

**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: Teddybear Treasures Learning	Date of Inspection: 12/4/24	Time of Arrival: 9:30
Address: 200 South main st.	License Number: 16593	Inspection Date: 1/31/29 1/31/25
Town: Seymour, CT 06483	Telephone Number: 203-888-2900	Operating Hours: Open
Operator: Teddybear Treasures L.C. LLC	# of Staff Present: 10	# over 3 Present: 20
Email: teddybear-tlc@a.t.r.net	Total Capacity: 59	# under 3 Present: 30
Designated Director: Ann Marie Violano	Hours/Days of Operation: M-F 6:30-5:00	Ages Served: 6wks - 5yr

Instruction Codes: **N/A** = Not applicable at this time **R** = Regulation in Compliance **O** = Regulation Out of Compliance

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

LICENSURE PROCEDURES 19a-79-2a **STAFFING and CONSULTANTS 19a-79-4a cont.**

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9/26/24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
	<input checked="" type="checkbox"/> 29. (d)(6)	Mixed age group-ratios
	<input checked="" type="checkbox"/> 30. (d)(4)(D)	Nap time ratio
	<input checked="" type="checkbox"/> 31. (e)(1)	Supervision-Indoors/Outdoors
	<input checked="" type="checkbox"/> 32. (f)(1)	GROUP SIZE
	<input checked="" type="checkbox"/> 33. (f)(2)	Group Size-Indoors/Outdoors
	<input checked="" type="checkbox"/> 34. (a)(2)	Group Size-school age field trips/outdoors
	<input checked="" type="checkbox"/> 35. (h)(1)(2)	Mixed age group-group size
	<input checked="" type="checkbox"/> (h)(1)(2)	Designated director-training
	<input checked="" type="checkbox"/> (4)(C)(ii-v)	CPR certified program staff
	<input checked="" type="checkbox"/> (4)(C)(i)	First aid certified program staff
	<input checked="" type="checkbox"/> (e)(6)	PROFESSIONAL DEVELOPMENT
	<input checked="" type="checkbox"/> (e)(6)	Documentation
	<input checked="" type="checkbox"/> (i)(1)(A-D)	Health & Safety training
	<input checked="" type="checkbox"/> (i)	1% annual hours
	<input checked="" type="checkbox"/> (i)(2)(A-H)	SWIMMING ACTIVITIES - Y/N
	<input checked="" type="checkbox"/> (F)	Swimming-Ratios
	<input checked="" type="checkbox"/> (i)(2)	Non-swimmers identified
	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	CPR certified staff-age 20 or older
		Lifeguard-certified-supervising
		CONSULTANTS
		Consultants-Education, Health, Social Service, Dietitian (N/A)
		Consultant agreements-signed annually
		Agreements complete w/required services
		Consultant logs-documented activities, observations and required services
		Consultant visits- Education/Health
		Contracts Logs Visits
		Education <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Health <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		Soc. Serv. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Dietitian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROGRAM NAME: Teddubear Treehouse Learning LICENSE NUMBER: 16593 DATE OF INSPECTION: 12/4/24

RECORD KEEPING 19a-79-5 OK

PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		PARENT PERMISSIONS
	<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
	<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<u>N/A</u>	<input type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<u>N/A</u>	<input 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

<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.		TOILETING
	<input checked="" type="checkbox"/> (d)(10)(A)	Shared toilets/sinks-supervision plan
	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only (N/A)
	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes-N/A)
	(d)(11)	Staff personal articles inaccessible
		AIR TEMPERATURE
	<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"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
	(e)(3)	Water temperature 60 °F - 120 °F
	(e)(4)	Portable space heaters prohibited
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not tripping/slipping hazard
	(e)(6)	Hot water/Steam pipes protected
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
	(e)(7)	Parents provided direct on site phone number
		LIGHTING
	<input checked="" type="checkbox"/> (e)(8)	All areas min. 1 foot candle of lighting
	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort (N/A)
	(e)(10)	Light fixtures shielded/shatter proof
	(e)(11)	Potentially hazardous substances, materials - labeled, inaccessible
	(e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
	(e)(13)	Stairs-protected/good repair-handrails
	(e)(14-15)	Toxic plants/materials inaccessible
	(e)(16)	Pets or other animals-in good health, written care plan including access to children (N/A)
	(e)(17)	Prevention of vermin-openings screened
	(e)(18)	Radon test- Results: <u>1/1/24</u> (N/A)
	(f)(1)(A)	Results posted-Date: <u>2.4</u> (Schl-N/A)
	(g)(1)	Carbon monoxide detector-each level (N/A)
	(g)(2)	Program space-adequate-35 sq. ft. per child
	(g)(3)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
	(g)(4)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		Air conditioners, water heaters, fuse boxes inaccessible
		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 <u> </u> (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)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -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)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

<input checked="" type="checkbox"/> 83.		
<input checked="" type="checkbox"/> 84.		
<input checked="" type="checkbox"/> 85.		
<input checked="" type="checkbox"/> 86.	(e)(3)	
<input checked="" type="checkbox"/> 87.	(e)(4)	
<input checked="" type="checkbox"/> 88.	(e)(5)	
<input checked="" type="checkbox"/> 89.	(e)(5)	
<input checked="" type="checkbox"/> 90.	(e)(6)	
<input checked="" type="checkbox"/> 91.	(e)(7)	
<input checked="" type="checkbox"/> 92.	(e)(7)	
<input checked="" type="checkbox"/> 93.	(e)(7)	
<input checked="" type="checkbox"/> 94.	(e)(7)	

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>9/25/24</u>
<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.		WATER SUPPLY - Public/Well (Schools-N/A)
	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>7/12/24</u>
	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u> </u> (N/A)
	<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/> 70.		LEAD PAINT -
	<input checked="" type="checkbox"/> (c)(6)(A)	Peeling Paint - Y(N) Inside/Outside
	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y(N) Lead Test: Y(N)
		Results <u> </u>
		Lead Management Plan <u> </u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 95.	(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

PROGRAM NAME

Teddybear Tree house learn.

LICENSE NUMBER

16593

DATE OF INSPECTION

12/4/24

PHYSICAL PLANT 19a-79-7a cont.

Chr

UNDER THREE ENDORSEMENT 19a-79-10 cont.

- 108. (g)(5) Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
- 109. (g)(6) Indoor climbing play equipment-shock absorbing materials under and around
- 110. (j) No weapons/no facsimile of a firearm
- 111. **OUTDOOR SPACE**
 - (h)(1) Adequate space- 75 sq. ft. per child
 - (h)(2) Shock absorbing surfaces-minimum 8"
 - (h)(3) Playground free from hazards
 - (h)(4) Nuts, bolts, screws-tight, covered/protected
 - (h)(5) Outside equipment anchored-anchors buried
 - (h)(6) New equip- cert play. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-
- 112. **OUTDOOR PROTECTED/FENCING**
 - (h)(7) Playground protected from traffic, water, gullies or other hazards
- 113. **FENCES**
 - (h)(7)(A) Fences installed to protect from hazards-4 ft
 - (h)(7)(B) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
 - (h)(7)(C) Rooftop play areas-6 ft. wall/barrier (N/A)
- 114. **WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
 - (i) Wading pools prohibited (N/A)
 - (i) Hot tubs/spas/saunas-locked/inaccessible (N/A)

- 129.
 - (f)(1)
 - (f)(2)
 - (f)(3)
 - (f)(4)
- 130.
 - (g)(1)
 - (g)(1)
 - (g)(1)
 - (g)(2)
 - (g)(3)
 - (g)(4)
 - (g)(5)
 - (g)(6)
 - (g)(7)
 - (g)(8)
- 131. (h)(1)
- 132. (h)(1)
- 133. (h)(2)
- 134. (h)(2)
- 135. (i)(1)(2A-C)
- 136. (j)
- (k)(1)
- (k)(2)
- (k)(3)
- (k)(4)
- (k)(5)
- 137. (l)(1)
- 138. (l)(2)
- 139. (l)(3)

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4 " diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
 Health consultant visits/documentation

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

- 115. (a) Written daily/weekly educational plan-developmentally appropriate
- 116. (a) **EDUCATIONAL REQUIREMENTS**
 - (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
 - (b) Limited access to screen time/video games

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

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

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

- 140. (b)
- 141. (c)
- 142.
 - (c)(1)
 - (c)(2)
 - (c)(3)
- 143. (d)
- 144. (e)
- 145. (f)
- 146. (g)

Approved Schl Age Endorsement

SCHEDULE - ACTIVITIES
 Written daily program plan-flexible schedule-available to staff/parents
 Activities not a duplication of child's day
 Activities include cognitive, physical, social, emotional needs of the children
 Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
 Ratio- 1:15
 Group size- max. 30
 4 yr. olds enrolled in schl age-written authorization/permission from director/parent
 Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4

PROGRAM NAME Teddybear ^{rehouse} Teddybear Learning **LICENSE NUMBER** 1165913 **DATE OF INSPECTION** 12/4/24

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N **MONITORING OF DIABETES 19a-79-13 Y/N**

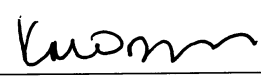
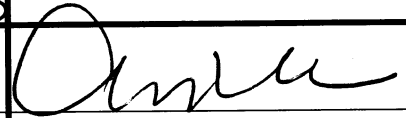
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.	<u>STAFF TRAINING</u>
<input type="checkbox"/>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

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	<u>N/A</u>	Plan conditions N/A

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159.	<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.	<input checked="" type="checkbox"/> (b)(1)(A/C)	<u>MEDICATION TRAINING</u>	
	<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant	
<u>N/A</u>	<input type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication	
<u>N/A</u>	<input type="checkbox"/> (b)(1)(F)	Rectal medication	
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector	
	<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates	
<input type="checkbox"/> 161.	<input checked="" type="checkbox"/> (b)(3)(A-B)	Training outline on file	
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Authorized prescriber/parent permission	
		Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage	
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation	
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization	
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)	

SIGNATURE OF OEC STAFF		SIGNATURE OF PERSON IN CHARGE	
PRINTED NAME	Kristi Morgan	PRINTED NAME	Ann Marie Violano

OEC DIVISION OF LICENSING
450 Columbus Blvd, Suite 302, Hartford, CT 06103
Help Desk: (800)282-6063 or (860)500-4450
Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 12/18/24 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Teddybear Treehouse Learning ctr. License # 16593 Date: 12/2/24

Observations/Corrections needed:

161- observed 1 topical medication (hydrocortisone) without medication authorization form - parent permission form observed.

Discussed:

- All items checked are either in compliance or discussed.
- NO school age children currently enrolled.
- mobiles no longer allowed to be attached to cribs.
- ~~staff PA~~ ok (km)
- Observed 1 expired diaper cream
- observed 1 unlabeled diaper powder
- 1 child's physical Allergy information not checked.
- playground surfacing (mulch) frozen - depth could not be verified.

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

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

Signature: [Signature] Kristi Morgan
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge) Ann Marie Violano

OEC BY: 12/1/24