<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication			
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector			
	<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates			
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input 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 (N/A)			

Signature of OEC staff	Betty mayer	Signature of person in charge	Bianca Torres-Dozier
Printed Name	Betty Mayer	Printed Name	Bianca Torres-Dozier

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: prior to licensure	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Together we can Learning Center License # pending Date: 7.2.21

Observations/Corrections needed:

Infant A

$$17.32 \times 17.48 = 302.75 / 35 = 8.65 \quad \boxed{\text{OK 8}}$$

Infant B counter

$$17.34 \times 17.32 - (2.07 \times 5.15) = 289.66 / 35 = 8.27 \quad \boxed{\text{OK 8}}$$

Toddler A counter wall

$$28.33 \times 10.98 - (2.12 \times 5.12) - (.62 \times 2.71) = 298.52 / 35 = 8.5 \quad \boxed{\text{OK 8}}$$

Toddler B bathroom

$$28.29 \times 10.86 - (2.98 \times 9.07) = 280.20 / 35 = 8.00 \quad \boxed{\text{OK 8}}$$

Preschool bathroom wall wall

$$28.30 \times 19.84 + 18.23 \times 6.56 - (6.87 \times 8.80) - (2.7 \times .60) - (.71 \times 8.56) - (2.13 \times 6.08) = 599.95 / 35 = 17.14 \quad \boxed{\text{OK 17}}$$

counter / fridge

School Age (Hallway area) cabinet

$$27.89 \times 11.16 - (7.63 \times 3.67) - (2.9 \times 3.28) - (2.47 \times 1.63) = 269.71 / 35 = 7.70 \quad \boxed{\text{OK 7}}$$

Gym (Not counted in capacity)

$$18.29 \times 21.71 - (12.27 \times 2.97) = 360.63 / 35 = 10.30 \quad \boxed{\text{OK 10}}$$

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Bianca Torres-Dodier
(Person in Charge)OEC BY: prior to licensurePrint Name: Bianca Torres-Dodier

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Together we can Learning Center License # pending Date: 7.2.21

Observations/Corrections needed:

Outdoor Playground40.5 x 22.5 = 911.25 / 75 = 12.15 OK 12Toilets: 4Sinks: 11Total License capacity 56 with 32 under 3.Items NOT in compliance#18 Administrative oversight policy not posted.#59(c) First aid kit missing ice pack.#102 Carbon monoxide detector not observed.Discussed: Playground with large climber not licensed at this time. Program to submit playground schedule prior to licensure.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer
(OEC Representative)Print Name: Betty Mayer

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Bianca Torres-Dozier
(Person in Charge)OEC BY: prior to licensurePrint Name: Bianca Torres-Dozier