



## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

|                                                   |                                                         |          |                                    |          |                           |                           |                                           |                                      |                                |                     |                     |
|---------------------------------------------------|---------------------------------------------------------|----------|------------------------------------|----------|---------------------------|---------------------------|-------------------------------------------|--------------------------------------|--------------------------------|---------------------|---------------------|
| <b>Program Name</b>                               | <b>FAMILY TREE MINISTRY</b>                             |          |                                    |          |                           | <b>License Number</b>     | <b>DCCC</b>                               |                                      | <b>Date of Inspection</b>      | <b>10/17/2024</b>   |                     |
|                                                   |                                                         |          |                                    |          |                           | <b>Expiration Date</b>    |                                           |                                      | <b>Time of Inspection</b>      | <b>09:58 AM</b>     |                     |
| <b>Address</b>                                    | 740 COLONEL LEDYARD HWY STE B1<br>LEDYARD CT 06339-1582 |          |                                    |          |                           | <b>Telephone</b>          | <b>(860) 383-5665</b>                     |                                      | <b>Licensed Capacity</b>       | <b>40</b>           |                     |
|                                                   |                                                         |          |                                    |          |                           | <b>Hours of Operation</b> | <b>M-F 6:30am- 4:30pm</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>6 years</b>                 | <b>Water Supply</b> | <b>Public Water</b> |
|                                                   |                                                         |          |                                    |          |                           | <b>Program's Email</b>    | <b>heathergrim@familytreeministry.org</b> |                                      |                                |                     |                     |
| <b>Operator</b>                                   | <b>FAMILY TREE MINISTRY</b>                             |          |                                    |          |                           | <b>Name of Inspector</b>  | <b>Jenn Schulz</b>                        |                                      |                                |                     |                     |
| <b>Director</b>                                   | <b>HEATHER GRIM</b>                                     |          |                                    |          |                           | <b>Inspector's Email</b>  | <b>jennifer.schulz@ct.gov</b>             |                                      |                                |                     |                     |
| <b>Key:</b><br>Compliant = X<br>Non-Compliant = O | <b># of Infants – Toddlers Present</b>                  | <b>0</b> | <b># of Total Children Present</b> | <b>0</b> | <b># of Staff Present</b> | <b>2</b>                  | <b>Type of Inspection</b>                 | <b>INITIAL CREDENTIAL INSPECTION</b> |                                |                     |                     |

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

|          |                                    |                                                            |
|----------|------------------------------------|------------------------------------------------------------|
| <b>O</b> | 1. Local Health Inspection         | Failed to maintain local health inspection final approval. |
|          | Date:                              |                                                            |
| <b>X</b> | 1a. False or Misleading Statements |                                                            |

### ADMINISTRATION 19a-79-3a

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

|                           |                                                 |                                                                                                                                                                                                            |                                                                           |
|---------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| X                         | 5. Notification of Change                       |                                                                                                                                                                                                            |                                                                           |
| X                         | 6. Program policies                             | Including discipline, supervision, child protection, general operating, personnel, closing time                                                                                                            |                                                                           |
| X                         | 7. Daily Attendance Records- staff and children |                                                                                                                                                                                                            |                                                                           |
| ITEMS POSTED – ACCESSIBLE |                                                 |                                                                                                                                                                                                            |                                                                           |
| X                         | 8. License                                      |                                                                                                                                                                                                            |                                                                           |
| X                         | 9. Fire Marshal certificate                     |                                                                                                                                                                                                            |                                                                           |
|                           | Date                                            | 06/27/2024                                                                                                                                                                                                 |                                                                           |
| X                         | 10. OEC Complaint procedure                     |                                                                                                                                                                                                            |                                                                           |
|                           | 11. Food Service Certificate                    | N/A?                                                                                                                                                                                                       |                                                                           |
|                           | Date                                            | X                                                                                                                                                                                                          |                                                                           |
| X                         | 12. Menus                                       |                                                                                                                                                                                                            |                                                                           |
| X                         | 13. Emergency plans                             |                                                                                                                                                                                                            |                                                                           |
| X                         | 14. No Smoking Signs                            |                                                                                                                                                                                                            |                                                                           |
| X                         | 15. Radon Test                                  | N/A?                                                                                                                                                                                                       |                                                                           |
|                           | Date                                            | Results                                                                                                                                                                                                    |                                                                           |
|                           |                                                 |                                                                                                                                                                                                            | Needs to be completed between 11/1 and 4/30 and results submitted to OEC, |
| X                         | 15a. Developmental Milestones                   |                                                                                                                                                                                                            |                                                                           |
| X                         | 15b. Access                                     |                                                                                                                                                                                                            |                                                                           |
| X                         | 15bb. 32-36 mths enrolled in prek-permissions   |                                                                                                                                                                                                            |                                                                           |
| STAFFING 19a-79-4a        |                                                 |                                                                                                                                                                                                            |                                                                           |
| X                         | 15c. Staffing                                   |                                                                                                                                                                                                            |                                                                           |
| X                         | 16. Staff Health records – TB tests             |                                                                                                                                                                                                            |                                                                           |
| X                         | 17. Professional development                    |                                                                                                                                                                                                            |                                                                           |
| X                         | 18. Disciplinary actions                        |                                                                                                                                                                                                            |                                                                           |
| O                         | 18b. Background checks                          | Failed to ensure staff have completed background checks when only 2 out of 9 staff have current status and 4 have work supervised status. Operator does not have sufficient staff to operate at this time. |                                                                           |

|                                 |                                           |                   |               |                       |               |                         |
|---------------------------------|-------------------------------------------|-------------------|---------------|-----------------------|---------------|-------------------------|
| <b>X</b>                        | 19. Designated Head Teacher               |                   |               |                       |               |                         |
| <b>X</b>                        | 20. Two Staff present                     |                   |               |                       |               |                         |
| <b>X</b>                        | 20a. Staff Qualities                      |                   |               |                       |               |                         |
| <b>X</b>                        | 21. Ratio: 1 staff to 10 children         |                   |               |                       |               |                         |
| <b>X</b>                        | 21b. Supervision                          |                   |               |                       |               |                         |
| <b>X</b>                        | 22. Group Size – maximum 20 children      |                   |               |                       |               |                         |
| <b>X</b>                        | 23. Designated director - Training        |                   |               |                       |               |                         |
| <b>X</b>                        | 24. CPR Certified Staff (Group Home N/A)  |                   |               |                       |               |                         |
| <b>X</b>                        | 25. First Aid Trained Staff               |                   |               |                       |               |                         |
| <b>X</b>                        | 26. Consultants-Agreements and Contracts  |                   |               |                       |               |                         |
| <b>X</b>                        | 27. Logs – Visits documented              |                   |               |                       |               |                         |
|                                 | Not in Compliance?                        | <b>Education</b>  | <b>Health</b> | <b>Social Service</b> | <b>Dental</b> | <b>Dietician N/A? X</b> |
|                                 | Contracts                                 |                   |               |                       |               |                         |
|                                 | Logs                                      |                   |               |                       |               |                         |
|                                 | Do they take children swimming?           | <b>N SWIMMING</b> |               |                       |               |                         |
| <b>X</b>                        | 28. Non-swimmers identified               |                   |               |                       |               |                         |
| <b>X</b>                        | 29. Staff/Child Ratios                    |                   |               |                       |               |                         |
| <b>X</b>                        | 30. CPR certified staff (20 years of age) |                   |               |                       |               |                         |
| <b>X</b>                        | 31. Lifeguard certified - supervision     |                   |               |                       |               |                         |
| <b>RECORD KEEPING 19a-79-5a</b> |                                           |                   |               |                       |               |                         |
| <b>X</b>                        | 32. Enrollment information                |                   |               |                       |               |                         |
| <b>X</b>                        | 33. Emergency medical permission          |                   |               |                       |               |                         |
| <b>X</b>                        | 34. Authorized release permission         |                   |               |                       |               |                         |
| <b>X</b>                        | 35. Field trip permission                 |                   |               |                       |               |                         |
| <b>X</b>                        | 36. Transportation permission             |                   |               |                       |               |                         |

|                                    |                                                                      |                                                                      |  |
|------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>X</b>                           | 37. Child health records and immunizations                           |                                                                      |  |
| <b>X</b>                           | 38. Individual care plan (signed by parents and staff)               |                                                                      |  |
| <b>X</b>                           | 39. Injury, Illness, Accident reports                                |                                                                      |  |
| <b>HEALTH AND SAFETY 19a-79-6a</b> |                                                                      |                                                                      |  |
| <b>X</b>                           | 40. Nutritious snacks and meals (required food groups)               |                                                                      |  |
| <b>X</b>                           | 41. Proper refrigeration (max 45°)                                   |                                                                      |  |
|                                    | 42. Kitchen separated                                                | N/A?<br><b>X</b>                                                     |  |
| <b>X</b>                           | 43. Hand washing – before eating or food handling                    |                                                                      |  |
| <b>O</b>                           | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory       | Failed to maintain complete first aid kit(s) for indoor and outdoor. |  |
| <b>PHYSICAL PLANT 19a-79-7a</b>    |                                                                      |                                                                      |  |
| <b>X</b>                           | 45. License premises – clean, good repair, hazard free               |                                                                      |  |
| <b>X</b>                           | 47b. Plans for new construction, expansion, renovation or conversion |                                                                      |  |
| <b>X</b>                           | 48. Sanitary drinking fountains – disposable cups                    |                                                                      |  |
| <b>X</b>                           | 49. Lead Water Test (N/A?)<br>09/19/2024                             | Bacterial/Chemical Test (N/A?) <b>X</b>                              |  |
| <b>X</b>                           | 50. Walkways maintained                                              |                                                                      |  |
| <b>X</b>                           | 51. Designated staff toilet/sink                                     |                                                                      |  |
| <b>X</b>                           | 52. All openings for ventilation screened                            |                                                                      |  |
| <b>X</b>                           | 53. Windows protected to prevent falls                               |                                                                      |  |
| <b>X</b>                           | 54. Glass protected up to 36"                                        |                                                                      |  |
| <b>X</b>                           | 55. Overhead doors – locking devices, spring protectors              |                                                                      |  |
| <b>X</b>                           | 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                           |                                                                                                                     |
| ○ | 66. Air temperature 65 degrees, thermometer affixed       | Failed to ensure that every area used by children has a thermometer affixed to the wall in under 3 classrooms.      |
| X | 67. Water temperature 60° – 115°                          |                                                                                                                     |
| X | 68. Portable space heaters                                |                                                                                                                     |
| X | 69. Walls, ceilings, floors and rugs – clean, good repair |                                                                                                                     |
| ○ | 70. Rugs secure                                           | Failed to ensure that rugs/ mats are secured to the floor in under 3 class rooms and braided rug in preschool room. |
| 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                |                                                                                                                     |
| ○ | 76. Potentially hazardous substances locked               | Failed to ensure that potentially hazardous substances are stored in a locked area in under 3 rooms.                |
| 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><b>N</b>                                                                                                                                                                                                                                                                            |  |
| <b>X</b>                                       | 80. Operable CO detector on each level                        | N/A?<br><b>Y</b>                                                                                                                                                                                                                                                                           |  |
| <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><b>N</b>                                                                                                                                                                                                                                                                            |  |
| <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>O</b>                                       | 88. Impact absorbing material under equipment                 | Failed to ensure a minimum of 8 inches of impact absorbing materials under ladder/ chain ladder in over 3 playground.                                                                                                                                                                      |  |
| <b>O</b>                                       | 89. Playground free from hazards                              | Failed to ensure that screws that protrude are covered or protected on gates/ posts, white fencing not secured between the under 3 playgrounds, sharp edges on green fencing where the fencing meets the chain link fencing, artificial turf not secured & rippling on under 3 playgrounds |  |
| <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>X</b> | 99. Administration, parent permission, MAR |                                                                                                                                                                            |
| <b>O</b> | 100. Labeling, storage                     | Failed to maintain proper storage of medication when diaper creams & teething tabs were observed in diaper table drawers of One's room are accessible to children under 3. |

### ORAL/TOPICAL/INHALENT MEDICATIONS

|          |                                                             |  |
|----------|-------------------------------------------------------------|--|
| <b>X</b> | 101. Med trained staff, certificates<br>O/T/I    Injectable |  |
| <b>X</b> | 102. Authorized prescriber, parent permission, MAR          |  |
| <b>X</b> | 103. Labeling, storage                                      |  |
| <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>No</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>O</b>  | 112. Physical barriers, groups of 8 (indoors and outdoors)   | Failed to maintain a physical barrier separating each group of 8 children outdoors between under 3 playgrounds.                         |
| <b>X</b>  | 113. Adequate sinks in program space                         |                                                                                                                                         |
| <b>O</b>  | 114. Free standing, well-constructed, safe cribs             | Failed to maintain well constructed, free standing cribs in Infant room where a crib with drop sides manufactured in 2007 was observed. |
| <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                  |                                                                                                                                         |

|                                  |                                                                |                                                                                                                                                                     |                                  |  |
|----------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| <input type="radio"/>            | 119. Diaper area-sturdy, safety rail, nonporous, exclusive use | Failed to maintain an elevated, sturdy table or counter for diapering in Two's room.                                                                                |                                  |  |
| <input checked="" type="radio"/> | 120. Diaper area-washed, disinfected                           |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 121. Diaper area-disposable paper sheets                       |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 122. Covered waste receptacle                                  |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 123. Diaper changing policy posted, followed                   |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 124. Hand washing policy posted, followed                      |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 125. Individual storage of personal items                      |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 126. Cribs/cots washed and disinfected                         |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 127. Under 12 months- placed on back for sleeping              |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 128. Alternate sleep position-equipment, medical documentation | Yes                                                                                                                                                                 | No                               |  |
|                                  |                                                                |                                                                                                                                                                     | <input checked="" type="radio"/> |  |
| <input checked="" type="radio"/> | 129. Crib, bed used for infant sleeping                        |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 130. Crib, bed free from observable hazards                    |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 131. Infant toys separate, washed, disinfected daily           |                                                                                                                                                                     |                                  |  |
| <input type="radio"/>            | 132. No toys, objects less than 1/1/4" diameter                | Failed to ensure small toys and other objects with a diameter of less than 1 1/4" are not accessible to children under 3 in sensory table & shelving of Two's room. |                                  |  |
| <input type="radio"/>            | 133. Plastic bags, balloons, Styrofoam objects inaccessible    | Failed to ensure plastic bags are not accessible to children under age 3 in under 3 rooms in shelving units, fabric bins & counter unit drawers/ cabinets.          |                                  |  |
| <input checked="" type="radio"/> | 134. Health consultant, doc. of visits                         |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 135. Infants held for bottles, indiv. attention, tummy time    |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 136. Written statement, feeding schedule from parent           |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 137. Unused portions of liquids discarded                      |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 138. Clean Bottles, disp. bottles, approved bottle washing     |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 139. Food served from dish or whole jar served                 |                                                                                                                                                                     |                                  |  |
| <input checked="" type="radio"/> | 140. Bottles individually identified with child's name         |                                                                                                                                                                     |                                  |  |

|                                         |
|-----------------------------------------|
| <b>OUTDOOR PLAY SPACE - UNDER THREE</b> |
|-----------------------------------------|

|           |                                                          |                                                    |
|-----------|----------------------------------------------------------|----------------------------------------------------|
| <b>X</b>  | 141. Play space fenced                                   |                                                    |
| <b>X</b>  | 142. Outdoor equipment developmentally appropriate       |                                                    |
| <b>No</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 15 children                      |                                                    |
| <b>X</b>  | 146. Group size – maximum 30 children                    |                                                    |
| <b>X</b>  | 146b. 4 yr olds enrolled in school age-permissions       |                                                    |
| <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?**

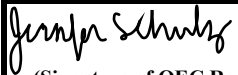
### DISCUSSIONS/COMMENTS

Two's room:  
 $22.4 \times 14.4 + 11.6 \times 6.2 (1/2) = 358.52 / -35 = 10.2$  ok for 10 children age 2 & older anyone under age 2 the group size is 8 children with 1:4 ratio  
 One's room:  
 $14.4 \times 10.3 + (1/2) 13.9 \times 2.7 - 2.1 \times 6.7 - 1.9 \times 1.7 = 149.78 / -35 = 4.2$  ok for 4 children under age 3  
 Infants:  
 $9.1 \times 15.6 + 8 \times 4.2 + 8 \times 12 (1/2) = 223.56 / -35 = 6.3$  ok for 6 children under 3  
 Preschool:  
 $21.4 \times 29 + 21.3 \times 6.3 - 2.2 \times 1.8 - 2.1 \times 8.2 - 1.2 \times 1.5 - 6.5 \times 7.1 - 2.1 \times 8.4 = 719.51 / -35 = 20.5$  ok for 20 children age 3 & older.  
 Preschool yard:  
 $96.1 \times 74.2 - 24.1 \times 72.9 = 5248.8 / -75 = 69.9$  ok for 69 over age 3  
 Infant yard:  
 $25 \times 34.4 = 8600 / -75 = 11.4$  ok for 8 under 2yrs or ok 10 Children 2 & over  
 Toddler yard:  
 $25 \times 38.9 = 972.56 / -75 = 12.96$  ok 8 under 2yrs or 10 children 2 & over  
 Discussed storage of children's personal belongings including bedding.  
 Discussed new regulations are effective 10-16-24. A link to the new regulations is available on the OEC website for review & informed of plain language summary to be sent to all programs. Program must submit local health final approval, corrective action plan, policies/ procedures for approval prior to licensure.  
 3 toilets/ 5 sinks for exclusive child use. 1 toilet/ sink for use by staff not in licensed space.

**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>(Signature of Person in Charge) |
| <b>Jenn Schulz</b><br>(Printed Name)                                                                                    | <b>Bridget L. Merrill</b><br>(Printed Name)                                                                              |                                | <b>Heather grim</b><br>(Printed Name)                                                                                    |