

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

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

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|----------------------|---------------------------------|--------------------------|---------------------|-------------------------|---------|
| Program Name: | Union Memorial Preschool | Date of Inspection: | 12.10.24 | Time of Arrival: | 8:55 am |
| Address: | 58 Church Street | License Number: | 1U117 | Expiration Date: | 4.30.25 |
| Town: | Stamford | Telephone Number: | 203 425 9858 | Summer Care: | Open |
| Operator: | Union Memorial church | # of Staff Present: | 5 | # over 3 Present: | 14 |
| Email: | info@unionmemorialpreschool.com | Total Capacity: | 37 20 fm | Total Under 3 capacity: | 10 fm |
| Designated Director: | Emily Bennett | Hours/Days of Operation: | M-F 8:30am-2:30pm | | |

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

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

LICENSURE PROCEDURES 19a-79-2a

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

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9/20/23 | <input checked="" type="checkbox"/> 19. (a)(1) | Staff health records |
| <input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children | <input checked="" type="checkbox"/> 20. (a)(3) | Disciplinary actions |
| <input checked="" type="checkbox"/> 3. (b) Overall management of program | <input checked="" type="checkbox"/> 21. (b) | Comprehensive Background Checks |
| <input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff | <input checked="" type="checkbox"/> 22. (b)(4) | Evidence of compliance |
| <input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff | <input checked="" type="checkbox"/> 23. (d) | Adequate staffing |
| <input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management | <input checked="" type="checkbox"/> 24. (d)(1) | Designated head teacher-approved-60% |
| <input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques | <input checked="" type="checkbox"/> 25. (d)(2) | Two staff present-age 18 or older |
| <input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection | <input checked="" type="checkbox"/> 26. (d)(3)(A-C) | Personal qualities of staff |
| <input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting | <input checked="" type="checkbox"/> 27. (d)(4)(A) | RATIOS |
| <input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change | <input checked="" type="checkbox"/> 28. (d)(4)(B) | Ratio 1:10 - Indoors/Outdoors |
| <input checked="" type="checkbox"/> 11. (d)(2)(A) Discipline policy | <input checked="" type="checkbox"/> 29. (d)(4)(D) | Mixed age group-ratios |
| <input checked="" type="checkbox"/> (d)(2)(B)-C) Child Protection policy | <input checked="" type="checkbox"/> 30. (d)(5) | Nap time ratio |
| <input checked="" type="checkbox"/> (d)(3) Closing time policy | <input checked="" type="checkbox"/> 31. (d)(5)(A) | Supervision-Indoors/Outdoors |
| <input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy | <input checked="" type="checkbox"/> 32. (d)(5)(B) | GROUP SIZE |
| <input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill | <input checked="" type="checkbox"/> 33. (e)(1) | Group Size-Indoors/Outdoors |
| <input checked="" type="checkbox"/> (d)(5) Supervision policy | <input checked="" type="checkbox"/> 34. (f)(1) | Group Size-school age field trips/outdoors |
| <input checked="" type="checkbox"/> (d)(6) General Operating policies | <input checked="" type="checkbox"/> 35. (f)(2) | Mixed age group-group size |
| <input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy | <input checked="" type="checkbox"/> (a)(2) | Designated director-training |
| <input type="checkbox"/> (d)(7) Personnel policies | <input checked="" type="checkbox"/> (h)(1)(2) | CPR certified program staff |
| <input checked="" type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr. | <input checked="" type="checkbox"/> (h)(1)(2) | First aid certified program staff |
| <input checked="" type="checkbox"/> 13. (f) Immediate access by parents | <input checked="" type="checkbox"/> (4)(C)(ii-v) | PROFESSIONAL DEVELOPMENT |
| <input type="checkbox"/> (h) Immediate access by OEC-facility/records | <input checked="" type="checkbox"/> (4)(C)(i) | Documentation |
| <input checked="" type="checkbox"/> 14. (l) 2.8 yr olds enrolled in preschool-authorization | <input checked="" type="checkbox"/> (e)(6) | Health & Safety training |
| <input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation | <input checked="" type="checkbox"/> (e)(6) | 1% annual hours |
| <input checked="" type="checkbox"/> 16. (n) Capacity | <input checked="" type="checkbox"/> (i)(1)(A)-(D) | SWIMMING ACTIVITIES - Y^N |
| <input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents | <input checked="" type="checkbox"/> (i) | Swimming-Ratios |
| <input checked="" type="checkbox"/> 18. (e)(1) License posted | <input checked="" type="checkbox"/> (i)(2)(A-H) | Non-swimmers identified |
| <input checked="" type="checkbox"/> (e)(2) OEC Complaint Procedure posted | <input checked="" type="checkbox"/> (F) | CPR certified staff-age 20 or older |
| <input checked="" type="checkbox"/> (e)(3) Menus posted | <input checked="" type="checkbox"/> (i)(2) | Lifeguard-certified-supervising |
| <input checked="" type="checkbox"/> (e)(4) No Smoking posted signs at entrances | <input checked="" type="checkbox"/> (H)(i)-(I)(i) | CONSULTANTS |
| <input checked="" type="checkbox"/> (e)(5) OEC Inspection report posted or available | | Consultants-Education, Health, Social Service, Dietitian (N/A) |
| <input checked="" type="checkbox"/> (e)(6) Developmental Milestones posted | | 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 / / / |
| | | Health / / / |
| | | Soc. Serv. / / / |
| | | Dietitian N/A N/A / |

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

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|--------------|--------------------------|----------------|-------|--------------------|----------|
| PROGRAM NAME | Union Memorial Preschool | LICENSE NUMBER | 16117 | DATE OF INSPECTION | 12.10.24 |
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| RECORD KEEPING 19a-79-5 | PHYSICAL PLANT 19a-79-7a cont. |
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| <input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information | <input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained |
| <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) PARENT PERMISSIONS | <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls |
| <input checked="" type="checkbox"/> (a)(1)(D)(ii) Emergency medical permission | <input checked="" type="checkbox"/> 74. (d)(3) Window screens (Schl age only- N/A) |
| <input checked="" type="checkbox"/> (a)(1)(D)(iii) Authorized release permission | <input checked="" type="checkbox"/> 75. (d)(4) Glass and mirrors protected to 36" |
| <input checked="" type="checkbox"/> (a)(1)(D)(iv) Field trip permission | <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors N/A |
| <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records | <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed |
| <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records | <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing/bedding |
| <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff | <input checked="" type="checkbox"/> 79. (d)(8) Smoking or vaping prohibited on premises/grounds |
| <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports | <input checked="" type="checkbox"/> 80. (d)(8) Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury | <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality | <input checked="" type="checkbox"/> 82. (d)(10)(A) TOILETING |
| <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases | <input checked="" type="checkbox"/> (d)(10)(B) Shared toilets/sinks-supervision plan |
| <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days | <input checked="" type="checkbox"/> (d)(10)(C) Toileting needs met |

HEALTH and SAFETY 19a-79-6a

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| <input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A) | <input checked="" type="checkbox"/> 83. (d)(10)(G) Well lighted/ventilated toilet rooms |
| <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks | <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation (Grp Homes N/A) |
| <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees | <input checked="" type="checkbox"/> (d)(11) Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths | <input checked="" type="checkbox"/> (e)(1) AIR TEMPERATURE |
| <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection (N/A) | <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"/> 51. (a)(6) Kitchen-clean, safe storage of food/supplies | <input checked="" type="checkbox"/> (e)(2) Air temp <65°F comfortable (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities | <input checked="" type="checkbox"/> (e)(3) Air temp > 80 °F - ↑ fluids/ventilation |
| <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils | <input checked="" type="checkbox"/> (e)(4) Water temperature 60 °F – 120 °F |
| <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated (Schl age only N/A) | <input checked="" type="checkbox"/> (e)(5) Portable space heaters prohibited |
| <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep | <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair |
| <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children | <input checked="" type="checkbox"/> (e)(6) Rugs- not tripping/slipping hazard |
| <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms | <input checked="" type="checkbox"/> (e)(7) Hot water/Steam pipes protected |
| <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area | <input checked="" type="checkbox"/> (e)(7) Working phone on each level |
| <input checked="" type="checkbox"/> 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips | <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones |
| <input checked="" type="checkbox"/> 60. (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"/> (e)(7) Parents provided direct on site phone number |
| <input checked="" type="checkbox"/> 61. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags | <input checked="" type="checkbox"/> (e)(8) LIGHTING |

PHYSICAL PLANT 19a-79-7a

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|---|---|
| <input checked="" type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate 5.24.24 | <input checked="" type="checkbox"/> 95. (e)(9) Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible |
| <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved | <input checked="" type="checkbox"/> (e)(9) Schl age only-lighting for comfort |
| <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion | <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof |
| <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission | <input checked="" type="checkbox"/> (e)(10) Potentially hazardous substances, materials – labeled, inaccessible |
| <input checked="" type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established | <input checked="" type="checkbox"/> (e)(11) Garbage/rubbish-disposed of daily, containers in good repair |
| <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) | <input checked="" type="checkbox"/> (e)(12) Stairs-protected/good repair-handrails |
| <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals | <input checked="" type="checkbox"/> (e)(13) Toxic plants/materials inaccessible |
| <input checked="" type="checkbox"/> 69. (c)(5)(A) WATER SUPPLY – Public/Well (Schools-N/A) | <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"/> (c)(5)(B) Lead Water Test – Date: 5.19.23 | <input checked="" type="checkbox"/> 100. (e)(16) Prevention of vermin-openings screened |
| <input checked="" type="checkbox"/> (c)(5)(C) Bact./Chem Test-Date: (N/A) | <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: 0.50 N/A |
| <input checked="" type="checkbox"/> 70. (c)(6)(A) Drinking water available/accessible | <input checked="" type="checkbox"/> 102. (e)(18) Results posted-Date: 12.18.98 (Schls-N/A) |
| <input checked="" type="checkbox"/> (c)(6)(B-D) LEAD PAINT - Peeling Paint – Y/N Inside/Outside | <input checked="" type="checkbox"/> 103. (f)(1)(A) Carbon monoxide detector-each level N/A |
| <input checked="" type="checkbox"/> Building Pre-78: Y/N Lead Test: Y/N | <input checked="" type="checkbox"/> 104. (g)(1) Program space-adequate-35 sq. ft. per child |
| <input checked="" type="checkbox"/> Results: lead | <input checked="" type="checkbox"/> 105. (g)(2) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan every yr | <input checked="" type="checkbox"/> 106. (g)(3) Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| <input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access | <input checked="" type="checkbox"/> 107. (g)(4) Air conditioners, water heaters, fuse boxes inaccessible |

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

PROGRAM NAME Union Memorial Preschool **LICENSE NUMBER** 16117 **DATE OF INSPECTION** 12-10-24

PHYSICAL PLANT 19a-79-7a 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 playg. Inspection upon request
 - (h)(8) Drinking water available/accessible
 - (h)(9) Equipment arranged for safety-equip/fences/structures not hazardous
- 112. (h)(7) **OUTDOOR PROTECTED/FENCING**
 - (h)(7)(A) Playground protected from traffic, water, gullies or other hazards
 - (h)(7)(B) Fences installed to protect from hazards-4 ft
 - (h)(7)(C) Fences installed to protect from water-4 ft, self closing and self latching devices or locks
- 114. (h)(7)(C) Rooftop play areas-6 ft. wall/barrier **WATER HAZARDS**
 - (i) Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
 - (i) Wading pools prohibited
 - (i) Hot tubs/spas/saunas-locked/inaccessible

UNDER THREE ENDORSEMENT 19a-79-10 cont.

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

- 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

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

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

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

| | | | | | |
|--|--------------------------|-----------------------|---|---------------------------|----------|
| PROGRAM NAME | Union Memorial Preschool | LICENSE NUMBER | 16117 | DATE OF INSPECTION | 12.10.24 |
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N | | | MONITORING OF DIABETES 19a-79-13 Y/N | | |



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| <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 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. | | <u>SLEEP PROVISIONS</u> | | | <input checked="" type="checkbox"/> (b)(3) | Trained staff on site when child is present |
| <input type="checkbox"/> | | (b)(6) | Individual cot/crib with bedding | <input checked="" type="checkbox"/> | 173. | (c)(3) | Self-administration - written authorization and under supervision of trained staff |
| <input type="checkbox"/> | | (b)(6)(A) | Sleeping apparel/toiletries labeled | | | <input checked="" type="checkbox"/> (c)(2) | 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 | | | | |

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| ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N | ADDITIONAL VIOLATION |
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| <input checked="" type="checkbox"/> | 157. | (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> | 180. | NA | Consent Order/Negotiated Corrective Action Plan conditions (N/A) |
| <input checked="" type="checkbox"/> | 158. | (9a) | Permit enrollment of children with asthma, allergies, diabetes | | | | |

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| DISCUSSIONS - COMMENTS |
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| <input checked="" type="checkbox"/> | 159. | <input checked="" type="checkbox"/> (a)(2) | Admin/Parent permission/report errors | <p style="margin: 0;"><i>DISCUSSION</i></p> <p style="margin: 0;">- Toddler room needs wall thermometer.</p> <p style="margin: 0;">- New Regulations and Policies</p> | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (a)(3)(A-B) | Labeling and Storage | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (a)(3)(C) | Unused/expired meds destroyed/returned | | | | |
| <input checked="" type="checkbox"/> | 160. | | <u>MEDICATION TRAINING</u> | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (b)(1)(A/C) | Medication training-general-oral/top/inhalant | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (b)(1)(D) | Injectable premeasured autoinjector medication | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (b)(1)(E) | Rectal medication | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (b)(1)(F) | Injectable other than premeasured auto-injector | | | | |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> (b)(2)(A-B) | Training approval documents/certificates | | | | |
| <input checked="" type="checkbox"/> | | <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 (N/A) | | | | |

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|-------------------------------|---|--|--------------------------------------|
| SIGNATURE OF OEC STAFF |  |  | SIGNATURE OF PERSON IN CHARGE |
| PRINTED NAME | Lori Manzano | Emily Bennett | PRINTED NAME |

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