

**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 M.E.	Date of Inspection:	8-14-25	Time of Arrival:	8:44 9:50
Address:	446 A Blake St	License Number:	70147	Expiration Date:	11-30-25
Town:	New Haven 06515	Telephone Number:	203-859-2804	Summer Care:	open
Operator:	Michele Ellis	# of Staff Present:	15+	# over 3 Present:	28
Email:	Creativemelc@yahoo.com	Total Capacity:	80	Total Under 3 capacity:	40
Designated Director:	Michele Ellis	Hours/Days of Operation:	M-F 7:00a-12am		
		# under 3 Present:	23	Ages Served:	6w-12y

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: \_\_\_\_\_

**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 type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11. (d)(2)(A)	<u>POLICIES-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Discipline policy
<input checked="" type="checkbox"/> (d)(3)	Child Protection policy
<input checked="" type="checkbox"/> (d)(4)(A)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(B)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(5)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(6)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)(C)	General Operating policies
<input checked="" type="checkbox"/> (d)(7)	Administrative Oversight policy
<input type="checkbox"/> 12. (d)(1)	Personnel policies
<input type="checkbox"/> 13. (f)	Daily attendance-children/staff- keep 1 yr. ACCESS
<input type="checkbox"/> (h)	Immediate access by parents
<input type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records
<input type="checkbox"/> 15. (m)	2.8 yr olds in prek-authorization
<input type="checkbox"/> 16. (n)	Motor vehicle laws-transportation
<input type="checkbox"/> 17. (o)	Capacity
<input checked="" type="checkbox"/> 18. (e)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 3a(e)(1)	<u>POSTINGS</u>
<input checked="" type="checkbox"/> 3a(e)(2)	License posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(e)(3)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(4)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(5)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(6)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 7a(e)(17)	Dev. Milestones posted
<input checked="" type="checkbox"/> 10(g)(8)	Radon Test posted (Schls-N/A)
	Safe Sleep policy posted

<input type="checkbox"/> 19. (a)(1)	Staff health records
<input type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input type="checkbox"/> 21a. (b)(2)	Past employment history
<input type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input type="checkbox"/> 27. (d)(4)(A)	<u>RATIOS</u>
<input type="checkbox"/> (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input type="checkbox"/> (d)(6)	Mixed age group
<input type="checkbox"/> 28. (d)(4)(D)	Nap time ratio
<input type="checkbox"/> 29. (d)(5)	Supervision-Indoors/Outdoors
<input type="checkbox"/> (d)(5)(A)	<u>GROUP SIZE</u>
<input type="checkbox"/> (d)(5)(B)	Group Size-Indoors/Outdoors
<input type="checkbox"/> 30. (e)(1)	Group Size-school age field trips/outdoors
<input type="checkbox"/> 31. (f)(1)	Mixed age group-group size
<input type="checkbox"/> 32. (f)(2)	Designated director-training
<input type="checkbox"/> 33. (a)(2)	CPR certified program staff
<input type="checkbox"/> 34. (h)(1)	First aid certified program staff
<input type="checkbox"/> (h)(2)	<u>PROFESSIONAL DEVELOPMENT</u>
<input type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input type="checkbox"/> (4)(C)(i)	Health & Safety training
<input type="checkbox"/> (e)(6)	1% annual hours
<input type="checkbox"/> (e)(6)	<u>SWIMMING ACTIVITIES - Y/N</u>
<input type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
<input type="checkbox"/> (i) - (i)(2)(A-H)	Non-swimmers identified
<input type="checkbox"/> (F)	CPR certified staff-age 20 or older
<input type="checkbox"/> (i)(2) (H)(i)-(I)(i)	Lifeguard-certified-supervising
	<u>CONSULTANTS</u>
	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	Consultant agreements-signed annually-agreements complete w/required services
	Consultant logs-documented activities, observations and required services
	Consultant visits- Education/Health
	Contracts    Logs    Visits
	Education
	Health
	Soc. Serv.
	Dietitian

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

<b>PROGRAM NAME</b>	Creative Me	<b>LICENSE NUMBER</b>	70147	<b>DATE OF INSPECTION</b>	8.14.25
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<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
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<input type="checkbox"/> 36. <input type="checkbox"/> 37.  <input type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44. <input type="checkbox"/> 45.	(a)(1)(A-C)  <input type="checkbox"/> (a)(1)(D)(i) <input type="checkbox"/> (a)(1)(D)(ii) <input type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv)  (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	<b>Children's Enrollment information</b> <b>PARENT PERMISSIONS</b> 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	<input type="checkbox"/> 71. <input type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76.  <input type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input type="checkbox"/> 79.  <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5)  (d)(6), (f)(3) (d)(7)  <input type="checkbox"/> (d)(8)  <input type="checkbox"/> (d)(8) (d)(9)  <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11)  <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4)  <input type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(6)  <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7)  <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)  <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)  <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	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 <b>SMOKING</b> Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety – outlets inaccessible - covered or protected <b>TOILETING</b> 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 <b>AIR TEMPERATURE</b> 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 <b>WALLS/CEILINGS/FLOORS/RUGS</b> Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected <b>TELEPHONE/TELEPHONE NUMBERS</b> Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number <b>LIGHTING</b> 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: _____ (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
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**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input type="checkbox"/> 50. <input type="checkbox"/> 51. <input type="checkbox"/> 52. <input type="checkbox"/> 53. <input type="checkbox"/> 54. <input type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1)  (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1)  (b)(2) <input checked="" type="checkbox"/> (c)  <input type="checkbox"/> (c)  <input checked="" type="checkbox"/> (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 <b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <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 <b>FIRST AID SUPPLIES</b> -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input type="checkbox"/> 83. <input checked="" type="checkbox"/> 84.  <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88.  <input checked="" type="checkbox"/> 90. <input type="checkbox"/> 91.  <input checked="" type="checkbox"/> 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)  <input checked="" type="checkbox"/> (e)(1) <input checked="" type="checkbox"/> (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4)  <input type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(5) <input type="checkbox"/> (e)(6)  <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7) <input type="checkbox"/> (e)(7)  <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(9)  <input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)  <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.
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**PHYSICAL PLANT 19a-79-7a**

<input type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input type="checkbox"/> 64. <input type="checkbox"/> 65.  <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input type="checkbox"/> 68. <input type="checkbox"/> 69.  <input type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6)  (c)(2) (c)(3) (c)(4)  <input type="checkbox"/> (c)(5)(A) <input type="checkbox"/> (c)(5)(B) <input type="checkbox"/> (c)(5)(C)  <input type="checkbox"/> (c)(6)(A)  <input type="checkbox"/> (c)(6)(B-D)  <input type="checkbox"/>	Fire marshal codes/certificate _____ 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 <b>WATER SUPPLY</b> - Public/Well (Schools-N/A) Lead Water Test - Date: _____ Bact./Chem Test-Date: _____ (N/A) Drinking water available/accessible <b>LEAD PAINT</b> - Building Pre-78: Y/N Lead Test: Y/N Results _____ Lead Management Plan _____  Peeling Paint - Y/N Inside/Outside	<input type="checkbox"/> 95. <input checked="" type="checkbox"/> 96.  <input type="checkbox"/> 97. <input type="checkbox"/> 98. <input checked="" type="checkbox"/> 99.  <input checked="" type="checkbox"/> 100. <input type="checkbox"/> 101. <input type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104.  <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	<input checked="" type="checkbox"/> (e)(9) <input checked="" type="checkbox"/> (e)(9) (e)(10)  <input checked="" type="checkbox"/> (e)(11)  <input type="checkbox"/> (e)(12) <input type="checkbox"/> (e)(13) <input checked="" type="checkbox"/> (e)(14-15)  <input checked="" type="checkbox"/> (e)(16) <input type="checkbox"/> (e)(17) <input type="checkbox"/> (e)(18) <input checked="" type="checkbox"/> (f)(1)(A) <input checked="" type="checkbox"/> (g)(1)  <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4)
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**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Creative ME	<b>LICENSE NUMBER</b>	70147	<b>DATE OF INSPECTION</b>	8/14/25
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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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<input 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 type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		<u>OUTDOOR SPACE</u>
<input type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input type="checkbox"/>		(h)(3)	Playground free from hazards
<input type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input type="checkbox"/>	112.		<u>OUTDOOR PROTECTED/FENCED</u>
<input type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

	128.		<input checked="" type="checkbox"/> (e)(2)	<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
			<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.		<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"/>	130.		<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 type="checkbox"/>	135.		<input type="checkbox"/> (i)(1)(2A-C)	
<input checked="" type="checkbox"/>	136.		<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.		<input type="checkbox"/> (l)(1)	
<input type="checkbox"/>	138.		<input type="checkbox"/> (l)(2)	
<input type="checkbox"/>	139.		<input type="checkbox"/> (l)(3)	

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

<input type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input type="checkbox"/>	116.	(a)	<u>EDUCATIONAL REQUIREMENTS</u>
<input 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 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 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 checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" 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.	(e)(1)	<u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail

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

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

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

<b>PROGRAM NAME</b>	Creative M.E	<b>LICENSE NUMBER</b>	70147	<b>DATE OF INSPECTION</b>	8.14.25
<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			<b>MONITORING OF DIABETES 19a-79-13</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<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)	<b>Written policies and procedures</b> <b>STAFF TRAINING</b> 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 type="checkbox"/> 172.	<input type="checkbox"/> (b)(1)(A) <input type="checkbox"/> (b)(1)(B) (i)-(iii)	
<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> 173.	<input type="checkbox"/> (b)(2) <input type="checkbox"/> (b)(3) <input type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3)	
<input checked="" type="checkbox"/> 147.	(b)	Approved Night Care Endorsement	<input type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher	<input type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 152.	(b)(5)	Staff awake and available	<input type="checkbox"/> 179.	(e)(3)	
<input checked="" type="checkbox"/> 153.		<b>SLEEP PROVISIONS</b>			
	<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 checked="" type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft			
<input checked="" type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified			
<input checked="" type="checkbox"/> 156.	(b)(10)	Local health approval			
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			<b>ADDITIONAL VIOLATION</b>		
<input type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> 1) crib sheets- all in attendance in infant room were over 12 months. crib sheets for under 1 need to be tight fitting. 2) 1 med order in TM room calls for epi - 1 vial. on site is .15 epi care plan calls for .15 3) tac holding up draper policy at changing table LBS 4) Bib on table hand washing sink in LBS 5) thermometers not observed in several classrooms - walls being prep for painting 6) CF lighting during nap NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 159.	(a)(2)	<b>NONPRESC. TOPICAL MEDICATION</b> Admin/Parent permission/report errors			
	(a)(3)(A-B)	Labeling and Storage			
	(a)(3)(C)	Unused/expired meds destroyed/returned			
<input type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>			
	<input type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	<input type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication			
	<input type="checkbox"/> (b)(1)(E)	Rectal medication			
	<input type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector			
	<input type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates			
	<input type="checkbox"/> (b)(2)(C)	Training outline on file			
<input 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)			

<b>Signature of OEC staff</b>	Jan Schultz / R Montuono	<b>Signature of person in charge</b>	Michele Ellis
<b>Printed Name</b>	Jan Schultz / R Montuono	<b>Printed Name</b>	Michele Ellis

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oec.licensing@ct.gov">oec.licensing@ct.gov</a>	Inspection shall be posted or available for review upon request.  Written Corrective Action Plan Due by: 8/28/25
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 M.E License # 70147 Date: 8/14/25

## Observations/Corrections needed:

- #49 Care plans: regulation not in compliance when..
- 2 cortisone creams observed without JS
  - 2 Care plans not signed by staff responsible for care of children in teachable moments room
  - 1 care plan for benedryl not able to be carried out as no benedryl on site in Teachable moments
  - 1 care plan lady bug 2 calls for Albuterol to be used in red zone and no albuterol on site.
- #56 hand washing - regulation not in compliance when staff was observed to enter kitchen and start lunch prep without washing hands prior to food handling.
- #59 (c) observed outdoor first aid kit missing rolled gauze and adhesive strips (band aids)
- #66 furniture not secure throughout class in lady bug 3
- play cabinet between stove + sink in private LB2 not secure, easily toppable
  - Microwave in private BB1 not secure, on top of shelf
  - microwave in Bumble Bee 1 observed to have dried food splatters on the top interior
  - loose sink, affixed to the wall (separating) in private BB1 class

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: Jan Schulz / Fil Montanye  
(OEC Representative)Print Name: Jan Schulz / Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8-28-25Signature: Michele Ellis  
(Person in Charge)Print Name: Michele Ellis

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Creative M.E License # 70147 Date: 8/14/25Observations/Corrections needed:

- # 88<sup>(e)(5)</sup> - observed walls throughout program space, spackles, holes, nicks, exposed wall board, making areas porous throughout
- observed rugs not clean in LB1 and LB2.
  - 94(e)(9) lighting in BB2 measured below 50 candle feet in library and at all tables where close work was being conducted. Tables measured 40 and library 30
  - all windows were blocked off with paper

#109 gross motor observed no shock absorbing material under or around indoor climber

128<sup>(e)(8)</sup> Diaper changing policy not posted in private LB2

- #161 - observed 2 cortizone creams not on medication administration (LB2) → form. needs medication authorization from health care provider
- observed order for albuterol and xponex onsite (LB2)
  - observed Flovent on site without medication order (TM)

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: Jen Schuh / Fil Montanye  
(OEC Representative)

Print Name: Jen Schuh    Fil Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Madeleine Ellis  
(Person in Charge)

OEC BY: 8-28-25

Print Name: Madeleine Ellis