

**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: Spring Glen Day Care	Date of Inspection: 3/12/26	Time of Arrival: 9:09am
Address: 48 Wake St.	License Number: DCGH 80034	Expiration Date: 7/31/28
Town: Hamden, CT	Telephone Number: 203 988 2206	Summer Care: open
Operator: Ying (Sunny) Wang	# of Staff Present: 3	# over 3 Present: 4
Email: malchuk.peter@athlete.com	Total Capacity: 12	Total Under 3 capacity: 4
Designated Director: Ying (Sunny) Wang	Hours/Days of Operation: M-F 8-5pm	# under 3 Present: 1 Ages Served: 6m-12y

Instruction Codes: N = Regulation in Compliance O = 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

1. (c)(8) Local Health Inspection-Date: not observed.

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. 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.
- 13. ACCESS
 - (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

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
 - 20. (a)(3) Disciplinary actions
 - 21. (b) Comprehensive Background Checks
 - 21a. (b)(2) Past employment history
 - 22. (b)(4) Evidence of compliance with bknd cks/history
 - 23. (d) Adequate staffing
 - 24. (d)(1)-(e)(2) Designated head teacher-approved-60%
 - 25. (d)(2) Two staff present-age 18 or older
 - 26. (d)(3)(A-C) Personal qualities of staff
 - 27. RATIOS
 - (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - (d)(4)(B) Mixed age group
 - (d)(6) Nap time ratio
 - (d)(4)(D) Supervision-Indoors/Outdoors
 - 28. GROUP SIZE
 - (d)(5) Group Size-Indoors/Outdoors
 - (d)(5)(A) Group Size-school age field trips/outdoors
 - (d)(5)(B) Mixed age group-group size
 - 29. (e)(1) Designated director-training
 - 30. (f)(1) CPR certified program staff *3/16/26
 - 31. (f)(2) First aid certified program staff
 - 32. (f)(2) First aid certified program staff
 - 33. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
 - 34. SWIMMING ACTIVITIES - Y/N
 - (4)(C)(ii-v) Swimming-Ratios
 - (4)(C)(i) Non-swimmers identified
 - (e)(6) CPR certified staff-age 20 or older
 - (e)(6) Lifeguard-certified-supervising
 - 35. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (f)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (f)(2) Consultant visits- Education/Health
- | | 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 | |

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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: Spring Glen Dayca LICENSE NUMBER: 80034 DATE OF INSPECTION: 3/12/26

RECORD KEEPING 19a-79-5a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input 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"/> 81.	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/> 82.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 83.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/> 84.	(d)(10)(A)	TOILETING
<input checked="" type="checkbox"/> 85.	(d)(10)(B)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 86.	(d)(10)(C)	Toileting needs met
<input checked="" type="checkbox"/> 87.	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> 88.	(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 89.	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 90.	(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 91.	(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/> 92.	(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 93.	(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/> 94.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 95.	(e)(1)	AIR TEMPERATURE
<input checked="" type="checkbox"/> 96.	(e)(2)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/> 97.	(e)(3)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 98.	(e)(4)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/> 99.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 100.	(e)(5)	WALLS/CEILINGS/FLOORS/RUGS
<input checked="" type="checkbox"/> 101.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 102.	(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/> 103.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 104.	(e)(7)	TELEPHONE/TELEPHONE NUMBERS
<input checked="" type="checkbox"/> 105.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 106.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 107.	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 108.	(e)(8)	LIGHTING
<input checked="" type="checkbox"/> 109.	(e)(8)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 110.	(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/> 111.	(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/> 112.	(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 113.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/> 114.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 115.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 116.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 117.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 118.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/> 119.	(e)(17)	Radon test- Results: <u>0.9</u> (Schls-N/A) <u>3/18/24</u>
<input checked="" type="checkbox"/> 120.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 121.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 122.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/> 123.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/> 124.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/> 125.	(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.	<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 type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>2/12/24</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 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: <u>12/26/24</u>
	<input checked="" type="checkbox"/> (c)(5)(C)	Bact/Chem Test Date: <u>3/10/26</u> (N/A)
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessibile
	<input checked="" type="checkbox"/> (c)(6)(A)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results _____
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>Remediated</u>
	<input checked="" type="checkbox"/>	Peeling Paint - Y/N Inside/Outside

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	<i>Spring Green Day Care</i>	LICENSE NUMBER	<i>DCEH P0034</i>	DATE OF INSPECTION	<i>3/12/26</i>
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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 playg. 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"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- (N/A)
		<input type="checkbox"/> (j)	conforms to 19-13-B33b and 19a-36-B61
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

	128.	<input checked="" type="checkbox"/> (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.		Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	138.		Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>	139.		

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

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"/> (d)	Ratio- 1:15
		<input checked="" type="checkbox"/> (e)	Group size- max. 30

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PROGRAM NAME <i>Spring Glen Daycare</i>	LICENSE NUMBER <i>DCGH 80034</i>	DATE OF INSPECTION <i>3/12/26</i>
SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N	

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

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.		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.		NONPRESC. TOPICAL MEDICATION
		(a)(2)	Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input type="checkbox"/>	160.		MEDICATION TRAINING
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(b)(2)(C)	Training outline on file
<input type="checkbox"/>	161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input type="checkbox"/>	162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input type="checkbox"/>	163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input type="checkbox"/>	164.	(b)(5)(A-B)	Labeling and Storage
<input type="checkbox"/>	165.	(b)(5)(C)	Emergency medication inaccessible
<input type="checkbox"/>	166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input type="checkbox"/>	167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input type="checkbox"/>	168.	(b)(6)	Self-administration documentation
<input 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 type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

Use policy check list tool provided to update pol. crs/procedures on all consultant agreements.

Access OEC website to research large family Endorsement per program inquiry regarding change.

Consultant agreements Expire 4/16

Lead to 2 test 2 locations - 2 different dates to monitor. 12/24 + 3/26

Update CPR 1st Aid before 3/16/26.


Med admin cert required if child in program enrolls w/medication need.

3 credit director credential on file (7/30/24 Hire act) via transcript (print)

Staff must be on OEC register w/kindeks

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Lead remediation letter filed w/ comprehensive lead test

Signature of OEC staff	
Printed Name	<i>Cheryl Lombardo</i>

Signature of person in charge	<i>Ying Wang</i>
Printed Name	<i>Ying Wang</i>

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:	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: Spring Glen Day care License # 80034 Date: 3/12/26
Observations/Corrections needed:

- #1 - Local Health Inspection WTD Documentation not observed onsite
- #4 - Employee new staff orientation not observed for 415 staff members on roster
- #5 - Annual policy training not observed for 515 staff
- #11 - Multi-hazard annual drills - documentation of each type of drill not observed.
- #19 - Staff health records for 1 staff not observed.
- #33(a)(2) Documentation of professional development not observed for 2/5 staff to equal 1% of annual hours.
- #33(h)(1) Staff have not completed health & safety reg. Training - documentation not observed onsite or on registry report.; staff need to complete H&S orientation
- #35 - Education consultant visit/log not observed to be WTD; last log dated 11/25/24; req. annual visit.
- #38 - Child health record dated 5/20/24; needs current
- #39 - Flu vaccine documentation for 3 children not observed
- #40 Individual care plan for allergy to "food" listed on health form for one child - requires doctor note to prove child no longer has allergy or medication to fix.

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

- #62 Fire Marshall expired [Signature]
Operators/providers are required by regulations and statutes to be in compliance at all times. Signature: _____

Print Name: Cheryl Lombardo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Ying Wang
(Person in Charge)

OEC BY: 3/26/26

Print Name: Ying Wang

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Spring Glen Day Care License # 80034 Date: 3/12/26

Observations/Corrections needed:

- provided:
- professional development record / hours.
 - staff file needs checklist
 - developmental milestones poster
 - updated safe sleep policy
 - administrative oversight posting
 - policy checklist w/ updated verbiage
 - inspection form w/ newer regs highlighted
 - Records to be kept on premises
 - checklist for maintaining CCK + PCCM
 - updated enrollment form
 - orientation sample
 - CPR class list - to update CPR / 1st aid certifications by 3/16/26, program registering for ADULT / Pediatric CPR / 1st Aid @ time of inspection. - 3/12/26 @ 4:30pm

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: Charlyn Lombardo
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]

OEC BY: 3/26/26

Print Name: Ying Wang
(Person in Charge)