

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



**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:	MAS MASTIC Group Daycare	Date of Inspection:	1/23/20	Time of Arrival:	10:10 AM
Address:	18-20 Compton St 1st Fl	License Number:	DECH 80007	Expiration Date:	9/30/27
Town:	New Haven	Telephone Number:	203 865 4914	Summer Care:	open
Operator:	Mia Franklin	# of Staff Present:	6	# over 3 Present:	2
Email:	miadub@yaho.com	Total Capacity:	12	# under 3 Present:	3
Designated Director:	Mia Franklin	Total Under 3 capacity:	10	Ages Served:	43 ps 5A
		Hours/Days of Operation:	6a-7p		

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																					
<input checked="" type="checkbox"/> 1.	(c)(8) Local Health Inspection-Date: 10/7/24	<input checked="" type="checkbox"/> 19.	(a)(1) Staff health records																				
ADMINISTRATION 19a-79-3a		<input checked="" type="checkbox"/> 20.	(a)(3) Disciplinary actions																				
<input checked="" type="checkbox"/> 2.	(a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21.	(b) Comprehensive Background Checks*																				
<input checked="" type="checkbox"/> 3.	(b) Overall management of program	<input checked="" type="checkbox"/> 21a.	(b)(2) Past employment history																				
<input checked="" type="checkbox"/> 4.	(b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22.	(b)(4) Evidence of compliance with bknd cks/history																				
<input checked="" type="checkbox"/> 5.	(b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23.	(d) Adequate staffing																				
<input checked="" type="checkbox"/> 6.	(b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2) Designated head teacher-approved-60%																				
<input checked="" type="checkbox"/> 7.	(b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25.	(d)(2) Two staff present-age 18 or older																				
<input checked="" type="checkbox"/> 8.	(b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C) Personal qualities of staff																				
<input checked="" type="checkbox"/> 9.	(b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27.	RATIOS																				
<input checked="" type="checkbox"/> 10.	(c)(1-4) Notification of Change	<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors																				
<input type="checkbox"/> 11.	POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group																				
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy	<input checked="" type="checkbox"/> (d)(6)	Nap time ratio																				
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy	<input checked="" type="checkbox"/> (d)(4)(D)	Supervision-Indoors/Outdoors																				
<input checked="" type="checkbox"/> (d)(3)	Closing time policy	<input checked="" type="checkbox"/> 28.	GROUP SIZE																				
<input type="checkbox"/> (d)(4)(A)	Medical emergency policy	<input checked="" type="checkbox"/> 29.	Group Size-Indoors/Outdoors																				
<input type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> (d)(5)	Group Size-school age field trips/outdoors																				
<input checked="" type="checkbox"/> (d)(5)	Supervision policy	<input checked="" type="checkbox"/> (d)(5)(A)	Mixed age group-group size																				
<input checked="" type="checkbox"/> (d)(6)	General Operating policies	<input checked="" type="checkbox"/> (d)(5)(B)	Designated director-training																				
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy	(e)(1)	CPR certified program staff																				
<input checked="" type="checkbox"/> (d)(7)	Personnel policies	<input checked="" type="checkbox"/> (f)(1)	First aid certified program staff																				
<input checked="" type="checkbox"/> 12.	(d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (f)(2)	PROFESSIONAL DEVELOPMENT																				
<input checked="" type="checkbox"/> 13.	ACCESS	<input checked="" type="checkbox"/> 30.	Documentation of prof. dev/trainings																				
<input checked="" type="checkbox"/> (f)	Immediate access by parents	<input checked="" type="checkbox"/> 31.	Health & Safety training																				
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 32.	1% annual hours																				
<input checked="" type="checkbox"/> 14.	(l) 2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> 33.	SWIMMING ACTIVITIES - <input checked="" type="checkbox"/> N																				
<input checked="" type="checkbox"/> 15.	(m) Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 34.	Swimming-Ratios																				
<input checked="" type="checkbox"/> 16.	(n) Capacity	<input type="checkbox"/> 35.	Non-swimmers identified																				
<input checked="" type="checkbox"/> 17.	(o) Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (a)(2)	CPR certified staff-age 20 or older																				
<input checked="" type="checkbox"/> 18.	POSTINGS	<input checked="" type="checkbox"/> (h)(1)	Lifeguard-certified-supervising																				
<input checked="" type="checkbox"/> 3a(e)(1)	License posted	<input checked="" type="checkbox"/> (h)(2)	CONSULTANTS																				
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)																				
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> (4)(C)(i)	Consultant agreements-signed annually-agreements complete w/required services																				
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted*	<input checked="" type="checkbox"/> (e)(6)	Consultant logs-documented activities, observations and required services																				
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances	<input checked="" type="checkbox"/> (e)(6)	Consultant visits- Education/Health																				
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Health</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Soc. Serv.</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Dietitian</td> <td>N/A</td> <td>N/A</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		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	N/A	N/A	<input checked="" type="checkbox"/>
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Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																				
Dietitian	N/A	N/A	<input checked="" type="checkbox"/>																				
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted	<input type="checkbox"/> (i) -																					
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted 1/17/14 (Schls-N/A)	<input checked="" type="checkbox"/> (i)(2)(A-H)																					
<input checked="" type="checkbox"/> 10(g)(8)	Safe Sleep policy posted	<input checked="" type="checkbox"/> (F)																					
		<input checked="" type="checkbox"/> (i)(2)																					
		(H)(i)-(I)(i)																					

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: MSM EAST LC Group LICENSE NUMBER: 80007 DATE OF INSPECTION: 1/23/26

RECORD KEEPING 19a-79-5a

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

HEALTH and SAFETY 19a-79-6a

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
 47. (a)(2) Nutritious meals and snacks
 48. (a)(3) Proper refrigeration-41 degrees
 49. (a)(4) Menus-1 wk in advance- keep 3 mths
 50. (a)(5) Food Service Inspection (N/A)
 51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)
 52. (a)(7) Separate hand washing facilities
 53. (a)(8) Multi-use eating/drinking utensils
 54. (a)(9) Kitchen separated (N/A)
 55. (a)(10) Children supervised during meal prep
 56. (a)(11) Handwashing-staff/children
 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 58. (b)(2) Designated isolation area
 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 (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
 (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

62. (a)(2) Fire marshal codes/certificate 9/13/24
 63. (b) Indoor/Outdoor space inspected/approved
 64. (b)(1)-(5) Construction/expansion/renovation/conversion
 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program*
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. (c)(5)(A) WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 9/25/24*
 (c)(5)(B) Bact./Chem Test-Date: _____ (N/A)
 (c)(5)(C) Drinking water available/accessible
 70. (c)(6)(A) LEAD PAINT - Building Pre-78: Y/N Lead Test: Y/N Results Abatement
 (c)(6)(B-D) Lead Management Plan mon for areas & 6-12 month doc document
 Peeling Paint - Y/N Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

71. (d)(1) Emergency vehicle access
 72. (d)(2) Walkways maintained
 73. (d)(3) Windows protected to prevent falls
 74. (d)(3) Window screens
 75. (d)(4) Glass/mirrors protected- 36"
 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
 78. (d)(7) Individual storage of clothing and bedding
 79. **SMOKING**
 (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 (d)(8) Matches/lighters inaccessible
 81. (d)(9) Electrical safety - outlets inaccessible - covered or protected
 82. **TOILETING**
 (d)(10)(A) Shared toilets/sinks-supervision plan
 (d)(10)(B) Toileting needs met
 (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 (d)(10)(C) Required toilets/sinks-1:16
 (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 (d)(10)(E) Handwashing staff/children
 (d)(10)(F) Toilets/sinks located at the facility
 (d)(10)(G) Well lighted/ventilated toilet rooms
 (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes) (N/A)
 83. (d)(11) Staff personal articles inaccessible
 84. **AIR TEMPERATURE**
 (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 (e)(3) Water temperature 60°F-120°F
 (e)(4) Portable space heaters prohibited
 86. **WALLS/CEILINGS/FLOORS/RUGS**
 87. Walls/ceilings/floors/rugs-clean/good repair
 88. Rugs- not a tripping/slipping hazard
 89. Hot water/Steam pipes protected
 90. **TELEPHONE/TELEPHONE NUMBERS**
 91. Working phone on each level
 (e)(7) Emergency numbers posted-adjacent to phones
 (e)(7) Parents provided direct on site phone number
 94. **LIGHTING**
 (e)(8) All areas min. 1 foot candle of lighting
 (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 (e)(9) Enough lighting for comfort
 (e)(9) Light fixtures shielded/shatter proof
 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 97. (e)(12) Stairs-protected/good repair-handrails
 98. (e)(13) Toxic plants/materials inaccessible
 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children
 100. (e)(16) Measures to prevent vermin
 101. (e)(17) Radon test- Results: 1.3 (Schls-N/A)
 102. (e)(18) Carbon monoxide detector-each level N/A
 103. (f)(1)(A) Program space-adequate-35 sq. ft. per child
 104. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
 105. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
 106. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
 107. (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME <i>Ms. Mias TLC CH</i>	LICENSE NUMBER <i>8007</i>	DATE OF INSPECTION <i>1/23/26</i>	
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 cont.	
<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. <u>OUTDOOR SPACE</u> <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 playg. Inspection upon request <input checked="" type="checkbox"/> (h)(8) Drinking water available/accessible <input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-* <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCED</u> <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"/> (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 type="checkbox"/> (i) Wading pools prohibited <input type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 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 checked="" 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 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"/> 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 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 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 <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-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <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	
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) <u>EDUCATIONAL REQUIREMENTS</u> <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	<input checked="" type="checkbox"/> 137. (l)(1) <input checked="" type="checkbox"/> 138. (l)(2) <input checked="" type="checkbox"/> 139. (l)(3)		
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. (e)(1) <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. (b) <input checked="" type="checkbox"/> 141. (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e)	SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> 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	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	MSM. ASTLECH	LICENSE NUMBER	80007	DATE OF INSPECTION	1/23/26
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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"/>	146.	(g)	Designated Head teacher approved- 60%

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

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

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.	(b)(5)	SLEEP PROVISIONS
		(b)(6)	Individual cot/crib with bedding
		(b)(6)(A)	Sleeping apparel/toiletries labeled
		(b)(6)(B)	Required bedding
		(b)(6)(C)	Required toiletries
		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
		(b)(7)	Sleep arrangements for infants
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/>	156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.	(a)(2)	NONPRESC. TOPICAL MEDICATION
		(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)(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 checked="" type="checkbox"/>	170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

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

Post menus as recently med. fed by your nutritionist - posted 2 wks in adv.

Update policies and consultant contracts based on checklist provided in pr.

include CPR list and wording in emergency medical authorization

Rugs w/ outdoor soft mat/dub in cleared

Lead test requires 2 checks on morning file

Ensure broken/unused materials/equipment are removed from outdoor play area

no enrolled children under 1 yr fine - ensure peak n play compliance including removal of expo mat/trail/blanket and cleanup of debris

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit. Parent sto for sole sleeper when under 1 yr old

Signature of OEC staff	
Printed Name	MELYN LAMBARDO

Signature of person in charge	
Printed Name	MIA FRANKLIN

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:	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MSM in TLC Group License # 80007 Date: 1/23/26
Plan

Observations/Corrections needed:

- #11 - Medical / multi-hazard annual drill documentation not observed (Fire Drill UTD)
- #31 / #32 - CPR / 1st Aid documentation not obs. for 4/4 staff (nurse contacted for doc)
- #35 - (1)2 (A-H) current / correct health consultant agreement not observed.
- #39 - Flu shot documentation for 2/4 children not observed - (ensure all UTD)
- #40 - Individual care plan for asthma care plan signed by 1 program staff
- #62 - Fire Marshall certificate observed expired 9/13/24. (contacted to send 1/23/26)
- #70 - Lead management plan documentation observed to cease in 2024 - program checks areas will resume documentation in 6-12 months.
- #99 - Pet care plan not observed in policies - program maintains updated rabies vaccination.
- #108 - Graco-brand pack n play for residential use only - observed on site -

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]

Print Name: Christyn Lombardo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: 2/6/26

Print Name: MIA FRANKLIN
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: MS. M. ASTLE License # 80007 Date: 1/23/26
Group

Observations/Corrections needed:

#122 - Compliance paperwork for marbebe and cosco
pack and play not observed on site.

#130 - Discussion point

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]

Print Name: Cheryl Lombardo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 2/6/26

Signature: [Signature]

Print Name: MIA FRANKLIN
(Person in Charge)