



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

PROGRAM NAME	A Child's Place	LICENSE NUMBER	12758	DATE OF INSPECTION	12-9-24
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**RECORD KEEPING 19a-79-5**

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>	<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
<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"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/> 85.	(e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(1)	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"/>	(e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/>	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/>	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/>	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>	(e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/>		<b>LIGHTING</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (e)(8)	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)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	(e)(10)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/>	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	(e)(13)	Toxic plants/materials inaccessible
<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"/>	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/>	(e)(17)	Radon test- Results: <u>1.0</u> N/A
<input checked="" type="checkbox"/>		Results posted-Date: <u>4-30-94</u> (Schls-N/A)
<input checked="" type="checkbox"/>	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/>	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/>	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/>	(g)(4)	Developmentally appropriate 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>1-31-2025</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)	<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 <u>1-8-24</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.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>10-6-2023</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: <u>N/A</u>
<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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (c)(6)(B-D)	Building Pre-78: Y/N Lead Test: Y/N
<input checked="" type="checkbox"/>		Results <u>NO lead</u>
<input checked="" type="checkbox"/>		Lead Management Plan <u>NA</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)	

12-9-24

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
A Child's Place		12758	12/9/24
PHYSICAL PLANT 19a-79-7a cont.		UNDER THREE ENDORSEMENT 19a-79-10 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. <u>OUTDOOR SPACE</u> <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/accessibile <input checked="" type="checkbox"/> (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous <input checked="" type="checkbox"/> 112. <u>OUTDOOR PROTECTED/FENCING</u> <input checked="" type="checkbox"/> (h)(7) Playground protected from traffic, water, gullies or other hazards <input checked="" type="checkbox"/> 113. <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> 114. <u>WATER HAZARDS</u> <input checked="" type="checkbox"/> (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <input checked="" type="checkbox"/> (f) Wading pools prohibited <input checked="" type="checkbox"/> (i) Hot tubs/spas/saunas-locked/inaccessible	<input checked="" type="checkbox"/> 129. <input checked="" type="checkbox"/> (f)(1) Linens/emergency clothing available <input checked="" type="checkbox"/> (f)(2) Linens washed weekly or as needed <input checked="" type="checkbox"/> (f)(3) Linens/clothing stored individually <input checked="" type="checkbox"/> (f)(4) Cribs/cots cleaned-linens changed when shared <input checked="" type="checkbox"/> 130. <u>SAFE SLEEP</u> <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"/> 131. (h)(1) Infant toys-separate/washed/sanitized daily <input checked="" type="checkbox"/> 132. (h)(1) Toddler toys-washed/sanitized weekly <input checked="" type="checkbox"/> 133. (h)(2) No toys/objects less than 1 1/4 " diameter <input checked="" type="checkbox"/> 134. (h)(2) Plastic bags/balloons/styrofoam inaccessible unless under direct supervision <input checked="" type="checkbox"/> 135. (i)(1)(2A-C) Health consultant visits/documentation <input checked="" type="checkbox"/> 136. <u>FEEDING</u> <input checked="" type="checkbox"/> (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		UNDER THREE ENDORSEMENT 19a-79-10 Y/N	
<input checked="" type="checkbox"/> 115. (a) Written daily/weekly educational plan-developmentally appropriate <input checked="" type="checkbox"/> 116. (a) <u>EDUCATIONAL REQUIREMENTS</u> <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	<input checked="" type="checkbox"/> 140. (b) Approved Under 3 Endorsement <input checked="" type="checkbox"/> 141. (c) Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) <input checked="" type="checkbox"/> 142. (c)(1) Group size-max 8 (6wks-24mths), max 10 (24-36mths) <input checked="" type="checkbox"/> 143. (c)(2) Physical barriers- indoors/outdoors <input checked="" type="checkbox"/> 144. (c)(3) Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep <input checked="" type="checkbox"/> 145. (c)(3) Cribs-in compliance w/CPSC (manf. after 6/28/11) <input checked="" type="checkbox"/> 146. (d) Washable cots <input checked="" type="checkbox"/> (d)(2)(A-C) Chairs for feeding-stable base-safety straps-locking tray <input checked="" type="checkbox"/> (d)(2)(D) Dev. appropriate tables/chairs/equipment <input checked="" type="checkbox"/> (d)(2)(E) Refrigerator and food prep facilities <input checked="" type="checkbox"/> (d)(3)(A-C) Optional furniture/equip-safe/hazard free <input checked="" type="checkbox"/> 147. <u>DIAPERING</u> <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		SCHOOL AGE ENDORSEMENT 19a-79-11 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. <u>DIAPERING</u> <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	<input checked="" type="checkbox"/> 140. (b) Approved Schl Age Endorsement <input checked="" type="checkbox"/> 141. (c) <u>SCHEDULE - ACTIVITIES</u> <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"/> 143. (d) Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events <input checked="" type="checkbox"/> 144. (e) Ratio- 1:15 <input checked="" type="checkbox"/> 145. (f) Group size- max. 30 <input checked="" type="checkbox"/> 146. (g) 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**

<b>PROGRAM NAME</b>	A Child's Place	<b>LICENSE NUMBER</b>	12758	<b>DATE OF INSPECTION</b>	12-9-24
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**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.		<b>STAFF TRAINING</b>
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/>		(b)(1)(A)	Staff training – first aid
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>		(i)-(iii)	Training updated at least every 3 years
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>		(b)(2)	Written documentation of training
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>	<input checked="" type="checkbox"/>		(b)(3)	Trained staff on site when child is present
		<input type="checkbox"/>	Individual cot/crib with bedding	<input checked="" type="checkbox"/>		(c)(2)	Self-administration - written authorization and under supervision of trained staff
		<input type="checkbox"/>	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/>		(c)(3)	Equipment provided by parents
		<input type="checkbox"/>	Required bedding	<input checked="" type="checkbox"/>		(d)(1)	Equipment labeled and inaccessible
		<input type="checkbox"/>	Required toiletries	<input checked="" type="checkbox"/>		(d)(2)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		<input type="checkbox"/>	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/>		(d)(3)	Authorized prescriber written order
		<input type="checkbox"/>	Sleep arrangements for infants	<input checked="" type="checkbox"/>		(e)(1)	Written authorization from parent
		<input type="checkbox"/>	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/>		(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
		<input type="checkbox"/>	Fire marshal approval-hours specified	<input checked="" type="checkbox"/>		(e)(3)	
		<input type="checkbox"/>	Local health approval	<input checked="" type="checkbox"/>			

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

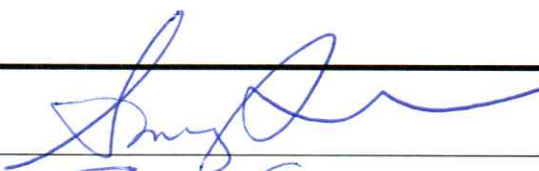
**ADDITIONAL VIOLATION**

<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"/>	Admin/Parent permission/report errors
		<input checked="" type="checkbox"/>	Labeling and Storage
		<input checked="" type="checkbox"/>	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		<input checked="" type="checkbox"/>	Medication training-general-oral/top/inhalant
		<input checked="" type="checkbox"/>	Injectable premeasured autoinjector medication
		<input checked="" type="checkbox"/>	Rectal medication
		<input checked="" type="checkbox"/>	Injectable other than premeasured auto-injector
		<input checked="" type="checkbox"/>	Training approval documents/certificates
		<input checked="" type="checkbox"/>	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 N/A

<input type="checkbox"/>	180.	--	Consent Order/Negotiated Corrective Action Plan conditions	N/A
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**DISCUSSIONS - COMMENTS**

<b>SIGNATURE OF OEC STAFF</b>	Cathy Anderson
<b>PRINTED NAME</b>	Cathy Anderson

	<b>SIGNATURE OF PERSON IN CHARGE</b>
Sandy Seras	<b>PRINTED NAME</b>

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](http://www.ctoec.org/licensing) Email: [oec.licensing@ct.gov](mailto:oec.licensing@ct.gov)

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: A Child's Place License # 12758 Date: 12-9-24

Observations/Corrections needed:

Regulation not in compliance when:

- #21 - 1 Staff working with children who needs a background check
- #35 - Program serves lunch and does not have a Dietitian
- #45 - 1 care plan does not match the medicine on site, and 2 care plans not signed by staff
- #66 - Twos-parttime - Cubbie not secured and <sup>CA</sup>
- 3'S - microwave has rust, 5'S - wooden refrigerator not secured and cabinet knob not secured and 4'S - microwave has rust
- #163<sup>161</sup> - 1 form is expired and 1 form is missing the parent section.
- #166<sup>CA</sup> - and Tylenol is on the non-prescription form.
- #166 - 2 medications on site are expired

Discussed:

2024 regulations (changes)

1 Child health record has the chronic section not complete

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: Sandy Series  
(Person in Charge)

OEC BY: 12-23-24

Print Name: Sandy Series