

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Mommy's Day care	4-9-2026	925am
45 Dry Hill Rd	80023	9-3029
Norwalk	570-9784 ²⁰³	Open
Mommy's Day care, LLC	# of Staff Present: 4	# over 3 Present: 24
browndeneen@yahoo.com	Total Capacity: 12	# under 3 Present: 7
Deneen Brown	Total Under 3 capacity: 12	Ages Served: 6wks - 5yr
		M-F 700am - 500pm

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: <u>4-13-24</u>	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	(d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group
	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)	Supervision-Indoors/Outdoors
	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(A)	GROUP SIZE
	(d)(5)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (d)(5)(B)	Group Size-Indoors/Outdoors
	(d)(6)	Supervision policy	<input checked="" type="checkbox"/> 34. (e)(1)	Group Size-school age field trips/outdoors
	(d)(6)(C)	General Operating policies	<input checked="" type="checkbox"/> 35. (f)(1)	Mixed age group-group size
	(d)(7)	Administrative Oversight policy	<input checked="" type="checkbox"/> 36. (f)(2)	Designated director-training
<input checked="" type="checkbox"/> 12.	(d)(1)	Personnel policies	<input type="checkbox"/> (a)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 13.	(f)	Daily attendance-children/staff- keep 1 yr.	<input type="checkbox"/> (h)(1)	First aid certified program staff
	(h)	ACCESS	<input checked="" type="checkbox"/> (h)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 14.	(l)	Immediate access by parents	<input checked="" type="checkbox"/> (4)(C)(ii-v)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 15.	(m)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> (4)(C)(i)	Health & Safety training
<input checked="" type="checkbox"/> 16.	(n)	2.8 yr olds in prek-authorization	<input checked="" type="checkbox"/> (e)(6)	1% annual hours
<input checked="" type="checkbox"/> 17.	(o)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 18.	(a)(e)(1)	Capacity	<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Swimming-Ratios
	(a)(e)(2)	Respond to OEC-no false, misleading statements or documents	<input checked="" type="checkbox"/> (i) -	Non-swimmers identified
	(a)(d)(6)(C)	POSTINGS	<input checked="" type="checkbox"/> (f)(2)(A-H)	CPR certified staff-age 20 or older
	(a)(e)(3)	License posted	<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising
	(a)(e)(4)	OEC Complaint Procedure posted	<input type="checkbox"/> (i)(2)	CONSULTANTS
	(a)(e)(5)	Administrative Oversight policy	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
	(a)(e)(6)	Menus posted		Consultant agreements-signed annually-agreements complete w/required services
	(a)(e)(7)	No Smoking posted signs at entrances		Consultant logs-documented activities, observations and required services
	(a)(e)(8)	OEC Inspection report posted or available		Consultant visits- Education/Health
	(a)(e)(9)	Dev. Milestones posted		Contracts
	(a)(e)(10)	Radon Test posted (Schls-N/A)		Logs
	(a)(e)(11)	Safe Sleep policy posted		Visits

	Contracts	Logs	Visits
Education	✓	✓	✓
Health	✓	✓	✓
Soc. Serv.	✓	✓	✓
Dietitian	✓	✓	✓

Mommy's Day Care

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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 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-conforms to 19-13-B33b and 19a-36-B61 (N/A)
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited (N/A)
	<input type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

<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

<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

128.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (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.	<input checked="" type="checkbox"/> (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

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

SCHEDULE - ACTIVITIES

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

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80023

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<input type="checkbox"/>	145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%
<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
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled
<input type="checkbox"/>		(b)(6)(B)	Required bedding
<input type="checkbox"/>		(b)(6)(C)	Required toiletries
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
<input type="checkbox"/>		(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

<input checked="" type="checkbox"/>	171.	(a)(1)	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 checked="" type="checkbox"/>	172.	(b)(1)(A)	
		(b)(1)(B)	
		(i)-(iii)	
		(b)(2)	
		(b)(3)	
		(c)(2)	
<input checked="" type="checkbox"/>	173.	(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 type="checkbox"/>	178.	(e)(2)	
<input checked="" type="checkbox"/>	179.	(e)(3)	

ADMINISTRATION OF MEDICATIONS

<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 checked="" 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 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 VIOLATIONS

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

Corrections: observed

#35 - no documentation of Education Consultant visit

#62 - Fire certificate on site is expired (send copy)

#130 - no documentation Parents were informed of the safe sleep policy

#33 - no documentation of annual policy training and 1 staff cannot complete the required hours for the health and safety training. (send certificate)

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

Cathy Anderson
Cathy Anderson

Deneen Brown