

**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:	Watch Me Grow Daycare	Date of Inspection:	1.13.26	Time of Arrival:	9:5am
Address:	134 Webb's Hill Rd	License Number:	80021	Inspection Date:	7.31.29
Town:	Stamford	Telephone Number:	2034612615	Summer Care:	Open
Operator:	Watch Me Grow Non-Profit Daycare, LLC	# of Staff Present:	3	# over 3 Present:	2
Email:	nichellewiddell@yahoo.com	Total Capacity:	12	Total Under 3 capacity:	12
Designated Director:	Nichelle Widdell	Hours/Days of Operation:	7:45am-6pm		

Instruction Code: Regulation in Compliance Regulation not in Compliance

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: 1.20.27

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. (c)(1-4) **POLICIES-COMplete/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. ACCESS)
 - 13. (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)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)
- (h)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) - (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
Disciplinary actions
Comprehensive Background Checks
Past employment history
Evidence of compliance with bknd cks/history
Adequate staffing
Designated head teacher-approved-60%
Two staff present-age 18 or older
Personal qualities of staff

RATIOS
Ratio 1:10 - Indoors/Outdoors
Mixed age group
Nap time ratio
Supervision-Indoors/Outdoors

GROUP SIZE
Group Size-Indoors/Outdoors
Group Size-school age field trips/outdoors
Mixed age group-group size
Designated director-training
CPR certified program staff
First aid certified program staff

PROFESSIONAL DEVELOPMENT
Documentation of prof. dev/trainings
Health & Safety training
1% annual hours

SWIMMING ACTIVITIES - Y/N
Swimming-Ratios
Non-swimmers identified
CPR certified staff-age 20 or older
Lifeguard-certified-supervising

CONSULTANTS
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	NA	NA	NA

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION	
Watch Me Grow Daycare	80021	1/3/26	
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. <u>PARENT PERMISSIONS</u> <input type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input type="checkbox"/> (a)(1)(D)(iii) Field trip permission <input 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	<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. <u>SMOKING</u> <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"/> (d)(9) Electrical safety - outlets inaccessible - covered or protected <input checked="" type="checkbox"/> 81. <u>TOILETING</u> <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) <input checked="" type="checkbox"/> 83. Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. <u>AIR TEMPERATURE</u> <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 <input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60°F-120°F <input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 88. <u>WALLS/CEILINGS/FLOORS/RUGS</u> <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 <input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 91. <u>TELEPHONE/TELEPHONE NUMBERS</u> <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. <u>LIGHTING</u> <input checked="" type="checkbox"/> (e)(8) All areas min. 1 foot candle of lighting <input checked="" type="checkbox"/> (e)(9) 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 <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish--disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs--protected/good repair--handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals--in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <u>11.2221</u> (Schls-N/A) <input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector--each level N/A <input checked="" type="checkbox"/> 103. (f)(1)(A) Program space--adequate--35 sq. ft. per child <input checked="" type="checkbox"/> 104. (g)(1) Equipment--clean and safe, good repair, non-toxic--sturdy, free from protruding nails, free from rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only--mats/sleeping bags) <input checked="" type="checkbox"/> 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible <input checked="" type="checkbox"/> 107. (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 <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. (c) <u>FIRST AID KITS</u> --portable, accessible to staff, closed container--Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (c) <u>FIRST AID SUPPLIES</u> --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) <u>FIRST AID SUPPLIES</u> --add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 85. (d)(11) <input checked="" type="checkbox"/> 86. (e)(3) <input checked="" type="checkbox"/> 87. (e)(4) <input checked="" type="checkbox"/> 88. (e)(5) <input checked="" type="checkbox"/> 89. (e)(5) <input checked="" type="checkbox"/> 90. (e)(6) <input checked="" type="checkbox"/> 91. (e)(7) <input checked="" type="checkbox"/> 92. (e)(7) <input checked="" type="checkbox"/> 93. (e)(7) <input checked="" type="checkbox"/> 94. (e)(8) <input checked="" type="checkbox"/> 95. (e)(9)		
PHYSICAL PLANT 19a-79-7a			
<input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <u>3305</u> <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 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 type="checkbox"/> 69. <u>WATER SUPPLY</u> - Public/Well, (Schools-N/A) <input checked="" type="checkbox"/> (c)(5)(A) Lead Water Test - Date: <u>7-27-23</u> <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: <u>7-27-23</u> (N/A) <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. <u>LEAD PAINT</u> - <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> <input checked="" type="checkbox"/> (c)(6)(B-D) Results _____ <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan _____ <input checked="" type="checkbox"/> Peeling Paint - <u>Y/N</u> 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

PROGRAM NAME	Watch Me Grow	LICENSE NUMBER	80071	DATE OF INSPECTION	1.13.26
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (h)(1) <input type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9) <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm OUTDOOR SPACE Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCED Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) WATER HAZARDS Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited (N/A) Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. (e)(2) <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 type="checkbox"/> 129. (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4) <input checked="" type="checkbox"/> 130. (g)(1) <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 type="checkbox"/> (g)(5) <input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8) <input checked="" type="checkbox"/> 131. (h)(1) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> 135. (i)(1)(2A-C) <input checked="" type="checkbox"/> 136. (j) <input type="checkbox"/> (k)(1) <input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5) <input checked="" type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 TOYS AND OTHER OBJECTS 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 FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety		
EDUCATIONAL REQUIREMENTS 19a-79-8a			UNDER THREE ENDORSEMENT 19a-79-10 Y/N		
<input checked="" type="checkbox"/> 115. (a) <input checked="" type="checkbox"/> 116. (a) <input checked="" type="checkbox"/> (1)-(11) <input checked="" type="checkbox"/> (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents EDUCATIONAL REQUIREMENTS 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	135. (i)(1)(2A-C) 136. (j) <input checked="" type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30		
<input checked="" type="checkbox"/> 117. (b) <input checked="" type="checkbox"/> 118. (c)(2) <input checked="" type="checkbox"/> 119. (c)(3) <input checked="" type="checkbox"/> 120. (c)(4) <input checked="" type="checkbox"/> 121. (d)(1)(A-C) <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) <input checked="" type="checkbox"/> 123. (d)(2)(B) <input type="checkbox"/> 124. (d)(2)(C) <input checked="" type="checkbox"/> 125. (d)(2)(D) <input checked="" type="checkbox"/> 126. (d)(2)(E) <input checked="" type="checkbox"/> 127. (d)(3)(A-C) <input checked="" type="checkbox"/> 128. (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free DIAPERING Diaper area: elevated/sturdy/safety rail	140. (b) <input type="checkbox"/> 141. (c) <input type="checkbox"/> (c)(1) <input type="checkbox"/> (c)(2) <input type="checkbox"/> (c)(3) <input type="checkbox"/> 143. (d) <input type="checkbox"/> 144. (e)	N/A		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <u>North Hill Group</u>		LICENSE NUMBER <u>80021</u>	DATE OF INSPECTION <u>1.13.26</u>	
SCHOOL AGE ENDORSEMENT 19a-79-11 <u>Y/N</u>		MONITORING OF DIABETES 19a-79-13 <u>Y/N</u>		
<input type="checkbox"/> 145. (f)	<u>N/A</u>	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1) <input checked="" type="checkbox"/> 172. (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii) <input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 174. (d)(1) <input checked="" type="checkbox"/> 175. (d)(2) <input checked="" type="checkbox"/> 176. (d)(3) <input checked="" type="checkbox"/> 177. (e)(1) <input checked="" type="checkbox"/> 178. (e)(2) <input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> 146. (g)	<u>N/A</u>	Designated Head teacher approved- 60%		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <u>Y/N</u>		Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
<input type="checkbox"/> 147. (b)	<u>N/A</u>			Approved Night Care Endorsement
<input type="checkbox"/> 148. (b)(1)	<u>N/A</u>			Person in charge-head teacher
<input type="checkbox"/> 149. (b)(2)	<u>N/A</u>			Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150. (b)(3)	<u>N/A</u>			Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151. (b)(4)	<u>N/A</u>			Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152. (b)(5)	<u>N/A</u>			Staff awake and available
<input type="checkbox"/> 153. (b)(6)	<u>N/A</u>			SLEEP PROVISIONS
<input type="checkbox"/> (b)(6)(A)	<u>N/A</u>			Individual cot/crib with bedding
<input type="checkbox"/> (b)(6)(B)	<u>N/A</u>			Sleeping apparel/toiletries labeled
<input type="checkbox"/> (b)(6)(C)	<u>N/A</u>			Required bedding
<input type="checkbox"/> (b)(6)(D)	<u>N/A</u>			Required toiletries
<input type="checkbox"/> (b)(6)(D)	<u>N/A</u>	Bedding/sleeping apparel laundered weekly		
<input type="checkbox"/> (b)(7)	<u>N/A</u>	Sleep arrangements for infants		
<input type="checkbox"/> 154. (b)(8)	<u>N/A</u>	Air temp 65 °F at 3 ft		
<input type="checkbox"/> 155. (b)(9)	<u>N/A</u>	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	<u>N/A</u>	Local health approval		
ADMINISTRATION OF MEDICATIONS 19a-79-9a <u>Y/N</u>		ADDITIONAL VIOLATION		
<input checked="" type="checkbox"/> 157. (9a)	<input checked="" type="checkbox"/> 158. (9a)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions <u>(N/A)</u>	
<input checked="" type="checkbox"/> 159. (a)(2) (a)(3)(A-B) (a)(3)(C)	<input checked="" type="checkbox"/> 160. (b)(1)(A/C) (b)(1)(D) (b)(1)(E) (b)(1)(F) (b)(2)(A-B) (b)(2)(C)	NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectable premeasured autoinjector medication Rectal medication Injectable other than premeasured auto-injector Training approval documents/certificates Training outline on file	DISCUSSIONS/COMMENTS - Add all staff to health & safety roster. - Social Service consultant needs to complete all annual reviews. - One child with incomplete health record p.2. and 1 missing flu vaccine on file. - Recommended reorganizing prof dev binder to maintain compliance. NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	<input checked="" type="checkbox"/> 162. (b)(3)(D)	Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication Administration Records (MAR) Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	<input checked="" type="checkbox"/> 166. (b)(5)(D)	Emergency medication inaccessible Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	<input checked="" type="checkbox"/> 168. (b)(6)	Auto-injector/inhalant equipment Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	<input checked="" type="checkbox"/> 170. (d)	Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage <u>(N/A)</u>		
Signature of OEC staff		Signature of person in charge		
<u>Lon Mangano</u>		<u>Nichelle Waddell</u>		
Printed Name		Printed Name		
<u>Lon Mangano</u>		<u>NICHELE WADDELL</u>		
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: oc.licensing@ct.gov		Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <u>1.27.26</u> CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf		

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Winkie Me Grow License # 80021 Date: 1-13-26

Observations/Corrections needed:

- (16)(8) (1) local health inspection expired 4.2025 - Send copy
- (17)(1) (1) head teacher is not signing in and out daily.
- (21)(b) (1) one staff without background check and working with children.
- (24)(1)(1)(e)(2) (2) Designated head teacher not present 60% of operating hours according to lack of signing in/out daily.
- (33)(a)(2) (2) one staff does not have documentation of professional development or file & annual review training. Inspector cannot verify 1% of requirement.
- (h)(1) (1) one staff without health and safety training and employed over 3 months.
- (16)(c)(2) (2) Bathroom faucet is still loose and not secured.
- (69)(c)(5)(A) (A) - Lead water test expired Send copy
- (c)(5)(B) (B) - Bact/chem test expired
- (13)(k)(1) (1) - Both infants do not have complete current feeding schedule on file.
- (16)(b)(5)(D) (D) - 2 yr tec expired 12/2025
- continue (33) (3) - 2 staff do not have documentation of new employee orientation training on file.
- (17)(g)(8) (8) - No documentation on file for 2 infants that parents were informed of safe sleep policy.

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: _____

Print Name: Lon Mangan

(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Nichelle Waddell

OEC BY: 1/27/26

Print Name: NICHELLE WADDELL

(Person in Charge)