

**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:	Creative Development Early Learning Center	Date of Inspection:	7/22/25	Time of Arrival:	8:06 am
Address:	6961 Main St	License Number:	Pending	Expiration Date:	Pending
Town:	Trumbull 06611	Telephone Number:	203-268-1106	Summer Care:	open
Operator:	creative development early learning center LLC	# of Staff Present:	3	# over 3 Present:	4
Email:	creativedevelopment01@gmail.com	Total Capacity:	Pending	# under 3 Present:	7
Designated Director:	Krystyna Ann Alexander	Hours/Days of Operation:		Total Under 3 capacity:	Pending
				Ages Served:	6wks - 5years

Instruction Codes:  = Regulation in Compliance  = Regulation not in Compliance N/A = Not applicable at this time

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

**LICENSURE PROCEDURES 19a-79-2a**

**STAFFING and CONSULTANTS 19a-79-4a**

1. (c)(8) Local Health Inspection-Date: 5/29/25

**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-COMLETE/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

- 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. 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
  - (e)(1) Designated director-training
  - 31. (f)(1) CPR 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. SWIMMING ACTIVITIES - Y/N
    - (4)(C)(ii-v) Swimming-Ratios
    - (4)(C)(i) Non-swimmers identified
    - (e)(6) CPR certified staff-age 20 or older
    - (e)(6) Lifeguard-certified-supervising
  - 35. 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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**RECORD KEEPING 19a-79-5a**

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

**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
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
<input checked="" type="checkbox"/>		<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.		<b>TOILETING</b>
<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.		<b>AIR TEMPERATURE</b>
<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)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<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)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
<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)	<b>LIGHTING</b>
<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)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(1)	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)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (g)(3)	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 (N/A)
<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 (N/A)
<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.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/>		(d)	<b>FIRST AID SUPPLIES</b> -addt'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 1/21/25
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: 5/20/25
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessibile
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results: NO lead
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan -
<input checked="" type="checkbox"/>			Peeling Paint - Y/N Inside/Outside

<input checked="" type="checkbox"/>	95.	(e)(10)	
<input checked="" type="checkbox"/>	96.	(e)(11)	
<input checked="" type="checkbox"/>	97.	(e)(12)	
<input checked="" type="checkbox"/>	98.	(e)(13)	
<input checked="" type="checkbox"/>	99.	(e)(14-15)	
<input checked="" type="checkbox"/>	100.	(e)(16)	
<input checked="" type="checkbox"/>	101.	(e)(17)	
<input checked="" type="checkbox"/>	102.	(e)(18)	
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	
<input checked="" type="checkbox"/>	104.	(g)(1)	
<input checked="" type="checkbox"/>	105.	(g)(2)	
<input checked="" type="checkbox"/>	106.	(g)(3)	
<input checked="" type="checkbox"/>	107.	(g)(4)	

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

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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✓	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.		<b>OUTDOOR SPACE</b>
✓		(h)(1)	Adequate space- 75 sq. ft. per child
✓		(h)(2)	Shock absorbing surfaces-minimum 8"
✓		(h)(3)	Playground free from hazards
✓		(h)(4)	Nuts, bolts, screws-tight, covered/protected
✓		(h)(5)	Outside equipment anchored-anchors buried
✓		(h)(6)	New equip- cert playg. Inspection upon request
✓		(h)(8)	Drinking water available/accessible
✓		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
✓	112.		<b>OUTDOOR PROTECTED/FENCED</b>
✓		(h)(7)	Playground protected from traffic, water, gullies or other hazards
✓		(h)(7)(A)	Fences installed to protect from hazards-4 ft
✓		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
✓		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
✓	114.		<b>WATER HAZARDS</b>
✓		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
✓		(i)	Wading pools prohibited (N/A)
✓		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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

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

✓	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.		<b>DIAPERING</b>
✓		(e)(1)	Diaper area: elevated/sturdy/safety rail

✓	128.	(e)(2)	<b>DIAPERING cont.</b> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
✓		(e)(3)	
✓		(e)(4)	
✓		(e)(5)	
✓		(e)(6-9)	
✓		(e)(7)	
✓		(e)(8)	
✓		(e)(10)(A-C)	
✓	129.	(f)(1)	
✓		(f)(2)	
✓		(f)(3)	
✓		(f)(4)	
✓	130.	(g)(1)	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <b>TOYS AND OTHER OBJECTS</b> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25)  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
✓		(g)(1)	
✓		(g)(1)	
✓		(g)(1)	
✓		(g)(2)	
✓		(g)(3)	
✓		(g)(4)	
✓		(g)(5)	
✓		(g)(6)	
✓		(g)(7)	
✓		(g)(8)	
✓	131.	(h)(1)	
✓		(h)(1)	
✓		(h)(2)	
✓		(h)(2)	
✓	135.	(i)(1)(2A-C)	
✓	136.	(j)	
✓		(k)(1)	
✓		(k)(2)	
✓		(k)(3)	
✓		(k)(4)	
✓		(k)(5)	
✓	137.	(l)(1)	
✓	138.	(l)(2)	
✓	139.	(l)(3)	

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

✓	140.	(b)	Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> 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
✓	141.	(c) NA	
✓		(c)(1)	
✓		(c)(2)	
✓		(c)(3)	
✓	143.	(d)	NA
✓	144.	(e)	

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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>		Y/N		<b>MONITORING OF DIABETES 19a-79-13</b>	

<input type="checkbox"/>	145.	(f)	<b>NA</b>	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)		Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)		Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)		<b>STAFF TRAINING</b>
		(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
<input checked="" type="checkbox"/>	173.	(c)(2)		Trained staff on site when child is present
		(c)(3)		Self-administration - written authorization and under supervision of trained staff
<input checked="" type="checkbox"/>	174.	(d)(1)		Equipment provided by parents
<input checked="" type="checkbox"/>	175.	(d)(2)		Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	176.	(d)(3)		Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/>	177.	(e)(1)		Authorized prescriber written order
<input checked="" type="checkbox"/>	178.	(e)(2)		Written authorization from parent
<input checked="" type="checkbox"/>	179.	(e)(3)		Testing results and actions taken – documented and kept on file, ensure parents are notified daily

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N**

<input type="checkbox"/>	147.	(b)	<b>NA</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.			<b>SLEEP PROVISIONS</b>
		(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
<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.			<b>NONPRESC. TOPICAL MEDICATION</b>
		(a)(2)		Admin/Parent permission/report errors
		(a)(3)(A-B)		Labeling and Storage
		(a)(3)(C)		Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.			<b>MEDICATION TRAINING</b>
		(b)(1)(A/C)		Medication training-general-oral/top/inhalant
		(b)(1)(D)		Injectable premeasured autoinjector medication
		(b)(1)(E)		Rectal medication
		(b)(1)(F)		Injectable other than premeasured auto-injector
		(b)(2)(A-B)		Training approval documents/certificates
		(b)(2)(C)		Training outline on file
<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 type="checkbox"/>	170.	(d)		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

**ADDITIONAL VIOLATION**

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

1) See square footage report for measurements

2) Toddlers 9, two's 10  
 Preschool 19, K prep 10 and  
 Infants 8 = 56 total capacity w/  
27 under 3

3) toilets + sinks ok on square footage report.

4) New program/ Director TA available through OEC

5) Director course w/ 1 year

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

<b>Signature of OEC staff</b>	Fil Montanye
<b>Printed Name</b>	Fil Montanye

<b>Signature of person in charge</b>	Krustyna Alexander
<b>Printed Name</b>	Krustyna Alexander

OEC DIVISION OF LICENSING  
 450 Columbus Blvd, Suite 302, Hartford, CT 06103  
 Help Desk: (800)282-6063 or (860)500-4450  
 Website: [www.ctoec.org/licensing](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

Inspection shall be posted or available for review upon request.	
Written Corrective Action Plan Due by: <b>NA</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative Development Early Learning Center License # Pending Date: 7/22/25

Observations/Corrections needed:

- 6) Reviewed new regulations
- 7) Program must use furniture, equipment and toys per manufacture guidelines.

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: Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: NA

Signature: [Signature]  
(Person in Charge)

Print Name: Krystyna Alexander