

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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

Long Ridge Child Development Center	7-16-25	1017am
778 Long Ridge Rd	15079	3.31.26
Stamford	203.321.9042	Open
Bright Horizons Children's Centers LLC	# of Staff Present: 13	# over 3 Present: 35
lrr@brighthouse.com	Total Capacity: 126/48	Total Under 3 capacity: 40
BakeShia Coremon		# under 3 Present: 25
		Ages Served: 6w-12yrs
		M-F 8am-6pm

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: 9-12-14	<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. (d)(2)(A)	POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	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. (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (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"/> 13. (f)	ACCESS	<input checked="" type="checkbox"/> 39. (h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> (h)	Immediate access by parents	<input checked="" type="checkbox"/> 40. (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 41. (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 42. (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 43. (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> 44. (i)(1)(A)-(D)	Swimming-Ratios
<input checked="" type="checkbox"/> 18. (o)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> 45. (i) - (j)(2)(A-H)	Non-swimmers identified
<input checked="" type="checkbox"/> 3a(e)(1)	POSTINGS	<input checked="" type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 3a(e)(2)	License posted	<input checked="" type="checkbox"/> (i)(2)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(d)(6)(C)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CONSULTANTS
<input checked="" type="checkbox"/> 3a(e)(3)	Administrative Oversight policy		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(e)(4)	Menus posted		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(5)	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(6)	OEC Inspection report posted or available		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 7a(e)(17)	Dev. Milestones posted		Education Contracts Logs Visits
<input checked="" type="checkbox"/> 10(g)(8)	Radon Test posted (Schls-N/A)		Health / / /
	Safe Sleep policy posted		Soc. Serv. / / /
			Dietitian NA NA /

Longridge CDC

15074

7-16-25

- 36. (a)(1)(A-C)
- 37. (a)(1)(D)(i)
- (a)(1)(D)(ii)
- (a)(1)(D)(iii)
- (a)(1)(D)(iv)
- 38. (a)(2)(A-B)
- 39. (a)(2)(C)
- 40. (a)(2)(E)
- 41. (a)(3)(A)
- 42. (a)(3)(B)
- 43. (a)(3)(C)(i-ii)
- 44. (a)(3)(D)
- 45. (a)(4)

Children's Enrollment information
PARENT PERMISSIONS
 Emergency medical permission
 Authorized release permission
 Field trip permission
 Transportation permission
 Child Health Records
 Immunization records
 Individual care plan-signed by parents/staff
 Injury, Illness, Incident, Accident reports
 Parent notification of illness or injury
 Notify OEC of serious injuries, fatality
 Notify DPH, local health-reportable diseases
 Video recordings- keep 30 days

- 71.
- 72.
- 73.
- 74.
- 75.
- 76.
- 77.
- 78.
- 79.
- 81.
- 82.

- (d)(1)
- (d)(2)
- (d)(3)
- (d)(3)
- (d)(4)
- (d)(5)
- (d)(6), (f)(3)
- (d)(7)
- (d)(8)
- (d)(8)
- (d)(9)

Emergency vehicle access
 Walkways maintained
 Windows protected to prevent falls
 Window screens
 Glass/mirrors protected- 36"
 Overhead doors-locking devices, spring protectors (N/A)
 Exits, stairs, hallways unobstructed
 Individual storage of clothing and bedding
SMOKING
 Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 Matches/lighters inaccessible
 Electrical safety - outlets inaccessible - covered or protected

- 46. (a)(1)
- 47. (a)(2)
- 48. (a)(3)
- 49. (a)(4)
- 50. (a)(5)
- 51. (a)(6)
- 52. (a)(7)
- 53. (a)(8)
- 54. (a)(9)
- 55. (a)(10)
- 56. (a)(11)
- 57. (b)(1)
- 58. (b)(2)
- 59. (c)
- (c)
- (d)

Preparation, transportation of food-follow DPH Model Food Code (N/A)
 Nutritious meals and snacks
 Proper refrigeration-41 degrees
 Menus-1 wk in advance- keep 3 mths
 Food Service Inspection (N/A)
 Kitchen-clean/safe storage of food/supplies(N/A)
 Separate hand washing facilities
 Multi-use eating/drinking utensils
 Kitchen separated (N/A)
 Children supervised during meal prep
 Handwashing-staff/children
 Illness procedures-staff knowledgeable, children observed for signs/symptoms
 Designated isolation area
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)

- 83.
- 84.
- 86.
- 87.
- 88.
- 90.
- 91.
- 94.

- (d)(10)(A)
- (d)(10)(B)
- (d)(10)(C)
- (d)(10)(C)
- (d)(10)(E)
- (d)(10)(E)
- (d)(10)(F)
- (d)(10)(G)
- (d)(10)(H)
- (d)(11)
- (e)(1)
- (e)(2)
- (e)(3)
- (e)(4)
- (e)(5)
- (e)(5)
- (e)(6)
- (e)(7)
- (e)(7)
- (e)(7)
- (e)(8)
- (e)(9)

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
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
 Portable space heaters prohibited
WALLS/CEILING/FLOORS/RUGS
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not a tripping/slipping hazard
 Hot water/Steam pipes protected
TELEPHONE/TELEPHONE NUMBERS
 Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number
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
 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
 Radon test- Results: 2.10 (Schls-N/A)
 Carbon monoxide detector-each level N/A
 Program space-adequate-35 sq. ft. per child
 Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters/fuse boxes inaccessible
 Developmentally app equipment, materials

PHYSICAL PLANT 19-79-74

- 62. (a)(2)
- 63. (b)
- 64. (b)(1)-(5)
- 65. (b)(6)
- 66. (c)(2)
- 67. (c)(3)
- 68. (c)(4)
- 69. (c)(5)(A)
- (e)(5)(B)
- (c)(5)(C)
- 70. (c)(6)(A)
- (c)(6)(B-D)

Fire marshal codes/certificate 10.9.24
 Indoor/Outdoor space inspected/approved
 Construction/expansion/renovation/conversion
 Space not inspected/approved but used for field trips-written parent permission
 Licensed premises-clean, good repair, hazard free, maintenance program
 Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 Testing of premises/grounds for chemicals
WATER SUPPLY - Public/Well (Schools-N/A)
 Lead Water Test - Date: 7.3.23
 Bact./Chem Test-Date: (N/A)
 Drinking water available/accessible
LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N
 Results _____
 Lead Management Plan _____
 Peeling Paint - Y/N Inside/Outside

- 95.
- 96.
- 97.
- 98.
- 99.
- 100.
- 101.
- 102.
- 103.
- 104.
- 105.
- 106.
- 107.

- (e)(10)
- (e)(11)
- (e)(12)
- (e)(13)
- (e)(14-15)
- (e)(16)
- (e)(17)
- (e)(18)
- (f)(1)(A)
- (g)(1)
- (g)(2)
- (g)(3)
- (g)(4)

Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number
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
 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
 Radon test- Results: 2.10 (Schls-N/A)
 Carbon monoxide detector-each level N/A
 Program space-adequate-35 sq. ft. per child
 Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 Air conditioners/water heaters/fuse boxes inaccessible
 Developmentally app equipment, materials

CHILD CARE CENTER - GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Long Ridge Child Development Center	LICENSE NUMBER 15079	DATE OF INSPECTION 7.16.25
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PHYSICAL PLANT 19a-79a cont. **UNDER THREE ENDORSEMENT 19a-79-10 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.		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
<input type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input 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
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-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

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<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"/>	129.	(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>	130.	(g)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
<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"/>	131.	(h)(1)	SAFE SLEEP 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
<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 checked="" type="checkbox"/>	135.	(l)(1)	TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/2" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.	(l)(1)	
<input checked="" type="checkbox"/>		(l)(1)	
<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	
<input checked="" type="checkbox"/>		(l)(3)	
<input checked="" type="checkbox"/>		(l)(3)	
<input checked="" type="checkbox"/>		(l)(3)	
<input checked="" type="checkbox"/>		(l)(3)	
<input checked="" type="checkbox"/>		(l)(3)	FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/2"-or measures in place to ensure their health & safety

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**

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

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Long Ridge CDC	LICENSE NUMBER 15079	DATE OF INSPECTION 7.16.25
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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A)	
				<input checked="" type="checkbox"/> (b)(1)(B)	
				(i)-(iii)	
				<input checked="" type="checkbox"/> (b)(2)	
				<input checked="" type="checkbox"/> (b)(3)	
				<input checked="" type="checkbox"/> (c)(2)	
			<input checked="" type="checkbox"/> 173.	(c)(3)	
			<input checked="" type="checkbox"/> 174.	(d)(1)	
			<input checked="" type="checkbox"/> 175.	(d)(2)	
			<input checked="" type="checkbox"/> 176.	(d)(3)	
			<input checked="" type="checkbox"/> 177.	(e)(1)	
			<input checked="" type="checkbox"/> 178.	(e)(2)	
			<input checked="" type="checkbox"/> 179.	(e)(3)	

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) <i>N/A</i>	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

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


<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	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 type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution- permission and storage <i>(N/A)</i>


ADDITIONAL VIOLATION

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

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

Signature of OEC staff	
Printed Name	Lon Mangano

Signature of person in charge	
Printed Name	Kestria Gregory

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: **7.30.25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Long Ridge CDC License # 15079 Date: 7.16.25

Observations/Corrections needed:

Regulation not in compliance when....

- (2)(b) - 1 staff with work supervised status and working alone with children in preschool.
- (33)(a)(2) - 1 staff without documentation of annual review of policies on file and 1 missing new employee orientation documentation.
- (4)(a)(3)(A) - accident reports do not include details of accident and all details of action taken by staff. Reviewed 3 reports with Director.
- (6)(c)(2) furniture not secured - T4 Black wall shelf on wall on slight angle slanted down and tiltable and wood stove not secured - T2 wood sink, stove and refrigerator not secured.
- (6)(c)(5)(A) - Water test expired 7.3.25 (send copy - 2 faucets)
- (9)(e)(10) - Bleach/water bottles not labeled with measurements.
- (12)(h)(7) - mud kitchen outdoor playground has rusted water fountain pipe and 2 rusted pipe anchors to wall, toddler stairs has peeling paint throughout and shed has cracked right corner plastic edge and 1 cracked and broken plastic slat and on left side crack in edging of shed.

Discussion

- 1 staff with medical clearance #1 marked yes with no explanation
- 1 child missing safe sleep documentation on file and authorized release & emergency permission
- Diaper changing policy - posting with mpes indicated.
- Staff & school age refrigerators soiled inside.

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: [Signature] (OEC Representative) Print Name: Lin Mangano

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge) Print Name: Keshia Gregory

OEC BY: 7.30.25