



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|   |  |          |                                    |           |                           |  |                                |                                      |                     |                    |
|---|--|----------|------------------------------------|-----------|---------------------------|--|--------------------------------|--------------------------------------|---------------------|--------------------|
| <b>Program Name</b>                               | <b>1-2-3 GROW WITH ME</b>                          |          |                                    |           | <b>License Number</b>     | <b>DCCC.15263</b>                      | <b>Date of Inspection</b>      | <b>08/20/2024</b>                    |                     |                    |
|   |  |          |                                    |           | <b>Expiration Date</b>    | <b>1/31/2025</b>                       | <b>Time of Inspection</b>      | <b>09:35 AM</b>                      |                     |                    |
| <b>Address</b>                                    | <b>227 HORSE POND RD<br/>MADISON CT 06443-2549</b> |          |                                    |           | <b>Telephone</b>          | <b>(203) 245-9757</b>                  | <b>Licensed Capacity</b>       | <b>38</b>                            |                     |                    |
|   |  |          |                                    |           | <b>Hours of Operation</b> | <b>6:45AM-6:15PM<br/>MONDAY-FRIDAY</b> | <b>Infant/Toddler Capacity</b> | <b>20</b>                            |                     |                    |
| <b>Is this a Change of Address?</b>               | <b>Yes?</b>  |          | <b>No?</b>                         | <b>X</b>  |                           |  | <b>Summer Care</b>             | <b>Open</b>                          |                     |                    |
| <b>New Address</b>                                |  |          |                                    |           | <b>Minimum Age Served</b> | <b>6 weeks</b>                         | <b>Maximum Age Served</b>      | <b>12 years</b>                      | <b>Water Supply</b> | <b>Public Well</b> |
|   |  |          |                                    |           | <b>Program's Email</b>    | <b>jolo12@sbcglobal.net</b>            |                                |                                      |                     |                    |
| <b>Operator</b>                                   | <b>1-2-3 GROW WITH ME LLC</b>                      |          |                                    |           | <b>Name of Inspector</b>  | <b>Fil Montanye</b>                    |                                |                                      |                     |                    |
| <b>Director</b>                                   | <b>LORI NUZZO</b>                                  |          |                                    |           | <b>Inspector's Email</b>  | <b>filomena.montanye@ct.gov</b>        |                                |                                      |                     |                    |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants - Toddlers Present</b>             | <b>9</b> | <b># of Total Children Present</b> | <b>23</b> | <b># of Staff Present</b> | <b>5</b>                               | <b>Type of Inspection</b>      | <b>UNANNOUNCED INSPECTION - FULL</b> |                     |                    |

### LICENSURE PROCEDURES 19a-79-2a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1. Local Health Inspection</b>         |  |
|          | Date: 03/04/2024                          |  |
| <b>X</b> | <b>1a. False or Misleading Statements</b> |  |

### ADMINISTRATION 19a-79-3a

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>1b. Administration</b>                                       |  |
| <b>X</b> | <b>1bb. Capacity</b>  |  |
| <b>X</b> | <b>2. New Staff – Employee Orientation</b>                      |  |
| <b>O</b> | <b>3. Annual Staff Policy Training</b>                          | Failed to maintain documentation of annual policy training for 1 staff |
| <b>X</b> | <b>3b. Managing child behavior</b>                              |  |
| <b>X</b> | <b>4. Documentation of Behavior M. Tech Discussed w/parents</b> |  |
| <b>X</b> | <b>4b. Failure to report</b>                                    |  |

|                                  |   |   |
|----------------------------------|---|---|
| <b>X</b>                         | 5. Notification of Change                       |   |
| <b>X</b>                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time |
| <b>X</b>                         | 7. Daily Attendance Records- staff and children |   |
| <b>ITEMS POSTED – ACCESSIBLE</b> |   |   |
| <b>X</b>                         | 8. License                                      |   |
| <b>X</b>                         | 9. Fire Marshal certificate                     |   |
|                                  | Date  | 02/01/2024  |
| <b>X</b>                         | 10. OEC Complaint procedure                     |   |
|                                  | 11. Food Service Certificate                    | N/A?  |
|                                  | Date  | X   |
| <b>X</b>                         | 12. Menus                                       |   |
| <b>X</b>                         | 13. Emergency plans                             |   |
| <b>X</b>                         | 14. No Smoking Signs                            |   |
| <b>X</b>                         | 15. Radon Test                                  | N/A?  |
|                                  | Date  | Results   |
|                                  | 01/13/1998                                      | 3.8   |
| <b>X</b>                         | 15a. Developmental Milestones                   |   |
| <b>X</b>                         | 15b. Access                                     |   |
| <b>X</b>                         | 15bb. 32-36 mths enrolled in prek-permissions   |   |
| <b>STAFFING 19a-79-4a</b>        |   |   |
| <b>X</b>                         | 15c. Staffing                                   |   |
| <b>X</b>                         | 16. Staff Health records – TB tests             |   |
| <b>X</b>                         | 17. Professional development                    |   |
| <b>X</b>                         | 18. Disciplinary actions                        |   |
| <b>X</b>                         | 18b. Background checks                          |   |

| <input checked="" type="checkbox"/> | 19. Designated Head Teacher               |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
|-------------------------------------|---|--|--------------------------|----------------|----------------|--------|----------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input checked="" type="checkbox"/> | 20. Two Staff present                     |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 20a. Staff Qualities                      |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 21. Ratio: 1 staff to 10 children         |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 21b. Supervision                          |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 22. Group Size – maximum 20 children      |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 23. Designated director - Training        |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 24. CPR Certified Staff (Group Home N/A)  |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 25. First Aid Trained Staff               |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input type="checkbox"/>            | 26. Consultants- Agreements and Contracts | Failed to maintain current consultant agreements for all consultants when agreements were not available for review   |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input type="checkbox"/>            | 27. Logs – Visits documented              | Failed to document current annual review of policies, plans, procedures and education programs for all consultants when documentation was not available for review   |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
|                                     | Not in Compliance?                        | <table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> | Education                | Health         | Social Service | Dental | Dietician N/A? | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Education                           | Health                                    | Social Service   | Dental                   | Dietician N/A? | X              |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>                  | <input type="checkbox"/>   | <input type="checkbox"/> |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>                  | <input type="checkbox"/>   | <input type="checkbox"/> |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
|                                     | Contracts                                 |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
|                                     | Logs                                      |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
|                                     | Do they take children swimming?           | N SWIMMING   |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 28. Non-swimmers identified               |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 29. Staff/Child Ratios                    |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 30. CPR certified staff (20 years of age) |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 31. Lifeguard certified - supervision     |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <b>RECORD KEEPING 19a-79-5a</b>     |   |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 32. Enrollment information                |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 33. Emergency medical permission          |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input type="checkbox"/>            | 34. Authorized release permission         | Failed to maintain authorized release permission forms for 1 child   |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 35. Field trip permission                 |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |
| <input checked="" type="checkbox"/> | 36. Transportation permission             |  |                          |                |                |        |                |   |                          |                          |                          |                          |  |  |                          |                          |                          |                          |  |  |

|                                    |  |   |
|------------------------------------|--|---|
| X                                  | 37. Child health records and immunizations                           |   |
| O                                  | 38. Individual care plan (signed by parents and staff)               | Failed to maintain individual care plans for 2 children with emergency meds on site and failed to maintain an individual care plan for child where physical indicated a chronic illness   |
| X                                  | 39. Injury, Illness, Accident reports                                |   |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |  |   |
| X                                  | 40. Nutritious snacks and meals (required food groups)               |   |
| X                                  | 41. Proper refrigeration (max 45°)                                   |   |
| X                                  | 42. Kitchen separated  | N/A?  |
| X                                  | 43. Hand washing – before eating or food handling                    |   |
| X                                  | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       |   |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |  |   |
| O                                  | 45. License premises – clean, good repair, hazard free               | Failed to maintain the building, equipment and services when microwave in toddler room is not secured, fridge in the main kitchen not clean ( dried juice on bottom shelf)  |
| X                                  | 47b. Plans for new construction, expansion, renovation or conversion |   |
| X                                  | 48. Sanitary drinking fountains – disposable cups                    |   |
| X                                  | 49. Lead Water Test (N/A?)   | Bacterial/Chemical Test (N/A?)  |
|                                    | 09/25/2023   | 04/05/2024  |
| X                                  | 50. Walkways maintained  |   |
| X                                  | 51. Designated staff toilet/sink                                     |   |
| X                                  | 52. All openings for ventilation screened                            |   |
| X                                  | 53. Windows protected to prevent falls                               |   |
| O                                  | 54. Glass protected up to 36"  | Failed to protect glass doors, windows or mirrors up to 36" when 1 window in preschool was measured below 36' without plexiglass that is on all other windows. Per staff it was removed yesterday to clean and was unable to find |
| X                                  | 55. Overhead doors – locking devices, spring protectors              |   |
| X                                  | 56. Exits, Hallways and Stairs unobstructed                          |   |

|   |   |  |
|---|---|--|
| X | 57. Individual storage of clothing and bedding            |  |
| X | 58. Smoking prohibited                                    |  |
| X | 59. Matches and lighters inaccessible                     |  |
| X | 60. Electrical safety – outlets/cords                     |  |
| X | 61. Toileting needs met                                   |  |
| X | 62. Required toilets, sinks, supplies                     |  |
| X | 63. Potty chairs – nonporous, emptied, disinfected        |  |
| X | 64. Hand washing after toileting – staff and children     |  |
| X | 65. Ventilation in toilet rooms                           |  |
| X | 66. Air temperature 65 degrees, thermometer affixed       |  |
| X | 67. Water temperature 60° – 115°                          |  |
| X | 68. Portable space heaters                                |  |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair |  |
| O | 70. Rugs secure   | Failed to ensure that rugs are secured to the floor when round rug in toddler room was not secured and curling up posing a tripping hazard |
| X | 71. Hot water, steam pipes protected                      |  |
| X | 72. Working phone on each level                           |  |
| X | 73. Emergency numbers posted                              |  |
| X | 74. Adequate lighting - 50/30 candle feet                 |  |
| X | 75. Light fixtures shielded, shatter proof                |  |
| X | 76. Potentially hazardous substances locked               |  |
| X | 77. Garbage, rubbish disposed daily                       |  |

|  |   |   |
|--|---|---|
| <b>X</b>                                       | 78. Stairs protected, good repair, handrails                  |   |
| <b>X</b>                                       | 79. Pets – maintained, care plan                              | Y/N<br>N  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br>Y   |
| <b>X</b>                                       | 81. Program space-adequate square footage per child           |   |
| <b>X</b>                                       | 82. Equipment clean, good repair, safe, non-toxic             |   |
| <b>X</b>                                       | 83. Cots stored, maintained, adequate number                  |   |
| <b>X</b>                                       | 84. Developmentally appropriate equipment                     |   |
| <b>X</b>                                       | 85. Hot tubs, spas, saunas – locked and inaccessible          | Y/N<br>N  |
| <b>X</b>                                       | 86. No weapons, no facsimile of a firearm on premises         |   |
| <b>OUTDOOR SPACE</b>                           |   |   |
| <b>X</b>                                       | 87. Outdoor space - adequate square footage per child         |   |
| <b>X</b>                                       | 88. Impact absorbing material under equipment                 |   |
| <b>X</b>                                       | 89. Playground free from hazards                              |   |
| <b>X</b>                                       | 92. Equipment anchored, safely arranged                       |   |
| <b>X</b>                                       | 93. Outdoor play area protected, fenced                       |   |
| <b>X</b>                                       | 94. Drinking water available, accessible                      |   |
| <b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>      |   |   |
| <b>X</b>                                       | 95. Written plan for daily program available to parents/staff |   |
| <b>X</b>                                       | 96. Schedule – Activity choices and Program                   | Activity choices: developmentally appropriate, flexible, meets individual needs<br>Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> |   |   |
| <b>X</b>                                       | 97. Written policies, procedures                              |   |
| <b>X</b>                                       | 98. Training outline on file                                  |   |

**NONPRESCRIPTION TOPICAL MEDICATIONS**

|          |  |   |
|----------|--|---|
| <b>O</b> | 99. Administration, parent permission, MAR | Failed to maintain complete written parent permission for medication for one diaper ointment (missing parent signature, DOB, address, and dates to start and end) |
| <b>X</b> | 100. Labeling, storage                     |   |

**ORAL/TOPICAL/INHALENT MEDICATIONS**

|          |   |   |
|----------|---|---|
| <b>X</b> | 101. Med trained staff, certificates<br>O/T/I    Injectable<br>Y        Y |   |
| <b>X</b> | 102. Authorized prescriber, parent permission, MAR                        |   |
| <b>O</b> | 103. Labeling, storage  | Failed to maintain proper storage of medication when an inhaler was observed not in it's original box |
| <b>X</b> | 104. Unused, expired meds returned/disposed                               |   |

**SELF-ADMINISTRATION**

|          |   |  |
|----------|---|--|
| <b>X</b> | 105. Authorized prescriber, parent permission, MAR          |  |
| <b>X</b> | 106. Labeling, storage                                      |  |
| <b>X</b> | 107. Approved petition for special medication authorization |  |

**INFANT/TODDLER ENDORSEMENT 19a-79-10**

|            |  |  |
|------------|--|--|
| <b>Yes</b> | Is there an approved endorsement?                            |  |
| <b>X</b>   | 109. Approved endorsement                                    |  |
| <b>X</b>   | 110. Ratio: 1 staff to 4 children                            |  |
| <b>X</b>   | 111. Group size: no larger than 8                            |  |
| <b>X</b>   | 112. Physical barriers, groups of 8 (indoors and outdoors)   |  |
| <b>X</b>   | 113. Adequate sinks in program space                         |  |
| <b>X</b>   | 114. Free standing, well-constructed, safe cribs             |  |
| <b>X</b>   | 115. Washable cots   |  |
| <b>X</b>   | 116. Chairs for feeding, stable, safety straps, locking tray |  |
| <b>X</b>   | 117. Developmentally appropriate tables, chairs, equipment   |  |
| <b>X</b>   | 118. Refrigerators and food prop facilities                  |  |

|          |   |   |     |    |  |          |
|----------|---|---|-----|----|--|----------|
| <b>X</b> | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use |   |     |    |  |          |
| <b>X</b> | 120. Diaper area- washed, disinfected                           |   |     |    |  |          |
| <b>X</b> | 121. Diaper area- disposable paper sheets                       |   |     |    |  |          |
| <b>X</b> | 122. Covered waste receptacle                                   |   |     |    |  |          |
| <b>X</b> | 123. Diaper changing policy posted, followed                    |   |     |    |  |          |
| <b>X</b> | 124. Hand washing policy posted, followed                       |   |     |    |  |          |
| <b>X</b> | 125. Individual storage of personal items                       |   |     |    |  |          |
| <b>X</b> | 126. Cribs/cots washed and disinfected                          |   |     |    |  |          |
| <b>X</b> | 127. Under 12 months- placed on back for sleeping               |   |     |    |  |          |
| <b>X</b> | 128. Alternate sleep position- equipment, medical documentation | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><b>X</b></td> </tr> </table>  | Yes | No |  | <b>X</b> |
| Yes      | No  |   |     |    |  |          |
|          | <b>X</b>  |   |     |    |  |          |
| <b>X</b> | 129. Crib, bed used for infant sleeping                         |   |     |    |  |          |
| <b>O</b> | 130. Crib, bed free from observable hazards                     | Failed to ensure that sleep sack was used per manufacturer's instructions when an infant was observed sleeping in a crib with a sleep sack that appeared too small (arm holes came up to hips and the size of the sleep sack was up to 13 pounds) |     |    |  |          |
| <b>X</b> | 131. Infant toys separate, washed, disinfected daily            |   |     |    |  |          |
| <b>X</b> | 132. No toys, objects less than 1/1/4" diameter                 |   |     |    |  |          |
| <b>X</b> | 133. Plastic bags, balloons, Styrofoam objects inaccessible     |   |     |    |  |          |
| <b>X</b> | 134. Health consultant, doc. of visits                          |   |     |    |  |          |
| <b>X</b> | 135. Infants held for bottles, indiv. attention, tummy time     |   |     |    |  |          |
| <b>X</b> | 136. Written statement, feeding schedule from parent            |   |     |    |  |          |
| <b>X</b> | 137. Unused portions of liquids discarded                       |   |     |    |  |          |
| <b>X</b> | 138. Clean Bottles, disp. bottles, approved bottle washing      |   |     |    |  |          |
| <b>X</b> | 139. Food served from dish or whole jar served                  |   |     |    |  |          |
| <b>X</b> | 140. Bottles individually identified with child's name          |   |     |    |  |          |

**OUTDOOR PLAY SPACE - UNDER THREE**

|            |  |  |
|------------|--|--|
| <b>X</b>   | 141. Play space fenced                                   |  |
| <b>X</b>   | 142. Outdoor equipment developmentally appropriate       |  |
| <b>Yes</b> | Is there an approved endorsement?                        | <b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>            |
| <b>X</b>   | 143. Approved endorsement                                |  |
| <b>X</b>   | 144. Activity choices appropriate                        |  |
| <b>X</b>   | 145. Ratio – 1 staff to 10 children                      |  |
| <b>X</b>   | 146. Group size – maximum 20 children                    |  |
| <b>X</b>   | 147. Education Consultant appropriate                    |  |
| <b>No</b>  | Is there an approved endorsement?                        | <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b> |
|            | 148. Approved endorsement                                |  |
|            | 149. Written program plan, supervision                   |  |
|            | 150. Staff awake and available                           |  |
|            | 151. Cot, crib, bedding, toiletries, sleep apparel       |  |
|            | 152. Individual storage of personal items                |  |
|            | 153. Bedding, sleeping apparel laundered weekly          |  |
| <b>N</b>   | Child with diabetes enrolled?                            | <b>MONITORING OF DIABETES 19a-79-13</b>            |
| <b>X</b>   | 154. Written policies and procedures                     |  |
| <b>X</b>   | 155. On site staff trained in first aid, glucose testing |  |
| <b>X</b>   | 156. Training current and documented                     |  |
| <b>X</b>   | 157. Supervision of self-administration                  |  |
| <b>X</b>   | 158. Equipment, supplies labeled and inaccessible        |  |

|          |  |  |
|----------|--|--|
| <b>X</b> | 159. Signed agreement with parents regarding equipment |  |
| <b>X</b> | 160. Materials discarded appropriately                 |  |
| <b>X</b> | 161. Authorized prescriber, parent permission          |  |
| <b>X</b> | 162. Documentation of test results, actions taken      |  |
| <b>X</b> | 163. Daily written parent notification                 |  |

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | 62. Consent Order - Negotiated Corrective Action Plan | N/A?     |  |
|  |   | <b>X</b> |  |



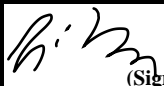
**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

- 1) railings outside rust and chipping paint starting to form
- 2) 1 staff health record on student form
- 3) 1 child file missing flu shot documentation or medical waiver documentation
- 4) observed 1 child have a med order for Benadryl no Benadryl on site and physical does not indicate chronic illness

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |  |   |  |
|---|--|---|--|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | DATE<br>CORRECTIONS<br>DUE BY:<br><br><b>09/03/2024</b> | <br>(Signature of Person in Charge) |
| <b>Fil Montanye</b><br>(Printed Name)   | <br>(Printed Name)   |   | <b>Lori Nuzzo</b><br>(Printed Name)  |