CONNECTICUT Early Childhood

DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

Program Name	BURLINGTON ACADEMY OF LEARNING			License Number	DCCC.16140	Date of Inspection	08/29/2025
				Expiration Date	11/30/2025	Time of Inspection	11:30 AM
Address	4/6 COVEY ROAD BURLINGTON CT 06013-1720			Telephone	(860) 675-3598	Licensed Capacity	103
				Hours of Operation	6:30 AM – 6:00 PM	Under Three Capacity	30
Is this a Change of Address?	Yes?		No? X	Days of Operation	Mon-Fri	Ages Served	2 years – 12 years
New Address				Night Hours	No	Summer Hours: Open	Weekend Hours: No
				Program's Email	mainoffice@burlingtonacademy.com		
Operator	THE BURLINGTON ACADEMY OF LEARNING LLC			Director	ANALIA OZANO		
Endorsements	Pre-School, School Age, Under Three			Name of Inspector	Betty Mayer		

Key: Compliant = X Non-Compliant = O	# Children Present under age 3	# Total Children Present	# of Staff Present	Type of Inspection
	14	59	10	UNANNOUNCED INSPECTION - FULL

LICENSURE PROCEDURES 19a-79-2a

X	1. 19a-79-2a(c)(8) LOCAL HEALTH INSPECTION DATE: 07/10/2024	

ADMINISTRATION 19a-79-3a

X	2. 3a(a) ENSURING HEALTH & SAFETY OF CHILDREN	
X	3. 3a(b) OVERALL MANAGEMENT OF PROGRAM	
X	4. 3a(b)(6) EMPLOYEE ORIENTATION FOR NEW PROGRAM STAFF	
X	5. 3a(b)(6) ANNUAL POLICY TRAINING FOR PROGRAM STAFF	
X	6. 3a(b)(7)(A) CHILD BEHAVIOR MANAGEMENT	

X	**7. 3a(b)(7)(B)** **DOC. THAT PARENTS WERE INFORMED OF BEHAVIOR MANAGEMENT TECHNIQUES**	
X	**8. 3a(b)(7)(C)** **CHILD PROTECTION**	
X	**9. 3a(b)(7)(E)** **MANDATED REPORTING**	
X	**10. 3a(c)(1-4)** **NOTIFICATION OF CHANGE**	
X	**11. 3a(d)(1)-(6)** **POLICIES- COMPLETED, IMPLEMENTED**	☐ **DISCIPLINE (d)(2)(A)** ☐ **CHILD PROTECTION (d)(2)(B-C)** ☐ **CLOSING TIME (d)(3)** ☐ **MEDICAL EMERGENCY (d)(4)(A)** ☐ **MULTI-HAZARDS (d)(4)(B)** ☐ **SUPERVISION (d)(5)** ☐ **GENERAL OPERATING (d)(6)** ☐ **PERSONNEL (d)(7)** ☐ **ADMINISTRATIVE OVERSIGHT (d)(6)(C)**
X	**12. 3a(d)(1)** **DAILY ATTENDANCE- CHILDREN AND STAFF- KEEP 1 YEAR**	
X	**13. 3a(f)** **IMMEDIATE ACCESS BY PARENTS**	☐ **ACCESS BY PARENTS (f)** ☐ **ACCESS BY OEC (h)**
X	**14. 3a(l)** **2.8 YR OLDS ENROLLED IN PREK- AUTHORIZATION**	
X	**15. 3a(m)** **MOTOR VEHICLE LAWS – TRANSPORTATION**	
X	**16. 3a(n)** **CAPACITY**	
X	**17. 3a(o)** **RESPOND TO OEC- NO FALSE, MISLEADING STATEMENTS OR DOCS**	
X	**18. 3a(e)(1)-(6)** **POSTINGS**	☐ **LICENSE (e)(1)** ☐ **OEC COMPLAINT PROCEDURE (e)(2)** ☐ **ADMINISTRATIVE OVERSIGHT POLICY (d)(6)(c)** ☐ **MENUS (e)(3)** ☐ **NO SMOKING SIGNS (e)(4)** ☐ **OEC INSPECTION REPORT (e)(5)** ☐ **RADON TEST 7a(e)(17** ☐ **SAFE SLEEP POLICY 10(g)(8)** ☐ **DEVELOPMENTAL MILESTONES (e)(6)**

STAFFING AND CONSULTANTS 19a-79-4a		
X	19. 4a(a)(1) STAFF HEALTH RECORDS	
X	20. 4a(a)(3) DISCIPLINARY ACTIONS	
X	21. 4a(b) COMPREHENSIVE BACKGROUND CHECKS	
X	21a. 4a(b)(4) PAST EMPLOYMENT HISTORY	
X	22. 4a(b)(4) EVIDENCE OF COMPLIANCE WITH BACKGROUND CHECKS/HISTORY	
X	23. 4a(d) ADEQUATE STAFFING	
X	24. 4a(d)(1) DESIGNATED HEAD TEACHER – APPROVED – 60%	
X	25. 4a(d)(2) TWO STAFF PRESENT – AGE 18 OR OLDER	
X	26. 4a(d)(3)(A-C) PERSONAL QUALITIES OF STAFF	
X	27. 4a(d)(4)(A) RATIOS 1:10 – INDOORS AND OUTDOORS	☐ 1:10 INDOORS/OUTDOORS (d)(4)(A) ☐ MIXED AGE GROUPS (d)(4)(b) ☐ NAP TIME (d)(6)
X	28. 4a(d)(4)(D) SUPERVISION – INDOORS AND OUTDOORS	
X	29. 4a(d) GROUP SIZE – INDOORS AND OUTDOORS	☐ MAX 20 INDOORS/OUTDOORS (d)(5) ☐ SCHOOL AGE FIELD TRIPS/OUTDOORS (d)(5)(A) ☐ MIXED AGE GROUP (d)(5)(B)
X	30. 4a(e)(1) DESIGNATED DIRECTOR – TRAINING	
X	31. 4a(f)(1) CPR CERTIFIED PROGRAM STAFF	

X	32. 4a(f)(2) FIRST AID CERTIFIED PROGRAM STAFF	
X	33. 4a(d)/(h) PROFESSIONAL DEVELOPMENT	☐ DOC. OF PROF. DEVELOPMENT/TRAININGS (a)(2) ☐ HEALTH & SAFETY TRAINING (h)(1) ☐ 1% ANNUAL HOURS (h)(2)
X	34. 4a(C)-(e) SWIMMING ACTIVITIES SWIMMING OFFERED? N	☐ SWIMMING RATIOS (4)(C)(ii-v) ☐ NON-SWIMMERS IDENTIFIED (4)(C)(i) ☐ CPR CERT STAFF-AGE 20↑ (e)(6) ☐ LIFEGUARD-CERTIFIED, SUPERVISING (e)(6)
O	35. 4a(i)/(F) CONSULTANTS – AGREEMENTS, LOGS, VISITS	O CONSULTANTS- EDUCATION/HEALTH/SOCIAL SERVICE/DIETITIAN (i)(1)(A-D) ☐ CONSULTANT AGREEMENTS-SIGNED ANNUALLY/COMPLETE W/REQUIRED SERVICES (i)-(i)(2)(A-H) ☐ CONSULTANT LOGS-DOCUMENTED ACTIVITIES/OBSERVATIONS/SERVICES (F) ☐ CONSULTANT VISITS-EDUCATION/HEALTH (i)(2) –(H)(i)-(I)(i) **Program not in compliance with maintaining complete consultant agreements when education, health and social service consultant signed contracts missing all required components.**

NOT IN COMPLIANCE	EDUCATION	HEALTH	SOCIAL SERVICE	DIETICIAN N/A?
CONTRACTS				
LOGS				
VISITS				

RECORD KEEPING 19a-79-5a

X	36. 5a(a)(1)(A-C) ENROLLMENT INFORMATION	
X	37. 5a(a)(1)(D) PARENT PERMISSIONS	☐ EMERGENCY MEDICAL PERMISSION (D)(i) ☐ AUTHORIZED RELEASE PERMISSION (D)(ii) ☐ FIELD TRIP PERMISSION (D)(iii) ☐ TRANSPORTATION PERMISSION (D)(iv)
X	38. 5a(a)(2)(A-B) CHILD HEALTH RECORDS	
X	39. 5a(a)(2)(C) IMMUNIZATION RECORDS	
X	40. 5a(a)(2)(E) INDIVIDUAL CARE PLAN-SIGNED BY PARENTS/STAFF	
X	41. 5a(a)(3)(A) INJURY, ILLNESS, INCIDENT, ACCIDENT REPORTS	
X	42. 5a(a)(3)(B) PARENT NOTIFICATION OF ILLNESS OR INJURY	

X	**43. 5a(a)(3)(C)(i-ii)** NOTIFY OEC OF SERIOUS INJURIES, FATALITY	
X	**44. 5a(a)(3)(D)** NOTIFY DPH, LOCAL HEALTH- REPORTABLE DISEASES	
X	**45. 5a(a)(4)** VIDEO RECORDINGS- KEEP FOR 30 DAYS	
HEALTH AND SAFETY 19a-79-6a		
X	**46. 5a(a)(1)** N/A: PREPARATION AND TRANSPORTATION OF FOOD- FOLLOW DPH MODEL FOOD CODE	
X	**47. 5a(a)(2)** NUTRITIOUS MEALS AND SNACKS	
X	**48. 5a(a)(3)** PROPER REFRIGERATION (MAX 41°)	
X	**49. 5a(a)(4)** MENUS- 1 WK IN ADVANCE-KEEP 3 MONTHS	
	50. 5a(a)(5) N/A:Y FOOD SERVICE INSPECTION DATE: _____	
X	**51. 5a(a)(6)** N/A: KITCHEN-CLEAN – SAFE STORAGE OF FOOD/SUPPLIES	
X	**52. 5a(a)(7)** SEPARATE HAND WASHING FACILITIES	
X	**53. 5a(a)(8)** MULTI-USE EATING AND DRINKING UTENSILS	
X	**54. 5a(a)(9)** N/A: KITCHEN SEPARATED BY A DOOR OR GATE	
X	**55. 5a(a)(10)** CHILDREN SUPERVISED DURING MEAL PREP	
X	**56. 5a(a)(11)** HANDWASHING – STAFF AND CHILDREN	

X	**57. 5a(b)(1)** **ILLNESS PROCEDURES- STAFF KNOWLEDGEABLE, CHILDREN OBSERVED FOR SIGNS/SYMPTOMS**	
X	**58. 5a(b)(2)** **DESIGNATED ISOLATION AREA**	
X	**59. 5a(c-d)** **FIRST AID KITS AND SUPPLIES**	☐ **FIRST AID KITS (C)- PORTABLE, ACCESSIBLE TO STAFF, CLOSED CONTAINER- INDOORS/OUTDOORS/FIELD TRIPS- (5a)(c)** ☐ **FIRST AID SUPPLIES (C)- INDOOR/OUTDOOR- ADHESIVE STRIPS, 3-4" GAUZE SQUARES, 2" ROLLED GAUZE, TAPE, SCISSORS, TWEEZERS, 2 COLD PACKS, THERMOMETER, GLOVES, CPR MOUTH BARRIER- (5a)(c)** ☐ **FIRST AID SUPPLIES-ADDITIONAL SUPPLIES FOR FIELD TRIPS- WATER, PHONE, SOAP, EMERGENCY NUMBERS, MEDICATIONS, PLASTIC BAGS – (5a)(d) N/A:**
PHYSICAL PLANT 19a-79-7a		
X	**62. 7a(a)(2)** **FIRE MARSHAL CODES – CERTIFICATE DATE: 07/25/2025**	
X	**63. 7a(b)** **INDOOR/OUTDOOR SPACE INSPECTED AND APPROVED PRIOR TO USE**	
X	**64. 7a(b)(1)-(5)** **CONSTRUCTION- EXPANSION- RENOVATION- CONVERSION**	
X	**65. 7a(b)(6)** **SPACE NOT INSPECTION OR APPROVED BUT USED FOR FIELD TRIPS- WRITTEN PARENT PERMISSION**	
X	**66. 7a(c)(2)** **LICENSED PREMISES- CLEAN, GOOD REPAIR, HAZARD FREE, MAINTENANCE PROGRAM**	
X	**67. 7a(c)(3)** **BUILDING, EQUIPMENT, FURNISHINGS - SANITARY AND HAZARD FREE**	
X	**68. 7a(c)(4)** **TESTING OF PREMISES OR GROUNDS FOR CHEMICALS**	
X	**69. 7a(c)(5)(A-C)** **WATER SUPPLY TYPE: Public Well (SCHOOLS-N/A)**	☐ **LEAD WATER TEST (c5)(A) Date: 07/31/2024** ☐ **BACTERIAL/CHEMICAL TEST(c5)(B) Date: 07/22/2025 N/A:** ☐ **DRINKING WATER AVAILABLE/ACCESSIBLE (c5)(C)**

X	70. 7a(c)(6)(A-D) LEAD PAINT- BUILDING PRE-78? No ☐ PEELING PAINT – SAMPLE TAKEN _____	☐ PRE-78 LEAD TEST (c6)(A) TEST RESULTS: _____ ☐ LEAD MANAGEMENT PLAN (c6)(D) PLAN REQUIRES: _____
X	71. 7a(d)(1) EMERGENCY VEHICLE ACCESS	
X	72. 7a(d)(2) WALKWAYS MAINTAINED	
X	73. 7a(d)(2) WINDOWS PROTECTED TO PREVENT FALLS	
X	74. 7a(d)(3) WINDOW SCREENS	
X	75. 7a(d)(4) GLASS/MIRRORS PROTECTED UP TO 36"	
X	76. 7a(d)(5) N/A: OVERHEAD DOORS- LOCKING DEVICES, SPRING PROTECTORS	
X	77. 7a(d)(6) – (f)(3) EXITS, STAIRS, HALLWAYS UNOBSTRUCTED	
X	78. 7a(d)(7) INDIVIDUAL STORAGE OF CLOTHING AND BEDDING	
X	79. 7a(d)(8) SMOKING	☐ SMOKING/VAPING OR OTHER ELECTRONIC NICOTINE DEVICE PROHIBITED ON PREMISES/GROUNDS ☐ MATCHES/LIGHTERS INACCESSIBLE
X	81. 7a(d)(9) ELECTRICAL SAFETY – OUTLETS INACCESSIBLE- COVERED OR PROTECTED	
X	82. 7a(d)(10)(A-H) TOILETING AND BATHROOMS	☐ SHARED TOILETS/SINKS-SUPERVISION PLAN (10A) ☐ TOILETING NEEDS MET (10B) ☐ POTTY CHAIRS-NONPOROUS/EMPTIED/DISINFECTED (10)(C) ☐ REQUIRED TOILETS/SINKS 1:16 (10C) ☐ TOILETING SUPPLIES-HAND DRYING- GARBAGE (10E) ☐ HANDWASHING STAFF/CHILDREN (10E) ☐ TOILETS/SINKS LOCATED AT THE FACILITY (10F) ☐ WELL LIGHTED/VENTILATED TOILET ROOMS (10G) ☐ MECHANICAL VENTILATION (licensed after 1/1/94) (10H) - (Group Homes- N/A:) ☐ SCHL AGE ONLY PROGRAMS - REQUIRED TOILETS/SINKS 1:25 (10D)

X	**83. 7a(d)(11)** **STAFF PERSONAL ARTICLES INACCESSIBLE**	
X	**84.7a(e)(1-2)** **AIR TEMPERATURE AND FLUIDS**	☐ AIR TEMPERATURE 65°F AT 3 FT.- NON-MERCURY THERMOMETER AFFIXED TO WALL (e)(1) ☐ AIR TEMPERATURE > 80°F - ↑ FLUIDS/VENTILATION (e)(2)
X	**86. 7a(e)(3)** **WATER TEMPERATURE 60° – 120°**	
X	**87. 7a(e)(4)** **PORTABLE SPACE HEATERS PROHIBITED**	
X	**88. 7a(e)(5)** **WALLS, CEILINGS, FLOORS AND RUGS**	☐ WALLS/CEILINGS/FLOORS/RUGS- CLEAN/GOOD REPAIR ☐ RUGS- NOT A TRIPPING/SLIPPING HAZARD
X	**90. 7a(e)(6)** **HOT WATER, STEAM PIPES PROTECTED**	
X	**91. 7a(e)(7)** **TELEPHONES – TELEPHONE NUMBERS – PARENTS PROVIDED DIRECT ON-SITE PHONE NUMBER**	☐ WORKING PHONE ON EACH LEVEL ☐ EMERGENCY NUMBERS POSTED-ADJACENT TO PHONES ☐ PARENTS PROVIDED DIRECT ON SITE PHONE NUMBER
X	**94. 7a(e)(8-9)** **LIGHTING AND FIXTURES**	☐ ALL AREAS MIN. 1 FOOT CANDLE OF LIGHTING (e8) ☐ LIGHT FIXTURES SHIELDED/SHATTER PROOF (e9) ☐ ADEQUATE LIGHTING-30/50 CANDLE FT- SUFFICIENT LIGHTING TO BE VISIBLE (e9) ☐ ENOUGH LIGHTING FOR COMFORT (e9)
X	**95. 7a(e)(10)** **POTENTIALLY HAZARDOUS SUBSTANCE, MATERIALS LABELED, INACCESSIBLE**	
X	**96. 7a(e)(11)** **GARBAGE/RUBBISH DISPOSED DAILY- CONTAINERS IN GOOD REPAIR**	
X	**97. 7a(e)(12)** **STAIRS- PROTECTED, GOOD REPAIR, HANDRAILS**	
X	**98. 7a(e)(13)** **TOXIC PLANTS/MATERIALS INACCESSIBLE**	

X	**99. 7a(e)(14-15) N/A: PETS OR OTHER ANIMALS- IN GOOD HEALTH, WRITTEN CARE PLAN INCLUDING ACCESS TO CHILDREN**	
X	**100. 7a(e)(16) MEASURES TO PREVENT VERMIN**	
X	**101. 7a(e)(17) Schls N/A: RADON TEST DATE: 11/06/2024 RESULTS: .3**	
X	**102. 7a(e)(18) N/A: OPERABLE CARBON MONOXIDE DETECTOR ON EACH LEVEL**	
X	**103. 7a (f)(1)(A) PROGRAM SPACE- ADEQUATE- 35 SQUARE FEET PER CHILD**	
X	**104. 7a(g)(1) EQUIPMENT CLEAN, SAFE, GOOD REPAIR, NON-TOXIC, STURDY, FREE FROM RUST AND PROTRUDING NAILS**	
X	**105. 7a(g)(2) ADEQUATE EQUIPMENT FOR REST- COTS - CLEANING (GRP HOMES ONLY: MATS/SLEEPING BAGS)**	
X	**106. 7a(g)(3) AIR CONDITIONERS, WATER HEATERS, FUSE BOXES INACCESSIBLE**	
X	**107. 7a(g)(4) DEVELOPMENTALLY APPROPRIATE EQUIPMENT AND MATERIALS**	
X	**108. 7a(g)(5) MANUFACTURE GUIDELINES FOLLOWED- FURNITURE, EQUIPMENT/TOYS- CPSC UNSAFE/RECALLS**	
X	**109. 7a(g)(6) INDOOR CLIMBING PLAY EQUIPMENT-SHOCK AB. MATERIALS UNDER/AROUND**	
X	**110. 7a(j) NO WEAPONS, NO FACSIMILE OF A FIREARM**	

PHYSICAL PLANT- OUTDOOR SPACE

X	111. 7a(h)(1-9) OUTDOOR SPACE – HAZARDS EQUIPMENT DRINKING WATER	☐ ADEQUATE SPACE-75 SQ.FT. PER CHILD (h1) ☐ SHOCK ABSORBING SURFACES- MIN. 8" (h2) ☐ PLAYGROUND FREE FROM HAZARDS (h3) ☐ NUTS, BOLTS, SCREWS- TIGHT, COVERED/PROTECTED (h4) ☐ OUTSIDE EQUIPMENT ANCHORED- ANCHORS BURIED (h5) ☐ DRINKING WATER AVAILABLE/ACCESSIBLE (h8) ☐ EQUIPMENT ARRANGED FOR SAFETY- FENCES/STRUCTURES NOT HAZARDOUS (h9) ☐ NEW EQUIPMENT- CERT. PLAYGROUND INSPECTION UPON REQUEST (h6)
X	112. (h)(7)(A-C) OUTDOOR SPACE - PROTECTED - FENCING	☐ PLAYGROUND PROTECTED FROM TRAFFIC, WATER, GULLIES OR OTHER HAZARDS (7) ☐ FENCES INSTALLED TO PROTECT FROM HAZARDS – 4 FEET (7)(A) ☐ FENCES INSTALL TO PROTECT FROM WATER- 4 FT., SELF-CLOSING AND SELF-LATCHING DEVICES OR LOCKS (7)(B) ☐ ROOFTOP PLAY AREAS- 6 FT. WALL/BARRIER (h)(9)
X	114. (i) WATER HAZARDS	☐ POOLS, SWIMMING AREAS- CONFORMS TO 19-13-B33b and 19a-36-B61 N/A: ☐ WADING POOLS PROHIBITED ☐ HOT TUBS/SPAS/SAUNAS- LOCKED/INACCESSIBLE N/A:

EDUCATIONAL REQUIREMENTS 19a-79-8a

X	115. (a) WRITTEN DAILY/WEEKLY EDUCATIONAL PLAN- DEVELOPMENTALLY APPROPRIATE -AVAILABLE TO STAFF/PARENTS	
X	116. (a)(1-11), (b) EDUCATIONAL REQUIREMENTS – ACTIVITIES SCREEN TIME	☐ (a)(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/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

INFANT/TODDLER ENDORSEMENT 19a-79-10

IS THERE AN APPROVED ENDORSEMENT? Yes

X	117. 10(b) APPROVED UNDER THREE ENDORSEMENT	
X	118. 10(c)(2) RATIO OF STAFF TO CHILDREN 1:4 (6 WKS-24MTHS) 1:5 (24-36 MTHS)	

X	**119. 10(c)(3)** **GROUP SIZE -** **MAX 8 (6 WKS-24 MTHS)** **MAX 10 (24-36 MTHS)**	
X	**120. 10(c)(4)** **PHYSICAL BARRIERS SEPARATING EACH GROUP** **(INDOORS AND OUTDOORS)**	
X	**121. 10(d)(1)(A-C)** **ADEQUATE SINKS IN PROGRAM SPACE** **(GRP HOMES-ACCESSIBLE)** **HANDWASHING, DIAPERING, FOOD PREP USES**	
X	**122. 10(d)(2)(A i-iii)** **CRIBS AND PACK-N-PLAYS- IN COMPLIANCE WITH CPSC**	
X	**123. 10(d)(2)(B)** **WASHABLE COTS**	
X	**124. 10(d)(2)(C)** **CHAIRS FOR FEEDING, STABLE BASE, SAFETY STRAPS, LOCKING TRAY**	
X	**125. 10(d)(2)(D)** **DEVELOPMENTALLY APPROPRIATE TABLES, CHAIRS, EQUIPMENT**	
X	**126. 10(d)(2)(E)** **REFRIGERATORS AND FOOD PREP FACILITIES**	
X	**127. 10(d)(3)(A-C)** **OPTIONAL FURNITURE-EQUIPMENT-SAFE/HAZARD FREE**	
X	**128. 10(e)(1-10)** **DIAPERING AND DIAPER AREAS**	☐ **AREA ELEVATED/STURDY/SAFETY RAIL (e1)** ☐ **AREA USED ONLY FOR THIS PURPOSE, LOCATION IN PROGRAM AREA (e2)** ☐ **AREA-WASHED/DISINFECTED AFTER USE (e4)** ☐ **AREA NON-POROUS SURFACE/GOOD REPAIR (e3)** ☐ **AREA- DISPOSABLE PAPER SHEETS (e5)** ☐ **COVERED WASTE RECEPTABLE-REMOVED DAILY (e6-9)** ☐ **HANDWASHING- STAFF/CHILDREN (e7)** ☐ **DIAPERING/HANDWASHING POLICIES- POSTED/FOLLOWED (e8)** ☐ **CLOTH DIAPERS- WRITTEN PLAN FOLLOWED (e)(10)(A-C)**
X	**129. 10(f)(1-4)** **LINENS AND CLOTHING**	☐ **LINENS/EMERGENCY CLOTHING AVAILABLE (f1)** ☐ **LINENS WASHED WEEKLY OR AS NEEDED (f2)** ☐ **LINENS/CLOTHING STORED INDIVIDUALLY (f3)** ☐ **CRIBS/COTS CLEANED- LINENS CHANGED WHEN SHARED (f4)**

X	**130. 10(g)(1-8)** **SAFE SLEEP – POSITIONING CRIBS POLICIES**	☐ UNDER 12 MTHS PLACED ON BACK FOR SLEEPING (g1) ☐ CRIBS- SNUG FITTING MATTRESS, TIGHTLY FITTED SHEETS (g1) ☐ INFANTS ALLOWED TO ADOPT OTHER SLEEP POSITIONS (g2) ☐ OBSERVE/ASSESS INFANTS AT LEAST EVERY 15 MINUTES (g6) ☐ NO UNAPPROVED SLEEPING – CAR SEATS, SWINGS, BEDS (g4) ☐ ALTERNATE SLEEP POSITION/EQUIPMENT- MEDICAL DOCUMENTATION FOR MEDICAL REASON ON FILE (g1) ☐ NO ITEMS IN/ON CRIBS- BLANKETS, TOYS, BUMPERS, PILLOWS, WEIGHTED BLANKETS/SLEEPERS/SWADDLES (g3) ☐ NO SWADDLING WITHOUT WRITTEN DOCUMENTATION FROM MD/PA/APRN- INSTRUCTIONS/TIMEFRAMES (g4) ☐ TEETHING NECKLACES/BRACELETS, JEWELRY INACCESSIBLE (g7) ☐ SAFE SLEEP POLICIES- PARENTS INFORMED (g8)
X	**131. (h)(1)** **TOYS AND OTHER OBJECTS – PLASTIC BAGS, etc.**	☐ INFANT TOYS- SEPARATE/WASHED/SANITIZED DAILY (h1) ☐ TODDLER TOYS- WASHED/SANITIZED WEEKLY (h1) ☐ NO TOYS OR OTHER OBJECTS LESS THAN 1 ¼" (h2) ☐ PLASTIC BAGS/BALLOONS/STYROFOAM INACCESSIBLE UNLESS UNDER DIRECT SUPERVISION (h2)
X	**135. (i)(1)(2 A-C)** **HEALTH CONSULTANT VISITS- DOCUMENTATION**	
X	**136. (j)-(k)(5)** **FEEDING – SCHEDULES INFANTS BOTTLES**	☐ INFANTS HELD FOR BOTTLES-CHAIRS FOR FEEDING- INDIVIDUAL ATTENTION/TUMMY TIME/CRAWL AND TODDLE (j) ☐ WRITTEN FEEDING SCHEDULE FROM PARENT- UPDATED AS NEEDED (k)(1) ☐ UNUSED FORMULA/MILK DISCARDED AFTER FEEDINGS (k)(2) ☐ CLEAN BOTTLES/DISPOSABLE BOTTLES/APPROVED WASHING (k)(3) ☐ BABY FOOD SERVED FROM DISH OR WHOLE JAR (k)(4) ☐ BOTTLES LABELED WITH CHILD'S NAME (k)(5)
X	**137. (l)(1)** **OUTDOOR SPACE FENCED- 4 FEET (LIC. AFTER 1/1/25)**	
X	**138. (l)(2)** **OUTDOOR EQUIPMENT – DEVELOPMENTALLY APPROPRIATE FOR AGES OF CHILDREN**	
X	**139. (l)(3)** **SHOCK ABSORBING MATERIALS LESS THAN 1 ¼"- OR MEASURES IN PLACE TO ENSURE THEIR HEALTH & SAFETY**	
SCHOOL AGE ENDORSEMENT 19a-79-11		**IS THERE AN APPROVED ENDORSEMENT?** **Yes**
X	**140. 11(b)** **APPROVED SCHOOL AGE ENDORSEMENT**	

X	**141. 11(c)-(c)(3)** **SCHEDULE- ACTIVITIES**	☐ **WRITTEN DAILY PROGRAM PLAN- FLEXIBLE SCHEDULE- AVAILABLE TO PARENT/STAFF (c)** ☐ **ACTIVITIES NOT A DUPLICATION OF CHILD'S DAY (c)(1)** ☐ **ACTIVITIES INCLUDE COGNITIVE, PHYSICAL, SOCIAL, EMOTIONAL NEEDS OF THE CHILDREN (c)(2)** ☐ **PROGRAM OFFERS FREE TIME, SNACKS, CREATIVE, PHYSICAL ACTIVITIES, SMALL GROUP, SELF-CONCEPT ACTIVITIES, HOMEWORK TIME, SPECIAL EVENTS (c)(3)**
X	**143. 11(d)** **RATIO – 1 : 15 – INDOORS AND OUTDOORS**	
X	**144. 11(e)** **GROUP SIZE – MAX. 30 CHILDREN – INDOORS AND OUTDOORS**	
X	**145. 11(f)** **4 YR OLDS ENROLLED IN SCHOOL AGE-WRITTEN AUTHORIZATION – PERMISSIONS FROM DIRECTOR/PARENT**	
X	**146. 11(g)** **DESIGNATED HEAD TEACHER- APPROVED- 60%**	

NIGHT CARE ENDORSEMENT 19a-79-12 **(10pm-5am)** **IS THERE AN APPROVED ENDORSEMENT?** **No**

	147. 12(b) **APPROVED NIGHT CARE ENDORSEMENT**	
	148. 12(b)(1) **PERSON IN CHARGE- HEAD TEACHER**	
	149. 12(b)(2) **WRITTEN PLAN FOR PROGRAM ACTIVITIES- MEET INDIVIDUAL NEEDS, SLEEP PATTERNS, QUIET TIME**	
	150. 12(b)(4) **WRITTEN PLAN FOR SUPERVISION INCLUDING COT PLACEMENT, EVACUATION**	
	151. 12(b)(4) **CHILDREN IN CARE NO MORE THAN 12 HRS. IN 24**	
	152. 12(b)(5) **STAFF AWAKE AND AVAILABLE**	

	153. 12(b)(6)-(7) **SLEEP PROVISIONS**	☐ INDIVIDUAL COT/CRIB WITH BEDDING (b)(6) ☐ REQUIRED BEDDING (b)(6)(B) ☐ SLEEPING APPAREL/TOILETRIES LABELED (b)(6)(A) ☐ REQUIRED TOILETRIES (b)(6)(C) ☐ BEDDING/SLEEPING APPAREL LAUNDERED WEEKLY (b)(6)(D) ☐ SLEEP ARRANGEMENTS FOR INFANTS (b)(7)
	154. 12(b)(8) **AIR TEMP 65°F AT 3 FT**	
	155. 12(b)(9) **FIRE MARSHAL APPROVAL- HOURS SPECIFIED**	
	156. 12(b)(10) **LOCAL HEALTH APPROVAL**	
ADMINISTRATION OF MEDICATIONS 19a-79-9a		
X	**157. 9a** **WRITTEN MEDICATION POLICIES, PROCEDURES**	
X	**158. 9a** **PERMIT ENROLLMENT OF CHILDREN WITH ASTHMA, ALLERGIES, DIABETES**	
X	**159. 9a(a)(2)-(3)** **NON-PRESCRIPTION TOPICAL MEDICATION**	☐ ADMIN/PARENT PERMISSION/REPORT ERRORS (a)(2) ☐ LABELING AND STORAGE (a)(3)(A-B) ☐ UNUSED/EXPIRED MEDS DESTROYED/RETURNED (a)(3)(C)
X	**160. 9a(b)(1-2)** **MEDICATION TRAINING**	☐ MEDICATION TRAINING-GENERAL-ORAL/TOP/INHALANT (b)(1)(A/C) ☐ INJECTABLE PREMEASURED AUTOINJECTOR MEDICATION (b)(1)(D) ☐ INJECTABLE OTHER THAN PREMEASURED AUTO-INJECTOR (b)(1)(F) ☐ RECTAL MEDICATION (b)(1)(E) ☐ TRAINING APPROVAL DOCUMENTS/CERTIFICATES (b)(2)(A-B) ☐ TRAINING OUTLINE ON FILE (b)(2)(C)
X	**161. 9a(b)(3)(A-B)** **AUTHORIZED PRESCRIBER- PARENT PERMISSION**	
X	**162. 9a(b)(3)(D)** **MEDICATION ERRORS- DOCUMENTATION, PARENT(S) AND OEC NOTIFICATION**	
X	**163. 9a(b)(4)(A-B)** **MEDICATION ADMINISTRATION RECORDS (MAR)**	
X	**164. 9a(b)(5)(A-B)** **LABELING AND STORAGE**	

X	165. 9a(b)(5)(C) EMERGENCY MEDICATION INACCESSIBLE	
X	166. 9a(b)(5)(D) UNUSED/EXPIRED MEDICATIONS-DESTROYED/RETURNED	
X	167. 9a(b)(5)(E) AUTO-INJECTOR, INHALANT EQUIPMENT	
X	168. 9a(b)(6) SELF-ADMINISTRATION DOCUMENTATION	
X	169. 9a(b)(7)(A-B) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	170. 9a(d) N/A: Y POTASSIUM IODIDE (KI) EMERGENCY DISTRIBUTION-PERMISSION/STORAGE	

MONITORING OF DIABETES 19a-79-13

CHILD WITH DIABETES ENROLLED? N

X	171. 13(a)(1) WRITTEN POLICIES AND PROCEDURES	
X	172. 13(b)(1)-(c)(2) STAFF TRAINING	☐ STAFF TRAINING-FIRST AID (b)(1)(A) ☐ TRAINED STAFF ON SITE WHEN CHILD IS PRESENT (c)(2) ☐ TRAINING UPDATED AT LEAST EVERY 3 YEARS (b)(2) ☐ WRITTEN DOCUMENTATION OF TRAINING (b)(3) ☐ STAFF TRAINING- USE/STORAGE/MAINTENANCE OF MONITORING EQUIPMENT, READING TEST RESULTS, APPROPRIATE ACTIONS TAKEN (b)(1)(B)(i-iii)
X	173. 13(c)(3) SELF-ADMINISTRATION-WRITTEN AUTHORIZATION AND UNDER SUPERVISION OF TRAINED STAFF	
X	174. 13(d)(1) EQUIPMENT PROVIDED BY PARENTS	
X	175. 13(d)(2) EQUIPMENT LABELED AND INACCESSIBLE	
X	176. 13(d)(3) SIGNED AGREEMENT WITH PARENT REGARDING EQUIPMENT, SUPPLIES, MATERIALS TO BE DISCARDED	
X	177. 13(e)(1) AUTHORIZE PRESCRIBER WRITTEN ORDER	

X	178. 13(e)(2) WRITTEN AUTHORIZATION FROM PARENT	
X	179. 13(e)(2) TESTING RESULTS AND ACTIONS TAKEN- DOC. AND KEPT ON FILE, ENSURE PARENTS ARE NOTIFIED DAILY	

ADDITIONAL VIOLATIONS

	180. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN N/A: Y	

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	1 out of 156

DISCUSSIONS/COMMENTS

Care plan for one child states to give 4 ML of Benadryl, medication authorization states to administer 5 ML.

NOTE: * Items left blank on this form were not monitored during this visit. * Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed. * It is the operator's responsibility to ensure compliance with all local codes and ordinances.

Signature of OEC Representative			Signature of Person in Charge
Printed Name	Betty Mayer	Analia Ozano	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

CONNECTICUT Early Childhood

Written Corrective Action Plan due by: 09/12/2025

DIVISION OF LICENSING
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Email: oec.licensing@ct.gov Website: www.ctoec.org

OEC Representative's Email: elizabeth.mayer@ct.gov

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