

**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:	Willow Academy LLC	Date of Inspection:	8/10/25	Time of Arrival:	9:10am
Address:	850 Dorby Ave Unit 1	License Number:	Pending	Expiration Date:	—
Town:	Seymour Ct.	Telephone Number:	203-424-1944	Summer Care:	Open
Operator:	Willow Academy LLC	# of Staff Present:	1	# over 3 Present:	—
Email:	850 Dorby Willowacademypreschool@gmail.com	Total Capacity:	30	Total Under 3 capacity:	16
Designated Director:	Brittany Harmon	Hours/Days of Operation:	M-F 6:30am - 6:00pm	# under 3 Present:	—
				Ages 6 weeks Served:	12 years

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: 8/5/25

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher—approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present—age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	(d)(4)(A)	RATIOS
	(d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 28.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 29.	(d)(5)	Supervision—Indoors/Outdoors
	(d)(5)(A)	GROUP SIZE
	(d)(5)(B)	Group Size—Indoors/Outdoors
<input checked="" type="checkbox"/> 30.	(e)(1)	Group Size—school age field trips/outdoors
<input checked="" type="checkbox"/> 31.	(f)(1)	Mixed age group—group size
<input checked="" type="checkbox"/> 32.	(f)(2)	Designated director—training
<input checked="" type="checkbox"/> 33.	(a)(2)	CPR certified program staff
	(h)(1)	First aid certified program staff
	(h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 34.	(4)(C)(ii-v)	Documentation of prof. dev/trainings
	(4)(C)(i)	Health & Safety training
	(e)(6)	1% annual hours
<input checked="" type="checkbox"/> 35.	(e)(6)	SWIMMING ACTIVITIES - Y/N
	(i)(1)(A)-(D)	Swimming-Ratios
	(i) -	Non-swimmers identified
	(i)(2)(A-H)	CPR certified staff—age 20 or older
	(F)	Lifeguard—certified—supervising
	(i)(2)	CONSULTANTS
	(H)(i)-(I)(i)	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

ADMINISTRATION 19a-79-3a

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

	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Willow Academy LLC	LICENSE NUMBER	Pending	DATE OF INSPECTION	9-10-25
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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.	<input type="checkbox"/> (a)(1)(D)(i)	PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Authorized release permission
	<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Field trip permission
		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 (N/A)
<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.		SMOKING
	<input checked="" type="checkbox"/> (d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	<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.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located at the facility
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 83.		AIR TEMPERATURE
<input checked="" type="checkbox"/> 84.	<input checked="" type="checkbox"/> (e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 87.		WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/> 88.	<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 90.		TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/> 91.	<input checked="" type="checkbox"/> (e)(7)	Working phone on each level
	<input checked="" type="checkbox"/> (e)(7)	Emergency numbers posted-adjacent to phones
	<input checked="" type="checkbox"/> (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 94.	<input checked="" type="checkbox"/> (e)(8)	LIGHTING
	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
		Adequate lighting-30/50 candle feet-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Enough lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 95.		Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(11)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(12)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(13)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(14-15)	Measures to prevent vermin
<input checked="" type="checkbox"/> 100.	(e)(16)	Radon test- Results: _____ (Schls-N/A)
<input checked="" type="checkbox"/> 101.	(e)(17)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 102.	(e)(18)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 106.	(g)(3)	Developmentally app equipment, materials
<input checked="" type="checkbox"/> 107.	(g)(4)	

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
<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
<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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'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 8/8/25
<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.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY (Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: 7/31/25
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y(N) Results _____
		Lead Management Plan _____
	<input checked="" type="checkbox"/>	Peeling Paint - Y(N) Inside/Outside

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Willow Academy LLC	LICENSE NUMBER	Pending	DATE OF INSPECTION	9/10/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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 checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" 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"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>			WATER HAZARDS
<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
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

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 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.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

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

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Willow Academy LLC	LICENSE NUMBER	PENDING	DATE OF INSPECTION	9/10/25
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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
<input checked="" type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(b)(1)(A)	STAFF TRAINING
						(b)(1)(B)	Staff training – first aid
						(i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions



NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	Written documentation of training
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	174.	(d)(1)	Trained staff on site when child is present
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>	175.	(d)(2)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	176.	(d)(3)	Equipment provided by parents
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	177.	(e)(1)	Equipment labeled and inaccessible
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	178.	(e)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>	153.		SLEEP PROVISIONS	<input checked="" type="checkbox"/>	179.	(e)(3)	Authorized prescriber written order
		(b)(6)	Individual cot/crib with bedding				Written authorization from parent
		(b)(6)(A)	Sleeping apparel/toiletries labeled				Testing results and actions taken – documented and kept on file, ensure parents are notified daily
		(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	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				

<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION	<p>DISCUSSIONS/COMMENTS</p> <p><i>NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</i></p>			
		(a)(3)(A-B)	Admin/Parent permission/report errors				
		(a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/>	160.	(b)(1)(A/C)	Unused/expired meds destroyed/returned				
		(b)(1)(D)	MEDICATION TRAINING				
		(b)(1)(E)	Medication training-general-oral/top/inhalant				
		(b)(1)(F)	Injectable premeasured autoinjector medication				
		(b)(2)(A-B)	Rectal medication				
		(b)(2)(C)	Injectable other than premeasured auto-injector				
		(b)(3)(A-B)	Training approval documents/certificates				
		(b)(3)(D)	Training outline on file				
<input checked="" type="checkbox"/>	161.	(b)(4)(A-B)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	162.	(b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	163.	(b)(5)(C)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	164.	(b)(5)(D)	Labeling and Storage				
<input checked="" type="checkbox"/>	165.	(b)(5)(E)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	166.	(b)(6)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	167.	(b)(7)(A-B)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	168.	(d)	Self-administration documentation				
<input checked="" type="checkbox"/>	169.		Petition for special medication authorization				
<input checked="" type="checkbox"/>	170.		Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

Signature of OEC staff			Signature of person in charge
Printed Name	Johanne Dallo	Brittany Hannon	Printed Name

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: <i>PM 02 to licensing</i>	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Willow Academy LLC License # Peroling Date: 9/10/25

Observations/Corrections needed:

All items on the inspection were observed and/or discussed at time of visit.

→ Program was not in compliance with the regulations when

#11 Observed incomplete policies

(d)(2)(A) Discipline

(d)(2)(B)(C) Child Protection

(d)(4)(B) Multi-Hazards

(d)(6)(C) Administrative Oversight

(d)(7) Personnel policies

#18: Observed no posting for:

3a(d)(6)(C) Administrative Oversight policy

3a(e)(6) Dev. Milestones.

10a(g)(8) Safe Sleep policy.

#37: No Emergency medical permission was observed.


#104: Observed dangling cords (humidifier, CD player, shades)

shelves not secured (black shoe rack (2), PK entrance table, white shelves and black divider not secured)

#139: Observed no measures in place to ensure health and safety of children under 3 while outside on

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

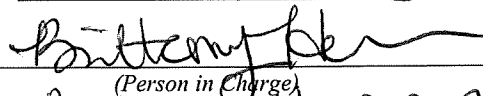
Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: 

(OEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: 

(Person in Charge)

OEC BY: River to Licensing

Print Name: Brittany Hannon

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Willow Academy LLC License # Pending Date: 9/10/25

Observations/Corrections needed:

wood chips

Measurements

Room 1: (18.9 x 38.6) - (7.3 x 6.3) = 729.54 - 45.99 =

683.55 ÷ 35 = 19.53 (19)

* Per director room will be licensed for 14

Room 2: (30.65 x 9.75) - (2 x 4.5) = 298.84 - 9 =

(under 3) 289.84 ÷ 35 = 8.28 [OK for 8]

Room 3: (19.75 x 14.6) = 288.35 ÷ 35 = 8.24 [OK for 8]

(under 3)

Outdoor Playground: (37 x 26.6) = 984.2 ÷ 75 = 13.12

OK for 13 pre-k

8 under 3

Total Capacity 30

3 toilets including 16 under 3

5 sinks * Per Fire Marshall total capacity cannot exceed 37 (adults + children) 1 adults

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: Johanne Dato

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature] (Person in Charge)

OEC BY: Prida to licensing

Print Name: Brittany Hannon