



CONNECTICUT OFFICE OF EARLY CHILDHOOD  
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM

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

Program Name:	The Cheder Early Learning Center	Date of Inspection:	12/4/2024	Time of Arrival:	9:30 AM
Address:	342 Ellsworth Ave.	License Number:	70799	Expiration Date:	5/31/2028
Town:	New Haven, CT. 06511-7103	Telephone Number:	203 776-9257	Summer Care:	Closed
Operator:	Yeshiva Gedolah Rabbinical Institute	# of Staff Present:	13	# over 3 Present:	23
Email:	preschool@thecheder.org	Total Capacity:	60	Total Under 3 capacity:	40
Designated Director:	Gittel Loth	Hours/Days of Operation:	M-F 9AM-3:00PM F 9A-12:30P	Ages Served:	12 months-5 yrs

Instruction Codes: N/A = Not applicable at this time    ✓ = Regulation in Compliance    O = Regulation not in Compliance

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

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

✓ 1. (c)(8) Local Health Inspection-Date: 4/17/2024

ADMINISTRATION 19a-79-3a

- ✓ 2. (a) Ensuring health & safety of children
- ✓ 3. (b) Overall management of program
- ✓ 4. (b)(6) Employee orientation for new program staff
- ✓ 5. (b)(6) Annual policy training for program staff
- ✓ 6. (b)(7)(A) Child behavior management
- ✓ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- ✓ 8. (b)(7)(C) Child Protection
- ✓ 9. (b)(7)(E) Mandated Reporting
- ✓ 10. (c)(1-4) Notification of Change
- ✓ 11. POLICIES-COMplete/IMPLEMENTED
  - ✓ (d)(2)(A) Discipline policy
  - ✓ (d)(2)(B)-C) Child Protection policy
  - ✓ (d)(3) Closing time policy
  - ✓ (d)(4)(A) Medical emergency policy
  - ✓ (d)(4)(B) Multi-Hazards policy-annual drill
  - ✓ (d)(5) Supervision policy
  - ✓ (d)(6) General Operating policies
  - ✓ (d)(6)(C) Administrative Oversight policy
  - ✓ (d)(7) Personnel policies
- ✓ 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- ✓ 13. ACCESS
  - ✓ (f) Immediate access by parents
  - ✓ (h) Immediate access by OEC-facility/records
- ✓ 14. (l) 2.8 yr olds enrolled in preschool-authorization
- ✓ 15. (m) Motor vehicle laws-transportation
- ✓ 16. (n) Capacity
- ✓ 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
  - ✓ (e)(1) License posted
  - ✓ (e)(2) OEC Complaint Procedure posted
  - (e)(3) Menus posted
  - ✓ (e)(4) No Smoking posted signs at entrances
  - ✓ (e)(5) OEC Inspection report posted or available
  - ✓ (e)(6) Developmental Milestones posted

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME	<i>The Choder Early Learning Center</i>	LICENSE NUMBER	<i>70759</i>	DATE OF INSPECTION	<i>12/4/24</i>
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**RECORD KEEPING 19a-79-5**

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

**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		<b>TOILETING</b>
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 85.	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60 °F - 120 °F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
	<input checked="" type="checkbox"/> (e)(9)	Light fixtures shielded/shatter proof
	(e)(10)	Potentially hazardous substances, materials - labeled, inaccessible
	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(12)	Stairs-protected/good repair-handrails
	(e)(13)	Toxic plants/materials inaccessible
	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
	<input checked="" type="checkbox"/> 100.	Prevention of vermin-openings screened
	<input checked="" type="checkbox"/> 101.	Radon test- Results: <i>1/14/2019</i> N/A
		Results posted-Date: <i>1/9</i> (Schls-N/A)
	<input checked="" type="checkbox"/> 102.	Carbon monoxide detector-each level N/A
	<input checked="" type="checkbox"/> 103.	Program space-adequate-35 sq. ft. per child
	<input checked="" type="checkbox"/> 104.	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	<input checked="" type="checkbox"/> 105.	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
	<input checked="" type="checkbox"/> 106.	Air conditioners, water heaters, fuse boxes inaccessible
	<input checked="" type="checkbox"/> 107.	Developmentally app equipment, materials

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

**PHYSICAL PLANT 19a-79-7a**

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <i>12/14/2023</i>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input checked="" type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <i>2/7/2024</i>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		<b>LEAD PAINT</b> -
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - <i>Y/N</i> Inside/Outside
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: <i>Y/N</i> Lead Test <i>Y/N</i>
		Results <i>Lead in kitchen stairs</i>
		Lead Management Plan <i>Yes</i>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access <i>every 10 minutes</i>

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 3**

<b>PROGRAM NAME</b>	The Chedy Early Learning Center	<b>LICENSE NUMBER</b>	70759	<b>DATE OF INSPECTION</b>	12/4/2024
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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/> 108. <input checked="" type="checkbox"/> 109. <input checked="" type="checkbox"/> 110. <input checked="" type="checkbox"/> 111.  <input checked="" type="checkbox"/> 112. <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> 114.	(g)(5) (g)(6) (j) (h)(1) (h)(2) (h)(3) (h)(4) (h)(5) (h)(6) (h)(8) (h)(9)  (h)(7) (h)(7)(A) (h)(7)(B) (h)(7)(C) (i) (i) (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <b>OUTDOOR SPACE</b> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <b>OUTDOOR PROTECTED/FENCING</b> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier <b>WATER HAZARDS</b> Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 129.  <input checked="" type="checkbox"/> 130.  <input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 132. <input checked="" type="checkbox"/> 133. <input checked="" type="checkbox"/> 134.  <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.  <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	<b>LINENS/CLOTHING</b> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <b>SAFE SLEEP</b> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <b>FEEDING</b> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
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<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 Y/N</b>
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<input checked="" type="checkbox"/> 115. <input checked="" type="checkbox"/> 116.	(a) (a) (1)-(11)  (b)	Written daily/weekly educational plan-developmentally appropriate <b>EDUCATIONAL REQUIREMENTS</b> Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity Limited access to screen time/video games	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 142.  <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144. <input checked="" type="checkbox"/> 145. <input checked="" type="checkbox"/> 146.	<b>SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N</b> Approved Schl Age Endorsement <b>SCHEDULE - ACTIVITIES</b> Written daily program plan-flexible schedule-available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30 4 yr. olds enrolled in schl age-written authorization/permission from director/parent Head teacher approved- 60%
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CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	<i>The Chedoke Early Learning Center</i>	LICENSE NUMBER	<i>70759</i>	DATE OF INSPECTION	<i>12/4/2024</i>
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	<i>Y</i>	MONITORING OF DIABETES 19a-79-13 Y/N	<i>Y</i>
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<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input type="checkbox"/> 172.	<b>STAFF TRAINING</b>
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input type="checkbox"/> (b)(1)(A)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input type="checkbox"/> (i)-(iii)	
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input type="checkbox"/> (b)(2)	Training updated at least every 3 years
<input type="checkbox"/> 153.	<b>SLEEP PROVISIONS</b>	<input type="checkbox"/> (b)(3)	Written documentation of training
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input type="checkbox"/> (c)(3)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input type="checkbox"/> 173. (d)(1)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input type="checkbox"/> 174. (d)(2)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input type="checkbox"/> 175. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input type="checkbox"/> 176. (d)(3)	Authorized prescriber written order
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input type="checkbox"/> 177. (e)(1)	Written authorization from parent
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified	<input type="checkbox"/> 178. (e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 156. (b)(10)	Local health approval	<input type="checkbox"/> 179. (e)(3)	

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

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions <i>N/A</i>
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		
<input checked="" type="checkbox"/> 159.	<b>NONPRESC. TOPICAL MEDICATION</b>		<b>DISCUSSIONS - COMMENTS</b>
<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors		<i>Discussed new regulations, wording on consultant agreements, updating policies with additional/new language</i>
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160.	<b>MEDICATION TRAINING</b>		
<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input checked="" type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage <i>N/A</i>		

SIGNATURE OF OEC STAFF	<i>Bridget L. Meyer</i>	SIGNATURE OF PERSON IN CHARGE	<i>Gittel Roth</i>
PRINTED NAME	<i>BRIDGET L. MEYER</i>	PRINTED NAME	<i>Gittel Roth</i>

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: <i>12/18/2024</i>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Cheder Emily Learning Center License # 70759 Date: 12/4/2024

Observations/Corrections needed:

- #18- observed no posted menus
- #35- observed no dietitian agreement and no documentation of policy review by Education, social service or Dietary consultants
- #40- observed 4 individual care plans for children with Epi-Pen, Benadryl, Albuterol and Zyrtec (Cetrinazine) not signed by parents and staff
- #104- observed rust on hallway bathroom stall wall and radiator
- #161- observed incomplete parent sections of authorization for Epi-Pen, Albuterol, Benadryl and Zyrtec (Cetrinazine) for 4 children
- #164- observed no Rx prescription label for Albuterol in preschool for 1 child
- #166- observed expired Benadryl (1/2024) in Nursery 2B and expired Albuterol (3/2024) in Nursery 3

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

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]

Print Name: BRIDGET L. NEGRIN  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 12/18/2024

Signature: [Signature]

Print Name: Gittel Roth  
(Person in Charge)