



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:        | Mercy Learning Center Early Childhood Education Program | Date of Inspection:      | 12-6-24      | Time of Arrival:        | 11am    |
| Address:             | 637 Park Ave                                            | License Number:          | 70077        | Expiration Date:        | 8-31-28 |
| Town:                | Bridgewater                                             | Telephone Number:        | 203 334-6699 | Summer Care:            | Open    |
| Operator:            | Mercy Learning Center of Bridgewater Inc                | # of Staff Present:      | 11           | # over 3 Present:       | 23      |
| Email:               | Maria.moreno@mercylearningcenter.org                    | Total Capacity:          | 60           | Total Under 3 capacity: | 40      |
| Designated Director: | Maria Moreno                                            | Hours/Days of Operation: | M-F 9am-5PM  |                         |         |

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

1. (c)(8) Local Health Inspection-Date: 9-3-2024

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

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

- 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. GROUP SIZE
  - (d)(5) Group Size-Indoors/Outdoors
  - (d)(5)(A) Group Size-school age field trips/outdoors
  - (d)(5)(B) Mixed age group-group size
- 29. Designated director-training
- 30. CPR certified program staff
- 31. First aid certified program staff
- 32. PROFESSIONAL DEVELOPMENT
  - (f)(1) Documentation
  - (f)(2) Health & Safety training
  - (a)(2) 1% annual hours
- 33. 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
- 34. 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
- 35.
 

|            | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education  | ✓         | ✓    | ✓      |
| Health     | ✓         | ✓    | ✓      |
| Soc. Serv. | ✓         | ✓    | ✓      |
| Dietitian  | N/A       | N/A  | ✓      |

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

|              |                             |                |       |                    |         |
|--------------|-----------------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Mercy Learning Center & CEP | LICENSE NUMBER | 70077 | DATE OF INSPECTION | 12-6-24 |
|--------------|-----------------------------|----------------|-------|--------------------|---------|

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"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(i)   | Emergency medical permission                 |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(ii)  | Authorized release permission                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Field trip permission                        |
| <input checked="" type="checkbox"/>     | <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"/>     | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan                                                     |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met                                                                       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected                                              |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(C) | Required toilets/sinks-1:16                                                               |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:25 schl age only                                                 |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(E) | Handwashing staff/children                                                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(F) | Toilets/sinks located-at the facility or licensed premises                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(G) | Well lighted/ventilated toilet rooms                                                      |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (d)(10)(H) | Mechanical ventilation (Grp Homes N/A)                                                    |
| <input checked="" type="checkbox"/>     | (d)(11)                                        | Staff personal articles inaccessible                                                      |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(1)     | <b>AIR TEMPERATURE</b>                                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(1)     | Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(2)     | Air temp <65°F comfortable (Schl age only-N/A)                                            |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(2)     | Air temp > 80 °F - ↑ fluids/ventilation                                                   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(3)     | Water temperature 60 °F – 120 °F                                                          |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(4)     | Portable space heaters prohibited                                                         |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(5)     | Walls/ceilings/floors/rugs-clean/good repair                                              |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(5)     | Rugs- not tripping/slipping hazard                                                        |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(6)     | Hot water/Steam pipes protected                                                           |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Working phone on each level                                                               |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Emergency numbers posted-adjacent to phones                                               |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(7)     | Parents provided direct on site phone number                                              |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(8)     | <b>LIGHTING</b>                                                                           |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | All areas min. 1 foot candle of lighting                                                  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(9)     | Schl age only-lighting for comfort                                                        |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(10)    | Light fixtures shielded/shatter proof                                                     |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(10)    | Potentially hazardous substances, materials – labeled, inaccessible                       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(11)    | Garbage/rubbish-disposed of daily, containers in good repair                              |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(12)    | Stairs-protected/good repair-handrails                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(13)    | Toxic plants/materials inaccessible                                                       |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(14-15) | Pets or other animals-in good health, written care plan including access to children      |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(16)    | Prevention of vermin-openings screened                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(17)    | Radon test- Results: _____ (N/A)                                                          |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(17)    | Results posted-Date: _____ (Schls-N/A)                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (e)(18)    | Carbon monoxide detector-each level N/A                                                   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (f)(1)(A)  | Program space-adequate-35 sq. ft. per child                                               |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(1)     | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(2)     | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)                   |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(3)     | Air conditioners, water heaters, fuse boxes inaccessible                                  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (g)(4)     | Developmentally app equipment, materials                                                  |

HEALTH and SAFETY 19a-79-6a

|                                         |                                         |                                                                                                                                                                                |
|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 46. | (a)(1)                                  | Preparation, transportation of food-follow DPH Model Food Code N/A                                                                                                             |
| <input checked="" type="checkbox"/> 47. | (a)(2)                                  | Nutritious meals and snacks                                                                                                                                                    |
| <input checked="" type="checkbox"/> 48. | (a)(3)                                  | Proper refrigeration-41 degrees                                                                                                                                                |
| <input checked="" type="checkbox"/> 49. | (a)(4)                                  | Menus-1 wk in advance- keep 3 mths                                                                                                                                             |
| <input checked="" type="checkbox"/> 50. | (a)(5)                                  | Food Service Inspection N/A                                                                                                                                                    |
| <input checked="" type="checkbox"/> 51. | (a)(6)                                  | Kitchen-clean, safe storage of food/supplies                                                                                                                                   |
| <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 9-12-24                                             |
| <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. | <input checked="" type="checkbox"/> (c)(5)(A)   | <b>WATER SUPPLY</b> – Public/Well (Schools-N/A)                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(B)   | Lead Water Test – Date: 7-31-24                                                    |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(C)   | Bact./Chem Test-Date: _____ (N/A)                                                  |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(5)(C)   | Drinking water available/accessible                                                |
| <input checked="" type="checkbox"/> 70. |                                                 | <b>LEAD PAINT</b> -                                                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(A)   | Peeling Paint – Y/N Inside/Outside Building Pre-78: Y/N Lead Test: Y/N             |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Results remediation                                                                |
| <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> (c)(6)(B-D) | Lead Management Plan NA                                                            |
| <input checked="" type="checkbox"/> 71. | (d)(1)                                          | Emergency vehicle access                                                           |

|                                          |                                             |  |
|------------------------------------------|---------------------------------------------|--|
| <input checked="" type="checkbox"/> 95.  | <input checked="" type="checkbox"/> (e)(10) |  |
| <input checked="" type="checkbox"/> 96.  | (e)(11)                                     |  |
| <input checked="" type="checkbox"/> 97.  | (e)(12)                                     |  |
| <input checked="" type="checkbox"/> 98.  | (e)(13)                                     |  |
| <input checked="" type="checkbox"/> 99.  | (e)(14-15)                                  |  |
| <input checked="" type="checkbox"/> 100. | (e)(16)                                     |  |
| <input checked="" type="checkbox"/> 101. | (e)(17)                                     |  |
| <input checked="" type="checkbox"/> 102. | (e)(18)                                     |  |
| <input checked="" type="checkbox"/> 103. | (f)(1)(A)                                   |  |
| <input checked="" type="checkbox"/> 104. | (g)(1)                                      |  |
| <input checked="" type="checkbox"/> 105. | (g)(2)                                      |  |
| <input checked="" type="checkbox"/> 106. | (g)(3)                                      |  |
| <input checked="" type="checkbox"/> 107. | (g)(4)                                      |  |

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

|                     |                            |                       |       |                           |         |
|---------------------|----------------------------|-----------------------|-------|---------------------------|---------|
| <b>PROGRAM NAME</b> | Mercy Learning Center ECEP | <b>LICENSE NUMBER</b> | 70077 | <b>DATE OF INSPECTION</b> | 12/6/24 |
|---------------------|----------------------------|-----------------------|-------|---------------------------|---------|

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

|                                     |      |           |                                                                                              |
|-------------------------------------|------|-----------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 108. | (g)(5)    | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls            |
| <input checked="" type="checkbox"/> | 109. | (g)(6)    | Indoor climbing play equipment-shock absorbing materials under and around                    |
| <input checked="" type="checkbox"/> | 110. | (j)       | No weapons/no facsimile of a firearm                                                         |
| <input checked="" type="checkbox"/> | 111. |           | <b>OUTDOOR SPACE</b>                                                                         |
| <input checked="" type="checkbox"/> |      | (h)(1)    | Adequate space- 75 sq. ft. per child                                                         |
| <input checked="" type="checkbox"/> |      | (h)(2)    | Shock absorbing surfaces-minimum 8"                                                          |
| <input checked="" type="checkbox"/> |      | (h)(3)    | Playground free from hazards                                                                 |
| <input checked="" type="checkbox"/> |      | (h)(4)    | Nuts, bolts, screws-tight, covered/protected                                                 |
| <input checked="" type="checkbox"/> |      | (h)(5)    | Outside equipment anchored-anchors buried                                                    |
| <input checked="" type="checkbox"/> |      | (h)(6)    | New equip- cert playg. Inspection upon request                                               |
| <input checked="" type="checkbox"/> |      | (h)(8)    | Drinking water available/accessible                                                          |
| <input checked="" type="checkbox"/> |      | (h)(9)    | Equipment arranged for safety-equip/fences/structures not hazardous                          |
| <input checked="" type="checkbox"/> | 112. |           | <b>OUTDOOR PROTECTED/FENCING</b>                                                             |
| <input checked="" type="checkbox"/> |      | (h)(7)    | Playground protected from traffic, water, gullies or other hazards                           |
| <input checked="" type="checkbox"/> | 113. | (h)(7)(A) | Fences installed to protect from hazards-4 ft                                                |
| <input checked="" type="checkbox"/> |      | (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks |
| <input checked="" type="checkbox"/> |      | (h)(7)(C) | Rooftop play areas-6 ft. wall/barrier N/A                                                    |
| <input checked="" type="checkbox"/> | 114. |           | <b>WATER HAZARDS</b> N/A                                                                     |
| <input checked="" type="checkbox"/> |      | (i)       | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 N/A                              |
| <input checked="" type="checkbox"/> |      | (i)       | Wading pools prohibited                                                                      |
| <input checked="" type="checkbox"/> |      | (i)       | Hot tubs/spas/saunas-locked/inaccessible N/A                                                 |

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

|                                     |      |              |                                                                                            |
|-------------------------------------|------|--------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 129. | (f)(1)       | <b>LINENS/CLOTHING</b>                                                                     |
| <input checked="" type="checkbox"/> |      | (f)(2)       | Linens/emergency clothing available                                                        |
| <input checked="" type="checkbox"/> |      | (f)(3)       | Linens washed weekly or as needed                                                          |
| <input checked="" type="checkbox"/> |      | (f)(4)       | Linens/clothing stored individually                                                        |
| <input checked="" type="checkbox"/> |      | (g)(1)       | Cribs/cots cleaned-linens changed when shared                                              |
| <input checked="" type="checkbox"/> | 130. |              | <b>SAFE SLEEP</b>                                                                          |
| <input checked="" type="checkbox"/> |      | (g)(1)       | Under 12 mths placed on back for sleeping                                                  |
| <input checked="" type="checkbox"/> |      | (g)(1)       | Crib-snug fitting mattress/tightly fitted sheet                                            |
| <input checked="" type="checkbox"/> |      | (g)(1)       | Alternate sleep position/equipment-medical documentation for medical reason on file        |
| <input checked="" type="checkbox"/> |      | (g)(2)       | Infants allowed to adopt other sleep positions                                             |
| <input checked="" type="checkbox"/> |      | (g)(3)       | No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles |
| <input checked="" type="checkbox"/> |      | (g)(4)       | No unapproved sleeping-car seats/swings/beds, etc.                                         |
| <input checked="" type="checkbox"/> |      | (g)(5)       | No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes            |
| <input checked="" type="checkbox"/> |      | (g)(6)       | Observe/assess infants at least every 15 minutes                                           |
| <input checked="" type="checkbox"/> |      | (g)(7)       | Teething necklaces/bracelets, jewelry inaccessible                                         |
| <input checked="" type="checkbox"/> |      | (g)(8)       | Safe sleep policies posted/parents informed                                                |
| <input checked="" type="checkbox"/> |      | (h)(1)       | Infant toys-separate/washed/sanitized daily                                                |
| <input checked="" type="checkbox"/> | 131. | (h)(1)       | Toddler toys-washed/sanitized weekly                                                       |
| <input checked="" type="checkbox"/> | 132. | (h)(2)       | No toys/objects less than 1 1/4" diameter                                                  |
| <input checked="" type="checkbox"/> | 133. | (h)(2)       | Plastic bags/balloons/styrofoam inaccessible unless under direct supervision               |
| <input checked="" type="checkbox"/> | 134. |              | Health consultant visits/documentation                                                     |
| <input checked="" type="checkbox"/> | 135. | (i)(1)(2A-C) | <b>FEEDING</b>                                                                             |
| <input checked="" type="checkbox"/> | 136. | (j)          | Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle  |
| <input checked="" type="checkbox"/> |      | (k)(1)       | Written feeding schedule from parent-updated                                               |
| <input checked="" type="checkbox"/> |      | (k)(2)       | Unused formula/milk discarded after feedings                                               |
| <input checked="" type="checkbox"/> |      | (k)(3)       | Clean bottles/disposable bottles/appvd washing                                             |
| <input checked="" type="checkbox"/> |      | (k)(4)       | Baby food served from dish or whole jar                                                    |
| <input checked="" type="checkbox"/> |      | (k)(5)       | Bottles labeled with child's name                                                          |
| <input checked="" type="checkbox"/> | 137. | (l)(1)       | Outdoor spaced fenced-4 ft lic. after 1/1/25                                               |
| <input checked="" type="checkbox"/> | 138. | (l)(2)       | Outdoor equipment-developmentally appropriate for ages of the children                     |
| <input checked="" type="checkbox"/> | 139. | (l)(3)       | Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety   |

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

|                                     |      |          |                                                                                                                                                                                                                                  |
|-------------------------------------|------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 115. | (a)      | Written daily/weekly educational plan-developmentally appropriate                                                                                                                                                                |
| <input checked="" type="checkbox"/> | 116. | (a)      | <b>EDUCATIONAL REQUIREMENTS</b>                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> |      | (1)-(11) | Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity |
| <input checked="" type="checkbox"/> |      | (b)      | Limited access to screen time/video games                                                                                                                                                                                        |

**UNDER THREE ENDORSEMENT 19a-79-10 Y/N**

|                                     |      |                |                                                                                        |
|-------------------------------------|------|----------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 117. | (b)            | Approved Under 3 Endorsement                                                           |
| <input checked="" type="checkbox"/> | 118. | (c)(2)         | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)                                             |
| <input checked="" type="checkbox"/> | 119. | (c)(3)         | Group size-max 8 (6wks-24mths), max 10 (24-36mths)                                     |
| <input checked="" type="checkbox"/> | 120. | (c)(4)         | Physical barriers- indoors/outdoors                                                    |
| <input checked="" type="checkbox"/> | 121. | (d)(1)(A-C)    | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input checked="" type="checkbox"/> | 122. | (d)(2)(Ai-iii) | Cribs-in compliance w/CPSC (manf. after 6/28/11)                                       |
| <input checked="" type="checkbox"/> | 123. | (d)(2)(B)      | Washable cots                                                                          |
| <input checked="" type="checkbox"/> | 124. | (d)(2)(C)      | Chairs for feeding-stable base-safety straps-locking tray                              |
| <input checked="" type="checkbox"/> | 125. | (d)(2)(D)      | Dev. appropriate tables/chairs/equipment                                               |
| <input checked="" type="checkbox"/> | 126. | (d)(2)(E)      | Refrigerator and food prep facilities                                                  |
| <input checked="" type="checkbox"/> | 127. | (d)(3)(A-C)    | Optional furniture/equip-safe/hazard free                                              |
| <input checked="" type="checkbox"/> | 128. |                | <b>DIAPERING</b>                                                                       |
| <input checked="" type="checkbox"/> |      | (e)(1)         | Diaper area: elevated/sturdy/safety rail                                               |
| <input checked="" type="checkbox"/> |      | (e)(2)         | Diaper area: used only for this purpose, located in the program area                   |
| <input checked="" type="checkbox"/> |      | (e)(3)         | Diaper area: non-porous surface/good repair                                            |
| <input checked="" type="checkbox"/> |      | (e)(4)         | Diaper area: washed/disinfected after use                                              |
| <input checked="" type="checkbox"/> |      | (e)(5)         | Diaper area: disposable paper sheets                                                   |
| <input checked="" type="checkbox"/> |      | (e)(6)(9)      | Covered waste receptacle-removed daily                                                 |
| <input checked="" type="checkbox"/> |      | (e)(7)         | Handwashing-staff/children                                                             |
| <input checked="" type="checkbox"/> |      | (e)(8)         | Diapering-Handwashing policies-posted/followed                                         |
| <input checked="" type="checkbox"/> |      | (e)(10)(A-C)   | Cloth diapers-written plan developed                                                   |

**SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N**

|                                     |      |        |                                                                                                                          |
|-------------------------------------|------|--------|--------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | 140. | (b)    | Approved Schl Age Endorsement                                                                                            |
| <input checked="" type="checkbox"/> | 141. | (c)    | <b>SCHEDULE - ACTIVITIES</b>                                                                                             |
| <input checked="" type="checkbox"/> | 142. | (c)(1) | Written daily program plan-flexible schedule-available to staff/parents                                                  |
| <input checked="" type="checkbox"/> |      | (c)(2) | Activities not a duplication of child's day                                                                              |
| <input checked="" type="checkbox"/> |      | (c)(3) | Activities include cognitive, physical, social, emotional needs of the children                                          |
| <input checked="" type="checkbox"/> |      | (d)    | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| <input checked="" type="checkbox"/> | 143. | (e)    | Ratio- 1:15                                                                                                              |
| <input checked="" type="checkbox"/> | 144. | (f)    | Group size- max. 30                                                                                                      |
| <input checked="" type="checkbox"/> | 145. | (g)    | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent                                    |
| <input checked="" type="checkbox"/> | 146. |        | Head teacher approved- 60%                                                                                               |

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4**

|                                                          |                                       |                                             |
|----------------------------------------------------------|---------------------------------------|---------------------------------------------|
| <b>PROGRAM NAME</b><br><i>Mercy Learning Center ECEP</i> | <b>LICENSE NUMBER</b><br><i>70077</i> | <b>DATE OF INSPECTION</b><br><i>12-6-24</i> |
|----------------------------------------------------------|---------------------------------------|---------------------------------------------|

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| <b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N</b> | <b>MONITORING OF DIABETES 19a-79-13 Y/N</b> <i>(N)</i> |
|--------------------------------------------------------|--------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|-------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|--------------------------------------|---------------------------------------------|--------------------------------------|---------------------------|-------------------------------|-------------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------|------------------------------------|---------------------|------------------------------------|-------------------------------------------|---------------------------------|--------------------------------|--------------------------------------|------------------------|--------------------------------------|---------------------------------------|---------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------|----------------------------------------------------|-----------------------|-----------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------------|-----------------------------------|--------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------------------|------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|-------------------------------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> 147. (b)</td><td>Approved Night Care Endorsement</td></tr> <tr><td><input type="checkbox"/> 148. (b)(1)</td><td>Person in charge-head teacher</td></tr> <tr><td><input type="checkbox"/> 149. (b)(2)</td><td>Written plan for program activities- meet individual needs, sleep patterns, quiet activities</td></tr> <tr><td><input type="checkbox"/> 150. (b)(3)</td><td>Written plan for supervision including cot placement and evacuation</td></tr> <tr><td><input type="checkbox"/> 151. (b)(4)</td><td>Children in care no more than 12 hrs. in 24</td></tr> <tr><td><input type="checkbox"/> 152. (b)(5)</td><td>Staff awake and available</td></tr> <tr><td><input type="checkbox"/> 153.</td><td><b>SLEEP PROVISIONS</b></td></tr> <tr><td><input type="checkbox"/> (b)(6)</td><td>Individual cot/crib with bedding</td></tr> <tr><td><input type="checkbox"/> (b)(6)(A)</td><td>Sleeping apparel/toiletries labeled</td></tr> <tr><td><input type="checkbox"/> (b)(6)(B)</td><td>Required bedding</td></tr> <tr><td><input type="checkbox"/> (b)(6)(C)</td><td>Required toiletries</td></tr> <tr><td><input type="checkbox"/> (b)(6)(D)</td><td>Bedding/sleeping apparel laundered weekly</td></tr> <tr><td><input type="checkbox"/> (b)(7)</td><td>Sleep arrangements for infants</td></tr> <tr><td><input type="checkbox"/> 154. (b)(8)</td><td>Air temp 65 °F at 3 ft</td></tr> <tr><td><input type="checkbox"/> 155. (b)(9)</td><td>Fire marshal approval-hours specified</td></tr> <tr><td><input type="checkbox"/> 156. (b)(10)</td><td>Local health approval</td></tr> </table> | <input type="checkbox"/> 147. (b)                                                                           | Approved Night Care Endorsement | <input type="checkbox"/> 148. (b)(1) | Person in charge-head teacher | <input type="checkbox"/> 149. (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input type="checkbox"/> 150. (b)(3) | Written plan for supervision including cot placement and evacuation | <input type="checkbox"/> 151. (b)(4) | Children in care no more than 12 hrs. in 24 | <input type="checkbox"/> 152. (b)(5) | Staff awake and available | <input type="checkbox"/> 153. | <b>SLEEP PROVISIONS</b> | <input type="checkbox"/> (b)(6) | Individual cot/crib with bedding | <input type="checkbox"/> (b)(6)(A) | Sleeping apparel/toiletries labeled | <input type="checkbox"/> (b)(6)(B) | Required bedding | <input type="checkbox"/> (b)(6)(C) | Required toiletries | <input type="checkbox"/> (b)(6)(D) | Bedding/sleeping apparel laundered weekly | <input type="checkbox"/> (b)(7) | Sleep arrangements for infants | <input type="checkbox"/> 154. (b)(8) | Air temp 65 °F at 3 ft | <input type="checkbox"/> 155. (b)(9) | Fire marshal approval-hours specified | <input type="checkbox"/> 156. (b)(10) | Local health approval | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> 171. (a)(1)</td><td>Written policies and procedures</td></tr> <tr><td><input checked="" type="checkbox"/> 172. (b)(1)(A)</td><td><b>STAFF TRAINING</b></td></tr> <tr><td><input checked="" type="checkbox"/> (b)(1)(B)</td><td>Staff training – first aid</td></tr> <tr><td><input checked="" type="checkbox"/> (i)-(iii)</td><td>Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(2)</td><td>Training updated at least every 3 years</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(3)</td><td>Written documentation of training</td></tr> <tr><td><input checked="" type="checkbox"/> (c)(2)</td><td>Trained staff on site when child is present</td></tr> <tr><td><input checked="" type="checkbox"/> 173. (c)(3)</td><td>Self-administration - written authorization and under supervision of trained staff</td></tr> <tr><td><input checked="" type="checkbox"/> 174. (d)(1)</td><td>Equipment provided by parents</td></tr> <tr><td><input checked="" type="checkbox"/> 175. (d)(2)</td><td>Equipment labeled and inaccessible</td></tr> <tr><td><input checked="" type="checkbox"/> 176. (d)(3)</td><td>Signed agreement with parent regarding equipment, supplies, materials to be discarded</td></tr> <tr><td><input checked="" type="checkbox"/> 177. (e)(1)</td><td>Authorized prescriber written order</td></tr> <tr><td><input checked="" type="checkbox"/> 178. (e)(2)</td><td>Written authorization from parent</td></tr> <tr><td><input checked="" type="checkbox"/> 179. (e)(3)</td><td>Testing results and actions taken – documented and kept on file, ensure parents are notified daily</td></tr> </table> | <input checked="" type="checkbox"/> 171. (a)(1) | Written policies and procedures | <input checked="" type="checkbox"/> 172. (b)(1)(A) | <b>STAFF TRAINING</b> | <input checked="" type="checkbox"/> (b)(1)(B) | Staff training – first aid | <input checked="" type="checkbox"/> (i)-(iii) | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions | <input checked="" type="checkbox"/> (b)(2) | Training updated at least every 3 years | <input checked="" type="checkbox"/> (b)(3) | Written documentation of training | <input checked="" type="checkbox"/> (c)(2) | Trained staff on site when child is present | <input checked="" type="checkbox"/> 173. (c)(3) | Self-administration - written authorization and under supervision of trained staff | <input checked="" type="checkbox"/> 174. (d)(1) | Equipment provided by parents | <input checked="" type="checkbox"/> 175. (d)(2) | Equipment labeled and inaccessible | <input checked="" type="checkbox"/> 176. (d)(3) | Signed agreement with parent regarding equipment, supplies, materials to be discarded | <input checked="" type="checkbox"/> 177. (e)(1) | Authorized prescriber written order | <input checked="" type="checkbox"/> 178. (e)(2) | Written authorization from parent | <input checked="" type="checkbox"/> 179. (e)(3) | Testing results and actions taken – documented and kept on file, ensure parents are notified daily |
| <input type="checkbox"/> 147. (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approved Night Care Endorsement                                                                             |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 148. (b)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Person in charge-head teacher                                                                               |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 149. (b)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Written plan for program activities- meet individual needs, sleep patterns, quiet activities                |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 150. (b)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Written plan for supervision including cot placement and evacuation                                         |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 151. (b)(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Children in care no more than 12 hrs. in 24                                                                 |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 152. (b)(5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Staff awake and available                                                                                   |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 153.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SLEEP PROVISIONS</b>                                                                                     |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Individual cot/crib with bedding                                                                            |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(6)(A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sleeping apparel/toiletries labeled                                                                         |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(6)(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Required bedding                                                                                            |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(6)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Required toiletries                                                                                         |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(6)(D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Bedding/sleeping apparel laundered weekly                                                                   |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> (b)(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sleep arrangements for infants                                                                              |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 154. (b)(8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Air temp 65 °F at 3 ft                                                                                      |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 155. (b)(9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fire marshal approval-hours specified                                                                       |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input type="checkbox"/> 156. (b)(10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Local health approval                                                                                       |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 171. (a)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Written policies and procedures                                                                             |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 172. (b)(1)(A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>STAFF TRAINING</b>                                                                                       |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> (b)(1)(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Staff training – first aid                                                                                  |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> (i)-(iii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> (b)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Training updated at least every 3 years                                                                     |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> (b)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Written documentation of training                                                                           |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> (c)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Trained staff on site when child is present                                                                 |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 173. (c)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Self-administration - written authorization and under supervision of trained staff                          |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 174. (d)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Equipment provided by parents                                                                               |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 175. (d)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Equipment labeled and inaccessible                                                                          |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 176. (d)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signed agreement with parent regarding equipment, supplies, materials to be discarded                       |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 177. (e)(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Authorized prescriber written order                                                                         |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 178. (e)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Written authorization from parent                                                                           |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |
| <input checked="" type="checkbox"/> 179. (e)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Testing results and actions taken – documented and kept on file, ensure parents are notified daily          |                                 |                                      |                               |                                      |                                                                                              |                                      |                                                                     |                                      |                                             |                                      |                           |                               |                         |                                 |                                  |                                    |                                     |                                    |                  |                                    |                     |                                    |                                           |                                 |                                |                                      |                        |                                      |                                       |                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                 |                                                    |                       |                                               |                            |                                               |                                                                                                             |                                            |                                         |                                            |                                   |                                            |                                             |                                                 |                                                                                    |                                                 |                               |                                                 |                                    |                                                 |                                                                                       |                                                 |                                     |                                                 |                                   |                                                 |                                                                                                    |

|                                                    |                             |
|----------------------------------------------------|-----------------------------|
| <b>ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N</b> | <b>ADDITIONAL VIOLATION</b> |
|----------------------------------------------------|-----------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------|------------------------------------------|-------------------------------------|--------------------------------------------|---------------------------------------|-------------------------------------------------|----------------------|-----------------------------------------------|----------------------------------------|------------------------------------------|----------------------------|-------------------------------------------------|-----------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------|-----------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------|------------------------------------------------------|-----------------------------------------|----------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------|----------------------------------------------------|----------------------------------------|----------------------------------------------------|----------------------------------|-------------------------------------------------|-----------------------------------|------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> 157. (9a)</td><td>Written medication policies/procedures</td></tr> <tr><td><input checked="" type="checkbox"/> 158. (9a)</td><td>Permit enrollment of children with asthma, allergies, diabetes</td></tr> <tr><td><input checked="" type="checkbox"/> 159.</td><td><b>NONPRESC. TOPICAL MEDICATION</b></td></tr> <tr><td><input checked="" type="checkbox"/> (a)(2)</td><td>Admin/Parent permission/report errors</td></tr> <tr><td><input checked="" type="checkbox"/> (a)(3)(A-B)</td><td>Labeling and Storage</td></tr> <tr><td><input checked="" type="checkbox"/> (a)(3)(C)</td><td>Unused/expired meds destroyed/returned</td></tr> <tr><td><input checked="" type="checkbox"/> 160.</td><td><b>MEDICATION TRAINING</b></td></tr> <tr><td><input checked="" type="checkbox"/> (b)(1)(A/C)</td><td>Medication training-general-oral/top/inhalant</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(1)(D)</td><td>Injectable premeasured autoinjector medication</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(1)(E)</td><td>Rectal medication</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(1)(F)</td><td>Injectable other than premeasured auto-injector</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(2)(A-B)</td><td>Training approval documents/certificates</td></tr> <tr><td><input checked="" type="checkbox"/> (b)(2)(C)</td><td>Training outline on file</td></tr> <tr><td><input checked="" type="checkbox"/> 161. (b)(3)(A-B)</td><td>Authorized prescriber/parent permission</td></tr> <tr><td><input checked="" type="checkbox"/> 162. (b)(3)(D)</td><td>Medication errors- documentation, parent(s) and OEC notification</td></tr> <tr><td><input checked="" type="checkbox"/> 163. (b)(4)(A-B)</td><td>Medication Administration Records (MAR)</td></tr> <tr><td><input checked="" type="checkbox"/> 164. (b)(5)(A-B)</td><td>Labeling and Storage</td></tr> <tr><td><input checked="" type="checkbox"/> 165. (b)(5)(C)</td><td>Emergency medication inaccessible</td></tr> <tr><td><input checked="" type="checkbox"/> 166. (b)(5)(D)</td><td>Unused/Expired meds-destroyed/returned</td></tr> <tr><td><input checked="" type="checkbox"/> 167. (b)(5)(E)</td><td>Auto-injector/inhalant equipment</td></tr> <tr><td><input checked="" type="checkbox"/> 168. (b)(6)</td><td>Self-administration documentation</td></tr> <tr><td><input checked="" type="checkbox"/> 169. (b)(7)(A-B)</td><td>Petition for special medication authorization</td></tr> <tr><td><input checked="" type="checkbox"/> 170. (d)</td><td>Potassium Iodide (KI) emergency distribution–permission and storage <i>(N/A)</i></td></tr> </table> | <input checked="" type="checkbox"/> 157. (9a)                                    | Written medication policies/procedures | <input checked="" type="checkbox"/> 158. (9a) | Permit enrollment of children with asthma, allergies, diabetes | <input checked="" type="checkbox"/> 159. | <b>NONPRESC. TOPICAL MEDICATION</b> | <input checked="" type="checkbox"/> (a)(2) | Admin/Parent permission/report errors | <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> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> 180. -</td><td>Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i></td></tr> </table> | <input checked="" type="checkbox"/> 180. - | Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i> |
| <input checked="" type="checkbox"/> 157. (9a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Written medication policies/procedures                                           |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
| <input checked="" type="checkbox"/> 158. (9a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Permit enrollment of children with asthma, allergies, diabetes                   |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
| <input checked="" type="checkbox"/> 159.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>NONPRESC. TOPICAL MEDICATION</b>                                              |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
| <input checked="" type="checkbox"/> (a)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Admin/Parent permission/report errors                                            |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
| <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> |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |
| <input checked="" type="checkbox"/> 180. -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Consent Order/Negotiated Corrective Action Plan conditions <i>(N/A)</i>          |                                        |                                               |                                                                |                                          |                                     |                                            |                                       |                                                 |                      |                                               |                                        |                                          |                            |                                                 |                                               |                                               |                                                |                                               |                   |                                               |                                                 |                                                 |                                          |                                               |                          |                                                      |                                         |                                                    |                                                                  |                                                      |                                         |                                                      |                      |                                                    |                                   |                                                    |                                        |                                                    |                                  |                                                 |                                   |                                                      |                                               |                                              |                                                                                  |                                                                                                                                                                                                                         |                                            |                                                                         |

|                               |
|-------------------------------|
| <b>DISCUSSIONS - COMMENTS</b> |
|-------------------------------|

|  |  |
|--|--|
|  |  |
|--|--|

|                               |                       |                                      |                     |
|-------------------------------|-----------------------|--------------------------------------|---------------------|
| <b>SIGNATURE OF OEC STAFF</b> | <i>Cathy Anderson</i> | <b>SIGNATURE OF PERSON IN CHARGE</b> |                     |
| <b>PRINTED NAME</b>           | <i>Cathy Anderson</i> | <i>Maria L. Moreno</i>               | <b>PRINTED NAME</b> |

|                                                                                                                                                                                                                                                                                        |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>OEC DIVISION OF LICENSING</b><br>450 Columbus Blvd, Suite 302, Hartford, CT 06103<br>Help Desk: (800)282-6063 or (860)500-4450<br>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.<br><br>Written Corrective Action Plan Due by: <i>12-20-24</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mercy Learning Center Early Childhood Educator Program License # 70077 Date: 12-6-24

Observations/Corrections needed:

Regulation not in compliance when:

#36-2 out of 10 Child health records have bottom section not complete

#40-a Child's care plan states Benedryl is needed and there is not Benedryl on site for that child

Dismiss  
2024 regulations

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: Cathy Anderson  
(OEC Representative)

Print Name: Cathy Anderson

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Maria L. Moreno  
(Person in Charge)

OEC BY: 12-20-24

Print Name: Maria L. Moreno